**Performance**

**Report**

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| Name: | Merri Community Health Services |
| Commission ID: | 300978 |
| Address: | 93 Bell Street, (key site), COBURG, Victoria, 3058 |
| Activity type: | Quality Audit |
| Activity date: | 10 April 2024 to 11 April 2024 |
| Performance report date: | 2 May 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2876 Merri Health  
Service: 18821 In Good Hands....CACP  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8221 Merri Community Health Services Limited  
Service: 24770 Merri Community Health Services Limited - Care Relationships and Carer Support  
Service: 25241 Merri Community Health Services Limited - Community and Home Support

**This performance report**

This performance report for Merri Community Health Services (**the service**) has been prepared by Nicola Eastwood, 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 Quality 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 acknowledging the assessment team’s report received 29 April 2024.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described how consumers are respected and valued as individuals, with staff understanding their culture, identity, and their social situation. Staff described how they provide care and services to ensure each consumer is treated with dignity and respect. Consumer care documentation reflected cultural requirements including preferred languages and personal details gathered to ensure staff understand how to provide safe and respectful care to each individual.

Care file documentation shows cultural considerations are identified and documented in the care planning. Where the service is responsible for directly allocating care services, the service ensures an appropriate support worker is identified based on consumer needs and requests. Where care is provided through a brokered service cultural needs are communicated to the relevant provider.

HCP and CHSP staff and brokered staff provided examples of consumers are supported with choices and independence by offering options and providing opportunity for discussion. Consumers described initial consultations as comprehensive and included details related to their preferences, others that are important to them and consent for others to be involved in decision making on care and services.

The service has established systems to enable a balanced approach to risk management. The consumer directed goal model of care ensures all aspects of care and identified risks are discussed, with a focus on consumer wellness and reablement approaches to support consumer choices related to taking risks. This was supported by a consumer account confirming risks had been balanced against personal mobility preferences.

Consumers and representatives confirmed they receive timely and clear information from the organisation and all designations of staff involved in their care. Consumers agreed they have access to agreed care and service plans with information readily available for the contact telephone numbers of the services providing their care and services.

Management described how individual consumer information is readily available to relevant staff providing CHSP social support groups, and to the HCP brokered support workers through password protected electronic applications on their mobile telephones. Management provided a consumer information pack which also included the service’s commitment to maintaining privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied initial and ongoing assessments occurred and included discussions with consumers about the care and services being provided. HCP and CHSP managers described how consumer needs and risks are identified during initial and ongoing assessments using validated risk screening tools. Management explained brokered services including nursing and allied health professionals who assess HCP and CHSP consumer home environment safety, home modifications and equipment as well as providing clinical assessment, review, and support. A review of a consumer care file with complex care needs reflected comprehensive assessment and planning as well as appropriate use of validated risk tools.

Management explained the information pack provided prior to services commencing includes advance care planning information. Managers advise consumers to have further discussion regarding advance care planning with their medical practitioner. A review of documentation identified that not all advance care planning information was recorded, although the assessment tool includes a prompt for discussions to occur. Management acknowledged this and committed to ensuring documentation of all advance care planning discussions.

Consumers and representatives said they participated in the assessment and care planning process. Management described how Merri Health, brokered clinicians and allied health professional information is included in consumer care planning to ensure a multi-disciplinary approach is applied to care and service delivery. Care file documentation reflected consumer preference regarding the type of care being delivered, frequency of visits, preferred day and time.

The service has an electronic care documentation system, brokered staff access consumer care plans in consumer homes and/or through information shared with them through the brokered service. Management described how goal directed care plans are provided either by email, mail or at home visits to consumers and/or representatives. Consumers and representatives confirmed they receive regular communication regarding consumer care.

Management described the schedule for consumer reviews including 6 monthly and annually for HCP consumers and annually for CHSP consumers. The acuity and complexity of consumer needs and goals are considered, and when brokerage service information is received these details are incorporated into care plans. Referrals for reassessment occur as consumer circumstances change, post incidents, or where a need is identified or request is made. Care documentation showed regular review of care plans, including updated information received by other health professionals.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with personal care and services provided. Management explained that clinical care is provided based on consumer needs and preferences, and the outcomes of assessments are detailed in consumer care plans. Referrals for specialist services are available for consumers to access following an assessed need and the services are provided by the service or through external brokered agencies. Care documentation for all HCP and CHSP consumers reflected brokered clinical and allied health providers acknowledge referrals, conduct assessments, and provide recommendations.

