Performance

Report

**1800 951 822**

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| Name: | Mooraleigh Hostel |
| Commission ID: | 3379 |
| Address: | 748 Centre Road, BENTLEIGH EAST, Victoria, 3165 |
| Activity type: | Site Audit |
| Activity date: | 7 October 2024 to 10 October 2024 |
| Performance report date: | 12 November 2024 |
| Service included in this assessment: | Provider: 1448 Monash Health  Service: 2137 Mooraleigh Hostel |

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 Mooraleigh Hostel (**the service**) has been prepared by L Glass Queue, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is Compliant as 6 of 6 Requirements have been assessed as Compliant.

Consumers and representatives are treated with dignity and respect by most staff at the service. Staff said they, know consumers well and provide individualised care. Care documentation reflects the background information and current situation of each consumer, including information about what is important to them. The organisation has a suite of policies and procedures supporting consumer dignity and choice to guide staff.

Consumers and representatives said the service predominately caters to the mental health needs of the consumers, and the support provided is culturally safe. Staff meet consumer’s cultural needs and preferences. Consumer’s documentation demonstrated cultural and gender preferences are identified in care plans. The Assessment Team observed consumer’s rooms are decorated according to their choices reflecting their cultures and backgrounds.

Consumers and representatives said consumers are supported to make choices and decisions that inform their care and services. Consumers are asked about their care during the monthly resident of the day process (ROD). Staff provided examples of how they assist consumers with choice and independence including checking in on their changed preferences according to their moods. Care documentation reflects the consumer’s relationships of significance, their needs and preferences concerning care, and who is involved to support the consumer’s care and decisions. The Charter of Aged Care Rights is signed by the consumer and included in the admission process.

Consumers and representatives are satisfied with how the service supports consumers to live the best life they can. Staff described the risk assessment process performed during admission with risks reviewed during the ROD process. The process involves consultations with the clinical, medical, psychiatric, and allied health teams to ensure the best care strategies are provided to support consumer’s risks. Care documentation demonstrated comprehensive risk assessments are performed and strategies to mitigate individual risks are developed with the consumer.

Consumers and representatives receive timely and clear information from the service so they can understand changes and make decisions. Staff described communicating to consumers and supporting their choices. Care files reflect consumer’s and/or representative consent to care at the service.

Consumers and representatives are confident the privacy and confidentiality of information is respected by the service. Staff discussed the various ways they protect consumer privacy and information, for example, by performing ROD reviews and handovers in private areas. Consumer files are paper based and kept locked. The Assessment Team observed names displayed on a consumer’s bedroom door aligns with the permission provided by the consumer on the residential consent form. The organisation has policies concerning privacy and confidentiality.

# 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

This Quality Standard is Compliant as 5 of 5 Requirements have been assessed as Compliant.

Consumers and representatives are confident the service’s assessment and care planning process informs the delivery of safe and effective care and services. Clinical and care staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. Care planning reflects the outcome of risk assessments undertaken in relation to behaviours, falls, skin integrity, and specialised care needs. Staff said risks are identified at pre-admission through comprehensive assessments and are monitored through ROD reviews. The organisation has a range of risk assessment tools to guide staff in the delivery of safe and effective care and services.

Consumers and representatives are aware of assessment and planning information and are confident the information reflects current care needs. Clinical staff interviewed described the service’s process in developing advance care directives (ACD). Assessments and care plans are updated responsively with consumers’ changing care needs.

Consumers and representatives expressed satisfaction with their involvement in planning consumer care. Other providers that are involved in the care of consumers, contribute effectively as a team to the planning and review of consumers’ care and services. Clinical staff were able to describe how consumers and representatives are involved in assessment and planning during ROD reviews. Documentation viewed, confirmed the involvement.

Consumers and representatives confirmed they feel well-informed about the consumer's care and if requested can receive a copy of the care plan. Documentation review demonstrated all outcomes of assessment and planning are effectively communicated to the consumer and/or their representative in a timely manner. Staff discussed examples where they have had open disclosure conversations and consultations with representatives following consumer deterioration and incidents.

