Performance

Report

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| Name of service: | mecwacare Elstoft House |
| Service address: | 12-14 Beulah Street HAMLYN HEIGHTS VIC 3215 |
| Commission ID: | 3350 |
| Approved provider: | MECWA |
| Activity type: | Site Audit |
| Activity date: | 11 January 2023 to 13 January 2023 |
| Performance report date: | 20 February 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 Mecwacare Elstoft House (**the service**) has been prepared by K. Spurrell, 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.
* the provider’s response to the assessment team’s report received 1 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# 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 so as to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers said staff treated them with dignity and respect, and valued their identity, culture, and diversity. Staff spoke respectfully about consumers, and understood consumers’ personal circumstances, life experiences and diverse backgrounds. Staff incorporated this knowledge into the care they provided. The service had a consumer handbook that set out information for consumers about their rights, including about their right to freedom of choice, dignity of risk, access to a home-like environment, and to maintain their identity, culture and diversity.

Consumers said the service provided culturally safe care. They said staff valued their culture, and this reflected in the care staff delivered. Staff knew which consumers had culturally diverse backgrounds and how to deliver care respectfully to those consumers. Care planning documents included information about consumers’ preferences, who was important to them, their life journey, cultural background, spirituality, and personal inclinations. During admission, staff documented consumers’ individual values and cultural wishes, which they added to as necessary.

The service had policies and procedures that endorsed consumers’ rights to make choices and live according to their preferences. Consumers said the service supported them to make choices about their care, including about how they received care and from whom. Consumers said the service supported them to communicate their decisions, make connections, and maintain the relationships they chose. Care documents showed designated contact information for consumers’ representatives, family members, friends, and their preferred method to receive contact. The service trained its staff to support consumers’ independence.

Consumers said the service supported them to take risks and live their best lives. The service conducted risk assessments to ensure consumers and their representatives understood potential risks when making decisions. Staff knew which consumers took risks and how best to support them to maximise their safety while doing so. The service had a dignity and choice policy setting out consumers’ rights to live how they wanted.

Consumers said the service gave them up-to-date information about events, updates to its menu, COVID-19 developments, and other news related to living at the service. The service sent out newsletters and other regular communications, and placed hard copies across the service, to facilitate consumers’ access to them. The service also displayed a weekly activities calendar and menu in its lounge and dining area and provided these to consumers in their rooms. The service had a monthly ‘resident and relative’ meeting, and it kept a copy of the meeting minutes arising from this near the reception desk as well as contact details for translating and interpreting services displayed throughout the facility, and staff knew how to support participants to access these services if required.

Consumers said the service respected their privacy and kept their information confidential. The service maintained consumer privacy by using password-protected care computers, which staff kept locked when not in use. Staff knocked on bedroom doors and waited before entering, and they closed doors when providing care. All nurses’ stations were secured and accessible only to staff. The service had located its computers such that the screens faced away from windows, to ensure consumers’ information remained private. It had an up-to-date privacy policy to guide staff, and the service included this policy in its ‘Resident Handbook’, which it provided to consumers on admission.

# 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 said the service actively involved them in developing their care plans, which it based on their preferences, goals, and needs. Clinical staff completed initial assessments in consultation with consumers, their representatives, the medical officer and allied health professionals. When developing care plans, the service assessed potential risks to consumers’ health and well-being such as those connected with falls, diabetes, catheters, and others. It then agreed on interventions to address risks with consumers. Staff knew the service’s assessment and care planning processes, and its strategies to mitigate relevant risks. The service had an assessment and care planning policy embedded within its electronic care management system.

Consumers said the services’ assessment and planning processes addressed their current needs, goals, and preferences, and that the service had discussed and documented their preferences for end-of-life care. Typically, the service raised end-of-life care as part of its admission process. Thereafter it completed an advance care plan and uploaded this to its electronic care management system. Service staff discussed advance care plans during consumer case conferences, or if a consumer experienced significant changes to their health or well-being. The service tailored assessment and care planning documents to consumer needs and staff knew the needs and preferences of consumers.

Consumers said service staff partnered with them and external providers to assess consumers and plan their care. They said the service informed consumers of changes or when incidents occurred. Staff confirmed they reviewed care and services for consumers in partnership with the consumers, their representatives and health professionals. Care plans and progress notes showed that the service partnered with consumers, their representatives, medical officers and various allied health professionals. Allied health professionals and medical officers were on site reviewing consumers during the Site Audit.