Management explained as part of the initial assessment, an environmental risk check is completed during intake over the telephone, with additional information gathered during the initial visit. Executive management explained high-impact or high-prevalence risks are monitored through a vulnerable consumer register identifying consumers for heat wave management, with pressure injuries, falls, diabetes management, cognitive impairment, and social isolation. Where risks have been identified, strategies are initiated in consultation with the consumer to minimise the identified risk.

Consumers nearing the end of life are referred to a community palliative care team through brokerage services. Care documentation reflected whether advanced care directives have been received or if further discussion is required. End-of-life planning information is captured through assessment and care planning. Management described how a client incident management framework guides the process for action, escalation, reporting and the evaluation of consumer deterioration. Care documentation demonstrated reporting and recording of response to consumer health deterioration.

Consumer information is available through the electronic documentation system for internal staff and a ‘client information form’ is completed to show updated details that is then communicated internally. HCP and CHSP consumer information and referrals are shared with the relevant specialist, medical practitioners and allied health professionals electronically. Care documentation reflected active communication with others, internally and externally as well as information provided by brokered services including allied health specialists.

Documentation demonstrated appropriate and timely referrals were made to medical practitioners, specialist internal service teams, podiatry, occupational therapy, continence advisors, the dietitian and when indicated, palliative care providers.

Management said the organisation’s infection control policy provides information and prevention guidance on all communicable diseases. They said due to the use of brokered services Merri Health does not provide information on anti-microbial stewardship (AMS). Trends related to reported infections and outbreaks are discussed at clinical and quality meetings with reporting to the Board as part of the organisation’s risk management protocol. Brokered support workers and clinical staff confirmed they have completed hand hygiene and infection prevention and control training and described using Personal Protective Equipment (PPE).

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers confirmed the services they receive assist them to maintain their independence and quality of life. Consumer care documentation outlined the services that are most suited to each consumer. Management described the support group programs that are planned to support consumers with cognitive impairment and groups that are culturally specific.

Management emphasised the importance of continuity of staff for consumers with mental health and psychological needs. Consumers and representatives explained the service ensures they are supported by workers who understand their needs, including when they have emotional or psychological issues. Care documentation reflected interventions for workers to provide care or engage consumers in activities that support their wellbeing.

Care documentation also reflected that care and service interventions prioritise personal preferences and aim to maintain and maximise social connections and community participation as desired. Consumers confirmed they are assisted to participate in local and wider community activities and receive specialised allied health services to enable a level of participation that aligns with their needs and preferences and support their wellbeing.

Consumers confirmed they receive personalised support from both support workers and contracted clinical and allied health providers, based on their individual needs and preferences outlined in documented care plans. Effective communication ensures that any changes to care and services are communicated via an electronic messaging system, with care documentation regularly reviewed and updated by managers to maintain alignment with changing needs of consumers.

Management described the process of referrals to both internal allied health professionals and external community service providers. Consumers confirmed they have been referred to other services as requested or as identified through ongoing assessment and review.

A review of care documentation demonstrated records of allergies, intolerances, and dietary requirements, ensuring consumer preferences and requirements are met when attending social groups. Consumers confirmed the meals provided are varied, of good quality and quantity, with staff updating dietary preferences lists at each group session to cater to individual needs. Management ensures weekly menus are planned, incorporating themed meals for special events.

Consumers and representatives expressed confidence in the service’s support for equipment purchase, repair, and maintenance. Care planning documentation reflected recommendations for equipment following allied health professional assessments, with equipment purchased through HCP packages or hired by consumers under CHSP arrangements.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service offers a variety of centre-based activities at a number of leased and owned sites throughout the local government area. The service environment provided various spaces for group-based activities and dining options, with access to a garden area where consumers are supported to engage in gardening activities with supervision by a support worker. Consumers said they look forward to coming to the community-based building and find it easy to navigate and access all areas available including toilet areas.

The service has keypad locks on the front entrance as a safety feature due to the building location near a busy roadway and the service providing support programs for consumers living with cognitive impairment. Consumers were observed navigating the internal environment and a number of consumers able to access the outdoor secure garden area independently. The service runs a fleet of vehicles for staff use only based at the primary service location, and minibuses are available for transport of consumers for outings.

Rooms were furnished with suitable, clean tables and chairs for consumers to engage in the table-based activities. Consumers attending the social group engaged in the gardening activity supervised by staff, the gardening equipment was stored in a locked shed at the conclusion of the activity.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed their understanding of how to provide feedback and make complaints. Staff described how they would support a consumer to complain by encouraging them to contact the service. Management explained the methods for consumers and their representatives to make complaints or provide feedback. The welcome pack communicated information about the various channels for providing feedback and complaints.