Consumers and representatives expressed satisfaction with how the service reviews care and services provided to consumers following changes in care needs and the occurrence of incidents. Staff are able to identify the types of reviews required depending on the incident or change of circumstances. Clinical management said care and services are reviewed for effectiveness during the ROD evaluation process, handovers, and through the daily monitoring of the consumer’s behaviours.

# 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

This Quality Standard is Compliant as 7 of 7 Requirements have been assessed as Compliant.

Consumers and representatives are satisfied with the provision of safe personal and clinical care that meets the consumer’s needs and preferences. Staff interviewed demonstrated a sound knowledge of consumer care needs that aligned with assessed care needs. The restrictive practice register identified consumers subject to chemical and environmental restraint. The Assessment Team reviewed consumer files and noted the service has identified consumers subject to restrictive practice. The identified consumers have behaviour support plans, evidence of informed consent, and ongoing review as per legislative requirements. The service maintains and updates a psychotropic register. The organisation has policies and procedures including but not limited to restrictive practices, behaviour, wound, and pain management.

Consumers and representatives confirmed high risk care needs are well managed. Staff are able to identify consumers at high risk and discussed the risk management of consumers with complex needs. Overall, the service was able to show it effectively documents and manages, consumers’ high-impact and high-prevalence risks.

Consumers and representatives expressed their satisfaction with the service’s approach when a consumer is near the end of their life. Staff described how a team consultation with appropriate professionals determines if the service is the most appropriate support for consumers nearing end of life. The service has organisational policies, procedures, and resources to guide the provision of palliative care.

Consumers and representatives said staff recognise, report changes in health or respond in a timely manner when a consumer displays changed behaviours, has experienced a fall or is feeling unwell. Clinical staff described how changes to consumers’ circumstances or condition are discussed at handover and staff meetings. The review of consumers’ care files demonstrated staff are recognising and responding to consumer deterioration or change in health, function, and condition. The service has organisational policies and procedures to guide staff in the timely identification and response to consumer deterioration.

Consumers and their representatives indicated consumer needs and preferences are effectively communicated in a timely manner. Staff described communication mechanisms and shared knowledge of the needs and preferences of each consumer they cared for. Care file reviews reflect consumer’s conditions, needs, and preferences are communicated, and information exchange occurs with others who share responsibility for care.

Consumers and representatives expressed satisfaction with access and referral to the consumer’s general practitioner (GP) and other health professionals. Staff described processes and examples of results of referrals to other services. Care documentation demonstrated regular and ongoing contributions from GPs, the physiotherapist, podiatrist, dietitian, psychiatrist, geriatrician, and other health providers. The organisation has an outreach program, and staff can access clinical support from the organisation 24 hours a day. The service has a physiotherapist on site during weekdays. The service has organisational policies and procedures in relation to the referral process.

Consumers and representatives are satisfied with the actions the service is taking to assess and minimise the spread of infection. Staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as practices to promote antimicrobial stewardship. The organisation has policies and practices that guide staff on how to minimise the risks of infection for consumers, staff and visitors. The organisation has an infection control consultant that oversees the service, and ensures staff are trained and following best infection control practices.

# 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

This Quality Standard is Compliant as 7 of 7 Requirements have been assessed as Compliant.

Consumers and representatives are satisfied consumers receive services and supports that optimise consumer independence and quality of life. Staff described how the service supports consumers to maximise their independence and well-being. Lifestyle staff said the activities program is planned around consumers’ interests and suggestions from consumer’s meetings. Care planning documentation identified consumer’s choices and provided information about the services and supports needed to help them to do what they like to do.

Consumers and representatives confirmed consumers’ emotional, spiritual, and psychological well-being is supported. As the service caters to consumers with mental health issues, staff described numerous ways consumers at the service are supported emotionally, spiritually, and psychologically. Care planning documentation includes information on consumer’s individual emotional, spiritual and psychological needs.

Consumers and representatives are satisfied the service provides adequate support for consumers to maintain relationships, participate in the community and do things that interest them. Staff could adequately describe the relationships and interests of consumers, both within and outside the service. Care planning documents contained information about consumer interests and family relationships.