Consumers said the service contacted them regularly and that when circumstances changed, it informed them promptly. They said the service engaged them in relation to care process changes, including in decision-making about their care, and making referrals to other providers. Care staff said they notified clinical staff if they observed any changes to a consumer’s health or well-being. The service consulted with consumers on admission, then every two months thereafter as part of its resident of the day process. Care plans showed that staff documented assessment and planning outcomes for each consumer, including care changes, reviews, updates, and relevant communication.

Consumers said staff frequently reviewed their care, and that staff engaged them about any proposed care changes. Clinical staff knew the resident-of-the-day process well, and updated care plans in relation to the resident-of-the-day process, or as clinically appropriate. The service had care plan review policies embedded in its care systems. Staff said they were aware of the service’s incident reporting process, and that incidents may trigger staff to reassess consumers’ care plans. Consumer care plans showed that staff regularly reviewed the plans for effectiveness, when circumstances changed or when incidents impacted the needs, goals, or preferences of the consumer.

# 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 said they received care that was safe, appropriate and met their needs. Staff knew consumers’ individual personal and clinical care needs. Care documents showed staff followed clinical management policies and delivered care tailored to individual consumers. The service had care policies and procedures that were consistent with best practice. Care documents, cross referenced with the service’s psychotropic medications register, showed the service monitored consumers receiving psychotropic medications. The service also had a detailed behaviour support plan for these consumers, which included obtaining informed consent.

Concerning Requirement 3(3)(a), the Assessment Team found that one consumer said they often had to wait for staff assistance to transfer between the consumer’s wheelchair and bed. In response to this finding, the Approved Provider stated that it had investigated this issue and monitored the service’s call bell system. It stated there were no instances on record where the relevant consumer had activated the call bell and waited excessively before receiving staff assistance.

Consumers said the service managed high impact, high prevalence risks effectively. Staff understood the service’s risk profile concerning high-impact high-prevalence risks, and how to manage those risks. Care documents showed staff considered risks during care planning, which they then documented to guide clinical and care staff. Consumers’ care records included documents pertaining to catheter management, behaviour management, pressure injury prevention, falls prevention, and other high impact, high prevalence risks.

Concerning Requirement 3(3)(b), the Assessment Team found that one consumer demonstrated territorial behaviours as a result of living with dementia, and this circumstance impacted other consumers. The Approved Provider responded to this finding on 1 February 2023 stating that it had assessed the relevant consumer and deployed interventions to support them in managing their behaviour. The service was found compliant with this Requirement.

Consumers said the service had discussed their needs, goals, and preferences with them, including their end-of-life (EOL) care wishes. Service staff recognised signs of consumers nearing EOL and knew how to care for them, including how to manage pain, discomfort, pressure area care, mouth care, eye care, hygiene, and other types of EOL care. The service had policies and procedures to guide staff in managing palliative care.

Consumers said service staff responded to consumer deterioration promptly. Staff knew the escalation process and the signs of deterioration that might prompt them to apply it. The process involved escalating information to a nurse in charge and then making referrals to specialists as appropriate. Care staff could access the senior clinical team and MOs at most times and the service had registered nursing staff onsite 24-hours a day. The service had policies and procedures to guide staff in escalating consumer deterioration.

Consumers said the service documented their condition, needs, and preferences, and communicated them to relevant staff. Staff knew consumers’ care preferences and said they received up-to-date information about consumers during handovers at the start of their shift. During handover, staff relayed information to each other about consumers’ care, including any additional assessment or monitoring required during the next shift. Care planning documents contained sufficient information to convey how to provide safe and effective care to consumers.

Consumers said service staff made timely and appropriate referrals, and that they had access to the medical officer when needed. Staff knew the process for making referrals and the benefits of involving external practitioners in consumers’ care. Referral documents showed evidence of appropriate referrals to speech pathologists, physiotherapists, and medical officers.

