Performance

Report

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| Name: | Morlancourt |
| Commission ID: | 6163 |
| Address: | 18 Trafford Street, ANGLE PARK, South Australia, 5010 |
| Activity type: | Site Audit |
| Activity date: | 25 September 2024 to 27 September 2024 |
| Performance report date: | 30 October 2024 |
| Service included in this assessment: | Provider: 638 RSL Care South Australia Incorporated  Service: 4180 Morlancourt |

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 Morlancourt (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers confirmed that staff treat them with dignity and respect, noting their identities were maintained through inclusion in commemorative days significant to their culture, and that staff addressed them by their preferred names. Staff had knowledge of consumers’ identities and cultural backgrounds, and care documentation included information in relation to each consumer’s preferences, their cultural background and life history to support the delivery of care and services.

Consumers confirmed they received culturally safe care and gave practical examples of being supported by bilingual staff who spoke their preferred language. Staff explained they were trained in cultural awareness and gave practical examples of respecting events of cultural significance to consumers and providing food to enhance their celebrations. Care documentation evidenced consumers’ religious, spiritual and cultural needs and personal preferences.

Consumers and representatives confirmed consumers were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections or maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ decision making, such as ensuring care is provided in line with their preferences and assisting them to be ready for family visits, activities and bus outings into the community. Care documentation evidenced consumers’ personal preferences and those who were involved in their care.

Consumers described how the organisation supports them to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Consumers and representatives confirmed they received timely information through scheduled meetings, newsletters, emails, phone calls, menus and an activities calendar, which enabled them to make informed choices about consumers’ care and daily living needs. Staff explained how they supported consumers to understand information provided, such menus and lifestyle the program. Posters were observed to promote current activities, menus, advocacy services and complaints mechanisms throughout the service.

Consumers gave practical examples of how their privacy was respected, such as staff sought consent prior to entering their rooms. Staff explained consumers’ confidentiality was maintained by keeping their personal information secure in an electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their rooms.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Representatives said assessment and care planning identified risks to consumers. The organisation had policies, procedures, and a suite of evidence-based assessment tools to guide staff practice. Staff could describe the assessment and care planning processes, including how they consider risks for individual consumers, such as skin integrity and pain and how these processes inform the delivery of safe and effective care and services. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to skin integrity and falls. Clinical assessment tools were available on the electronic clinical care system (ECMS) and the service utilises a 6 week assessment process for consumers upon their entry to the service.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation contained consumers’ current needs, goals and preferences, and included advance care plans.

Consumers and representatives reported, and documentation evidenced, assessment and planning were completed in partnership with themselves and included other health specialists. Care documentation reflected organisations, individuals, and providers of other care and services such as dementia specialists. Clinical staff described how assessment and care planning are completed in consultation with consumers and/or their representatives and updates are provided to consumers and/or their representatives on an ongoing basis.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they were offered a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and consumers and representatives were offered a copy of the consumer’s care plan following each review of their needs. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives.

Representatives said care and services were regularly reviewed for effectiveness including when circumstances changed, or incidents occurred such as falls. Staff explained how they responded to deterioration or incidents and reviewed consumers’ care and services to ensure they effectively supported consumers. Care documentation evidenced care and services were reviewed every 4 months for effectiveness, consistent with feedback.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood restrictive practices, pain management and wound management. Care documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences. Training, policies, and procedures were in place to support best practice personal and clinical care.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation evidenced risks to consumers such as falls and diabetes management, were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and were supported by staff and family. Clinical staff explained how consumers nearing end-of-life were monitored for changed conditions, which were documented and shared with staff during shift handovers. Staff understood how to care for consumers nearing end-of-life to ensure their comfort and preserve their dignity, and explained they were supported by clinical consultants and palliative care specialists.

Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures and confirmed they had received training on recognising and responding to consumer deterioration. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly. The service has policies and procedures in place in relation to deterioration to guide staff practice.

Representatives gave positive feedback about how consumer information was shared and said staff know consumers’ needs and preferences and they do not have to repeat information. The service had systems and processes to ensure information about consumers’ care is documented and effectively communicated. Staff described processes to ensure information regarding consumers or any changes to consumers’ condition or care needs is consistently shared and understood including the use of hand over notes and consumer dietary sheets. Care documentation identified correspondence from Medical Officer’s and health professionals was accessible to staff on the services electronic care management system.

Representatives confirmed consumers had access to other health care providers, such as geriatricians and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to other health professionals, as needed.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. The service had an outbreak management plan, 2 Infection Prevention Control Leads and maintained records of consumer and staff vaccinations, including for influenza and COVID-19. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them, such as attending the local gym and assisting with tasks at the service. Staff had knowledge of consumers’ daily living preferences and explained individual leisure and lifestyle plans were developed and updated in consultation with consumers and representatives. Care documentation evidenced consumers’ life stories, likes and dislikes, social affiliations, spiritual needs and the supports required to pursue their activities of interest.

Consumers and representatives considered consumers’ emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as church services and visits by religious figures. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support, and spending one-to-one time with consumers. Care documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers reported they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and maintain relationships, such as singalongs, table games and quizzes. Consumers were observed spending time with family, friends and staff as they participated in activities or received visitors in their rooms. Care documentation identified consumers preferred activities, including those within the community and outside the service environment.