Consumers and representatives expressed satisfaction that information is shared effectively at the service. Staff are informed about changes to consumers’ needs which are communicated through written notes, handover sheets, and meetings. Food service staff described immediately receiving updated information following consumer reviews when the organisation’s dietitians and speech pathologists have recommended a change to the consumer’s meals.

Consumers confirmed referrals occur promptly, and document review indicated a range of services have been utilised for care and services. Staff liaise with volunteers, pastoral care, and local organisations such as community groups to meet the needs of consumers. Lifestyle staff said the service has volunteers who spend one on one time with consumers and assist consumers with activities such as shopping. A pastoral volunteer runs church services and provides emotional support to consumers.

Consumers are generally satisfied with the choice, taste and the quantity of the food at the service. Care file documentation reflects the dietary needs and preferences of consumers. The service has a 28-day cycle planned menu and consumers’ choices are incorporated into the meal plan. Dietary information is communicated to the organisation central production kitchen through an information application and delivered to the service ensuring meals are heated to the correct temperature via an appropriate food services trolley.

Consumers are provided with the equipment they needed to be safe. Staff are satisfied they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well maintained, and available to meet the needs of consumers. Staff said there is sufficient clinical and activity-related equipment and additional supplies can be purchased if required. Equipment is sanitised after use. Consumers were observed participating in independent craft activities such as mosaic craft.

# 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

This Quality Standard is Compliant as 3 of 3 Requirements have been assessed as Compliant.

Consumers feel safe and comfortable at the service. The environment is easy to navigate and there are multiple communal areas for consumers to socialise with other people. Consumers were observed using communal areas for socialising as well as the external garden areas. Consumers can personalise and decorate their rooms according to their preferences. Consumers receive and entertain visitors as they wish. The Assessment Team observed consumer rooms and noted most were personalised with photographs and other items of importance to the consumer.

Most consumers expressed satisfaction about the safety and cleanliness of the service environment and confirmed they can move freely about the service.

Maintenance staff described the preventative and reactive systems and schedules and how external trades are accessed when required. Cleaning staff have a cleaning schedule, including regular for cleaning of communal areas and detailed cleans of consumer rooms.

Consumers reported furniture, fittings, and equipment in their rooms is working and is effectively maintained. Staff described how they report items for reactive maintenance and management outlined how equipment is monitored for safety and effectiveness. The Assessment Team observed a range of equipment available to meet the needs of consumers, that was clean, fit for purpose, and well maintained.

# 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

This Quality Standard is Compliant as 4 of 4 Requirements have been assessed as Compliant.

Consumers feel encouraged and supported to provide feedback and if necessary to make complaints. Staff support consumers and representatives to provide feedback. The service has formal and informal mechanisms for stakeholders to provide feedback and make complaints.

Consumers are aware of how to provide feedback directly to the service or through the support of an external complaints body. Staff and management use internal and external resources to support consumers to raise and resolve complaints. Documentation review and staff interview demonstrated the community visitors scheme (CVS) regularly attend the service.

Most consumers are satisfied that actions are taken to resolve issues within an appropriate timeframe. Staff and management use open disclosure when handling feedback and complaints. Documentation review verified that open disclosure is embedded in the organisation’s electronic risk management system and is employed appropriately.

Consumers expressed satisfaction with changes made because of feedback, for example to meals. The resident meeting minutes demonstrate comments and concerns are addressed and used to inform improvements. Management said it will continue to use the electronic feedback system to conduct targeted surveys post-implementation of improvements.

# 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

This Quality Standard is Compliant as 5 of 5 Requirements have been assessed as Compliant.

Consumers are satisfied with the number of staff available to provide care to consumers and respond to call bells. Staff confirmed there are sufficient numbers of suitable staff to enable them to perform their duties. Roster documentation review demonstrated work shifts are filled, including after there is an unplanned leave event. The Assessment Team observed staff responding to the call bell system in a timely manner.