The service had policies and procedures to guide staff in antimicrobial stewardship, and managing infectious disease outbreaks, including COVID-19. Consumers said they were happy with how the service managed outbreaks and the impact of COVID-19. Clinical staff knew the service’s precautions to prevent and control infections and care staff confirmed they had received training in infection prevention and control, including for COVID-19. The service had infection control supplies available throughout the facility, and staff wore masks, washed their hands and wore other personal protective equipment (PPE). The service had a storage container outside the facility filled with PPE.

# 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

During the site audit, consumers were engaged in various group and independent activities. Consumers said the service supported them to do the things they wanted, including participating in the service’s lifestyle activities and activities of their own choosing. Lifestyle staff engaged consumers about their preferences during resident and relative meetings, and documents arising from these meetings showed the service responded to consumers’ input. Consumer care plans captured the needs and preferences of consumers, including their lifestyle preferences.

Consumers said the service supported their emotional, spiritual, and psychological well-being. Staff knew how to support consumers emotionally, spiritually, and psychologically, including by organising visits from spiritual leaders, providing care according to consumers’ preferences, referring consumers for external support, and through various other means. Care planning documents showed information about consumers’ individual emotional, spiritual, and psychological needs.

Consumers said the service supported them to participate in the community, have relationships and do things that interested them. Care planning documents showed individual consumers’ interests and identified the people important to them. Staff knew how to support consumers’ social participation, including by respecting their choices about which activities they wanted to participate in, organising for comfort pets to visit the service, and running local bus tours.

Consumers said the service communicated effectively about their care, and that staff understood their needs. Care planning documents showed consumers’ conditions and their needs and preferences. Shift handover notes and care planning documents captured consumers’ needs and preferences accurately, and staff verbally corroborated the information within.

Care documents showed the service made timely and appropriate referrals to providers of other care and services. Consumers said the service made appropriate referrals, and staff knew the referrals process. Lifestyle staff had wide-ranging knowledge about community organisations, services and supports for consumers.

Consumers were satisfied with the service’s food, particularly the variety and quantity. Care staff recorded consumers’ diet preferences in their care plans, and catering staff prepared food according to consumers’ preferences. Staff communicated about consumers’ diets using printed documents distributed each day, which they discussed during handovers. The service displayed its food menu prominently in the dining area. The service engaged consumers through food focus meetings once every two months, where it sought feedback, input and suggestions.

Concerning Requirement 4(3)(f), four consumers said they were dissatisfied with the quality and taste of the food but that they had not given feedback to the service. In response to these findings, on 1 February 2023, the Approved Provider emphasised the various means by which it collaborated with consumers about menu items, including through its food-focus meetings. The service said that when it created menu items, it considered aspects such as presentation, flavour, smell and appearance, in an attempt to stimulate consumers’ appetites. It also said that it had previously run a survey about its food and respondents indicated they were satisfied with the service’s food. The service was found compliant with Requirement 4(3)(f).

Consumers said the service provided equipment that was safe, clean, and well-maintained. The Assessment Team’s observations were consistent with this finding. The service had processes for preventative and corrective maintenance and its documentation identified regular preventative maintenance. Staff logged maintenance requests using the service’s dedicated system. Records showed all maintenance items had been completed promptly.

# 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 said they felt welcomed and comfortable at the service. The service bedrooms had ensuites and staff encouraged consumers to personalise their rooms. The communal areas of the service were comfortably furnished and optimised consumer interaction and engagement. Consumers moved around the service freely, accessing different wings and outside areas for walks or smoke breaks.

The service was safe, clean, and well-maintained. Consumers and their representatives said they were satisfied that the service was clean and well-maintained. Staff knew the cleaning and maintenance practices at the service and how to report maintenance issues. The service’s cleaning schedules included daily and monthly cleaning, monitoring, and review.

Consumers said the service’s furniture, fittings and equipment were safe, clean, well-maintained, and suitable. They said they felt safe when staff used mobility or transfer equipment to support them. Lifting equipment was cleaned after each use with disinfectant wipes, which the service kept on hand. The service had a schedule for preventative maintenance, and a process for logging corrective maintenance, which records showed was typically completed on the day of logging. Staff assessed furniture, equipment and fittings prior to purchase, to ensure they met consumers’ personal and clinical needs.

# 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 said the service supported them to provide feedback and make complaints and that they knew how to make a complaint if they needed to. Staff supported consumers to provide feedback and make complaints. The service had various channels for consumers to raise a complaint, including through feedback forms, directly to staff, and through meetings. The service had process documents detailing out its procedures for managing complaints. The service displayed information throughout the facility about the various internal and external feedback processes available to consumers.