The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers. All staff have access to the service’s ECMS which contained information regarding consumers’ care needs and preference and service delivery requirements. Care documentation reviewed, including progress notes, handover documents and referrals, included information to guide staff and others involved in consumers’ care, enabling consistent, accurate and timely information where responsibility for care is shared

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers. Staff explained religious organisations and volunteer providers were engaged to offer a range of activities and to spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements and portion sizes were sufficient. Staff had knowledge of consumers’ nutrition and hydration needs and preferences, and explained consumers had access to food and drinks between mealtimes. The dining experience for consumers was observed to be calm with consumers interacting with each other and receiving assistance from staff if required, and table settings included place mats and condiments for consumers use.

Consumers said equipment provided by the service was safe and well maintained, and any issues reported were promptly addressed. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned, inspected and serviced. Equipment used for activities of daily living, such as mobility aids, were observed to be safe, suitable, clean, well maintained and suitable for consumers’ use.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers said they feel at home at the service and were encouraged to bring personalised belongings to decorate their rooms and their own furnishings. Staff described how they enable consumers to feel welcomed and at home by orientating them to the service and encouraging them to personalise their rooms upon entry to the service, in line with their preferences, using furniture, pictures, memorabilia and other items of interest to them. The service has signage for wayfinding, communal areas with comfortable furnishings, books, games, puzzles, and televisions in each of the common areas to encourage interaction and consumers were observed to be using the various spaces available.

Consumers gave positive feedback about comfortability and cleanliness of the service and confirmed they could move freely indoors and outdoors. Staff described the cleaning schedule, including how it increased during infectious outbreaks to ensure high touch points were regularly cleaned. Consumers were observed moving freely around the service and had access to gardens, courtyards and lounge areas.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and they knew how to report any concerns. Documentation evidenced preventative and reactive maintenance was up to date. Furniture, fittings and equipment were observed to be safe, clean, in good condition and suitable for consumers’ use.

# 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers reported they felt supported and encouraged to provide feedback and complaints and the service find appropriate solutions to their complaints. Staff described ways they encouraged and supported feedback and complaints, such as through meetings, surveys, participating in care plan reviews, and feedback forms. Feedback forms and collection boxes were observed throughout the service environment to support consumers and others in providing feedback and complaints.

Consumers and representatives said they were aware of external agencies, and other ways to raise and resolve complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services and said the service had acquired a translation application software for staff to use to support consumers. Additionally, management advised an information session by an advocacy service was provided for consumers in August 2023 and arranged on an annual basis.

Representatives considered complaints were responded to in an appropriate manner. Staff members confirmed they received open disclosure training as part of their annual mandatory training program. Documentation demonstrated complaints are investigated, action is taken when a complaint is received, and an open disclosure process is implemented when things go wrong.

Consumers were satisfied improvements were made as a result of their feedback for example, the introduction of monthly barbeques. Management reported the feedback and complaints register is reviewed at monthly meetings and reported to senior management, where service improvement opportunities are identified, and these are added to the service’s Plan for Continuous Improvement for monitoring and action.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported the service was adequately staffed, and consumer call bells requests were responded to promptly. Staff advised there is adequate staff to meet consumers’ needs and preferences and complete their duties. In relation to workforce responsibilities management advised and documentation evidenced the service had a Registered nurse on 24 hours, was exceeding mandated care minute requirements and had systems in place to regularly review the delivery and management of safe, quality care and services including monitoring of call bell response times.

Representatives said staff were kind caring and understand their cultural needs and preferences. Staff demonstrated they were familiar with each consumer's individual needs, cultural background, and identity. Staff were observed interacting with consumers in a kind, and respectful manner. The service has established a set of documented policies and procedures to guide staff practice. These policies cover areas such as assessment and care planning, dignity and respect, privacy and confidentiality and cultural safety. This framework provides clear guidelines for staff to support consumers' identity, culture and diversity.

Consumers reported staff were competent and know how to provide care according to their needs. Management advised staff competency was determined through appropriate selection and recruitment processes, and through a buddy shift program. Management reported recruitment processes including verification of registration requirements, criminal history checks, and the Aged Care Banning Order Register was checked and monitored. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions.

Consumers and representatives considered staff to be well trained and know consumers preferences. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis and said they felt comfortable requesting additional training. Management advised various training and development opportunities provided to staff including orientation processes, buddy shifts, on-line training, and additional training to meet the changing needs of consumers such as understanding Post Traumatic Stress Disorder. Review of mandatory training records identified training was provided on a range of topics relevant to these standards with high completion rates.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management advised staff competency is assessed informally daily with observations and the service regularly reviews and analyses internal audit results, feedback from consumers, and clinical data to monitor staff practice and competencies. Management described the performance review process and demonstrated examples of performance reviews completed. Staff confirmed their involvement in performance reviews and explained the formal appraisal process gives them the opportunity to raise any concerns or request further training.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported they were involved in the evaluation and delivery of care and services. Management advised consumers contributed to service evaluation through scheduled meetings, feedback and complaints, surveys and care plan reviews. Documentation including meeting minutes, care documentation, case conferences, newsletters, internal and external audits, complaints/compliments/feedback demonstrated consumer and representative involvement in the delivery and evaluation of consumer’s care and services.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Reports were submitted to the Board monthly including subcommittee reports covering all aspects of care and services. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services such as clinical indicators and incidents.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. In relation to financial governance the organisation has a designated finance team, reporting directly to the chief executive officer, who is responsible for all finances within the organisation. Care minutes are incorporated in the budgeting process. The audit and finance committee oversee the budget process, ensure audits and financial statements are completed as required by legislation.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. The service maintains a 'clinical risk register' identifying potential risks to consumers and the register is accessible to management, clinical staff, and the quality team through the ECMS, promoting transparency and collaboration and ensuring all risks are appropriately managed for each identified consumer. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and described how they would apply these as relevant to their roles. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)