The consumer welcome pack included information on various advocacy groups as well as the Aged Care Quality and Safety Commission complaints line. Consumers confirmed they were provided with information on advocacy services and external methods for raising complaints within their welcome pack.

The service implements a feedback, complaint, and open disclosure policy and procedure to provide guidance to staff. Documentation demonstrated that the open disclosure process is actively used. Consumers were satisfied with the actions taken in response to their complaints or feedback.

Staff document complaints and comments in the electronic management system and inform management. Management reviews service records, complaints, and feedback to identify areas for improving care and services. Consumer and representatives provided examples where their input has improved the quality of care and services.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are satisfied that staff providing and managing their care are reliable and assist them to receive the care they need and choose. Support workers employed by brokered services confirmed they have enough time to provide the care required. Management reported that shifts cancelled in March 2024 were primarily due to consumers requests and refusal of unfamiliar replacement staff. Evidence supported proactive communication and alternative options provided.

Staff described gathering information during assessments and planning, including cultural backgrounds. Consumers and representatives confirmed staff treat them respectfully and with kindness. Consumers explained support workers demonstrate respect for their cultural and diverse backgrounds.

Consumers and representatives were satisfied with staff performance and confidence in their ability to meet care needs. Management outlined qualifications requirements, with induction ensuring checks and training. Essential certifications such as cardiopulmonary resuscitation (CPR), First Aid and a driver’s licence are required, with additional food safety handling requirements for support workers in the social support group day centre. Brokered services maintain established arrangements for information-sharing and ensuring staff qualifications align with contractual agreements.

Staff receive training including induction and annual sessions, with additional training as needed in response to regulatory changes or complaints. Hands-on training is facilitated by allied professionals as needed. Training records confirmed staff completion of key areas of education, including manual handling, infection control and Serious Incident Response Scheme (SIRS) reporting. Brokered service agencies ensure compliance with mandatory training agreements.

Annual performance reviews are conducted for all staff, involving a self-assessment and meeting with the line manager. New staff receive mentoring and support from the People and Culture coordinator. The service conducts annual compliance checks with brokered providers and addresses any performance issues through discussions and corrective actions as needed.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers feel supported and comfortable providing feedback on their care and services. Management seeks feedback through various mechanisms and confirmed four consumers in the Consumer Engagement Group Committee.

The service’s governing body consists of 10 directors, with a mix of elected and appointed members bringing diverse expertise in legal, financial, and clinical fields. The Quality Safety and Clinical Governance Committee (QSCGC) reports clinical risks to the board and oversees clinical systems and policies. Dashboard reports from subcommittees are presented to the Board, which also requests risk rating and mitigation strategies for legislative changes affecting policies, aiming to ensure staff and client safety.

Staff have access to consumer care plans through the service electronic information management system, with access levels based on their roles. They use electronic handheld devices to view care plans and provide feedback after each session. Information management practices, including an information and asset security policy, are outlined in the service’s policies.

The service maintains a Plan for Continuous Improvement (PCI), which is driven by consumer and staff feedback, incidents trend analysis and reporting, as well as changes in legislation. Executive Management oversees the organisation’s financial structure, while the Finance Committee monitors subcontracting services and aged care processes, identifying potential gaps. Monthly itemised consumer statements are generated, providing evidence of appropriate financial information, as confirmed by the Assessment Team’s review.

The Human Resources unit oversees staff recruitment, ensuring staff have the required skills. Compliance monitoring is conducted to verify that brokerage staff meet the necessary qualifications and training standards.

The organisation remains current with regulatory compliance through external subscriptions and email updates from the Department of Health and the Aged Care Quality and Safety Commission. Updates to legislation prompt revisions to policies communicated to staff. The organisation has established feedback processes, utilising an electronic system and regular updates from brokered services staff to capture feedback. This feedback is then used to drive continuous improvement initiatives.

The service maintains an incident register to record all consumer incidents, utilising assessments to identify clinical risks such as falls, social isolation and cognitive decline. Incidents are trended, analysed, and reported to the board, with clinician board members reviewing and responding to high-risk cases. Policies and staff training support identification and reporting of elder abuse and neglect, in line with SIRS.

The service does not currently oversee antimicrobial stewardship within clinical governance, as clinical care is outsourced. The HCP manager receives regular reports from subcontracted nursing agencies on consumer wound infection resolution. There is no specific policy on restrictive practice; psychotropic medication used, and monitoring are management by brokered services. Open Disclosure is practiced, with consumer and representative satisfaction confirmed through interviews and documentation reviews.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)