Most consumers and representatives confirmed staff are kind, caring, and respectful. Staff respect and value consumers’ identity and culture and demonstrated knowledge about consumer’s background and diversity. The Assessment Team observed staff interacting with consumers and their visitors in kind and respectful ways.

Documentation demonstrated staff have qualifications relevant to their role, and that staff competencies are monitored and followed up. Staff demonstrated knowledge specific to the care and services provided to consumers. Management demonstrated how staff are assessed as competent and capable in their role.

Consumers expressed satisfaction that staff are suitably trained and equipped to meet consumer’s care needs. Staff confirmed they are provided with training opportunities.and feel supported to deliver care and services to consumers. Human resource management policies and procedures support recruitment and training to enable the workforce to deliver safe and quality outcomes to consumers.

The service has policies and procedures in place to monitor staff and review staff performance. Management demonstrated staff performance is assessed, monitored and reviewed. Staff confirmed that appraisal of their performance occurs on an annual basis. Documentation review demonstrated the service uses consumer-centred projects to develop, assess, and monitor the progress of graduate recruits.

# 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

This Quality Standard is Compliant as 5 of 5 Requirements have been assessed as Compliant.

Consumers are satisfied that the service is well run and are involved in and have input into their care and services, and wider service improvements. The service demonstrated it involves consumers and engages them in planning, delivery, and evaluation of care and other services. Documentation review of resident meeting minutes demonstrated meetings are well-attended by consumers. Items discussed include clinical indicators, incidents, and trends. Consumers are encouraged to provide feedback through various mechanisms.

Management demonstrated the organisation has overarching systems, policies, and processes in place that promote a culture of safe, inclusive care and quality services. Management explained how the organisation is accountable for the delivery of services.

The service has robust organisation-wide governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff confirmed they have access to accurate information specific to their roles and are provided sufficient information at handover and can access and locate relevant policies and procedures at electronic workstations. The organisation is currently exploring options available to transition to an electronic care management system.

The service maintains a service-level continuous improvement plan to manage local activities. Management explained there is also an organisation wide continuous improvement plan to implement, monitor, and review high level projects. Management and documentation review verified opportunities for improvement are identified through a range of sources including consumer/representative feedback, audits, and incidents.

The organisation has financial governance systems and processes in place to manage the finances and resources required to deliver safe and quality services. Management develop business cases for any changes or new initiatives, and these are promulgated according to the organisation’s policies and procedures. For example, some business cases can be approved at site level however others are progressed further for higher level approval.

The organisation has a framework for workforce governance and the organisational structure has designated reporting lines. There are systems and procedures in place to support recruitment, retention, and ongoing monitoring of workforce performance. Documentation demonstrated the organisation monitors and ensures all staff hold appropriate qualifications and skills in relation to the role they are designated. This includes compliance with mandatory training or competencies and professional registrations.

The organisation has a chief legal advisor who is responsible for ensuring regulatory compliance. The organisation has clear policies and procedures in place to ensure that legislative changes are monitored and impacted policies are updated or changed. Staff confirmed they receive relevant communications when legislative changes impact the way they work.

The organisation has overarching systems and processes to encourage and support consumers and other stakeholders to provide feedback and make complaints. There are processes in place to ensure complaints and feedback are raised to the governing body to ensure further oversight and governance of all aspects of care and services.

The organisation has comprehensive risk and incident management systems that support the identification, management, and response to abuse and neglect of consumers, and the management and prevention of incidents. Management and staff demonstrated a thorough understanding of what high impact or high-prevalence risks are associated with the cohort of consumers at the service and complete mandatory training in relation to identifying, preventing, and reporting harm, abuse, and neglect.

The service demonstrated clinical care provided is governed by a comprehensive overarching clinical governance framework to ensure consumers receive safe and quality care and services.

The organisation’s aged care clinical governance framework (residential) specifies core elements of governance such as monitoring and reporting, leadership and culture, and partnering with consumers. Documentation review demonstrated the framework is supported by policies, processes, reporting and auditing. There is a hierarchy of committees and working groups to ensure systems and processes are maintained to reflect contemporary practice including open disclosure and antimicrobial stewardship.

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-2)