On admission to the service, consumers received a handbook, which included information about open disclosure, internal and external complaints channels and available translation support services. The service maintained an information folder at the entrance to the service, which included information about advocacy services. Consumers said they felt comfortable raising concerns with the service and they had not needed to seek external support to raise a complaint. They also said they knew how to access external support if they needed.

Consumers said that when they provide feedback, the service responds appropriately to their concerns. Consumers confirmed the service notified them promptly when an incident occurred, and that it apologised when things went wrong. The service’s feedback register and incident reports showed staff use open disclosure to engage consumers about their complaints and issues. Management and staff knew how to apply open disclosure in managing complaints and adverse events. The service had a dedicated complaints and feedback procedure.

Concerning Requirement 6(3)(c), some consumers said during the site audit that they had recently raised complaints and were unsure about what management had done in response to their complaints. Management acknowledged that information within the service’s complaints register was not clear concerning some of the service’s responses. On 1 February 2023, the Approved Provider explained the complaints register did not print out a full extract of the complaint information or the actions the service took in response to it. This was a feature of the complaints system and not a flaw. The service was found compliant with Requirement 6(3)(c).

Consumers said the service had used feedback and complaints to improve its care. The Assessment Team corroborated this through discussions with management, and by analysing various data, including complaints data, incident data, and Serious Incident Reporting Scheme data. Staff could cite instances when the service had improved its care in response to feedback and complaints. These included acquiring additional skips for laundry, behaviour management training, and instantiation of food-focus meetings, among other examples.

# 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 service planned its roster on a 4-weekly rotation, to enable a suitable number and mix of staff to support its consumers. Consumers said that at times staff seem rushed but this did not affect their care. Staff said that when the service was short-staffed, they worked as a team to ensure consumers received the care they needed. Management said it had a range of options to source staff, including from its cohort of casual staff, through its recruitment processes, through its sister service and, as a last resort, from staffing agencies. Staff said that where staffing levels were low, this affected the staff, not the consumers. Consumers said they had experienced no reduction in care quality as a result of low staffing levels.

Consumers said staff considered their needs and treated them with dignity and respect. Staff interacted with consumers in a kind and caring manner during activities, meal services, and general interactions, and were respectful of each consumer's identity, culture, and diversity. The service had embedded respect for consumers in its staff training protocol.

Staff had the qualifications required to perform their roles effectively. Consumers said staff were qualified and had the required skills to perform their duties. Management monitored staff accreditation to ensure staff met the requirements for their roles. The service had various staff records on file, including current certifications, police checks, statutory declarations, vaccination certificates, and documents outlining their right to work in Australia.

Consumers said staff had the knowledge, training and skills to perform their work. Staff received orientation training and annual mandatory training, including in areas such medication competencies, manual handling, fire and evacuation training, and infection control. Staff confirmed they received regular training.

The service regularly assessed, monitored, and reviewed the performance of its workforce. The service had a performance appraisal process and, as at the site audit, had recently completed staff performance appraisals.

# 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 said the service was generally run well, that staff informed them of changes promptly, and that they feel comfortable speaking to management about any issues. The service’s management and workforce fostered a safe and inclusive service environment. Consumers said they felt safe at the service and that the service environment was inclusive and welcoming. The service had an appropriate policy framework to support a culture of safe and inclusive care.

The service had effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. Staff said the service’s electronic care management system was effective. The Approved Provider’s Board maintained effective oversight of the service through structured organisational reporting.

The service had risk management systems to monitor and assess high-impact, high-prevalence risks associated with consumers’ care. Staff identified, reported and escalated risks and service management analysed the various reports, including as part of aggregated incident data. The approved provider had multiple review committees, including clinical and service governance committees, quality reviews committees and a Medical Advisory Committee, which all reviewed information about the service’s operations. The service also routinely reported to its Board.

The service had a clinical governance framework and systems to promote anti-microbial stewardship, minimise restrictive practices, and embed open disclosure. The framework included various tools to support effective clinical governance, including policies, procedures and various analysis tools. Clinical staff said the service's clinical governance framework functioned effectively, and that they had been trained in its various constituent systems.

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)