Performance

Report

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| Name of service: | Pemulwuy Aged Care |
| Service address: | 11 Pastoral Circuit Pemulwuy NSW 2145 |
| Commission ID: | 1057 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 1 May 2023 to 3 May 2023 |
| Performance report date: | 28 May 2023 |

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

**This performance report**

This performance report for Pemulwuy Aged Care (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives say staff treat them with dignity and respect, interact with them kindly and are aware of their individual needs. Care practices demonstrated staff interact with consumers ensuring maintaining dignity and respecting consumer’s preferences. Interactions between staff and consumers were kind and respectful.

Consumers and representatives say staff are aware of the consumers’ background and their cultural needs. Supports are provided for those from diverse cultural backgrounds for prayer, specific diets and preference for care provided by female staff only. To celebrate each culture the service provides specific cultural food, performers, and speakers to help consumers learn about and celebrate diverse cultures. Communication cards support consumers from culturally and linguistic diverse backgrounds.

Consumers say they are supported to make decisions about their care and services, and to maintain their independence where they wish to. Couples at the service are supported to maintain their relationships by locating rooms close by to each other or sharing of rooms. Staff confirmed how the staff support and respect consumers’ decisions about their care. Consumers was observed spending time with friends and family throughout the service, including in consumer rooms and in outdoor areas.

Consumers say they are supported to live their best lives. Policies and procedures guide staff practice in assessing risk, and mitigation strategies are discussed with consumers to reduce risk. Documentation includes information about the activity that consumers wish to engage in, the risks involved, and how to mitigate these risks.

Consumers say they are kept up to date with what is happening at the service, such as activities, events, and the daily menu. Consumers have the information they need to make decisions about their daily lives. Televisions, noticeboards and posters around the service inform consumers of upcoming events, activities, and other information. Each consumer is provided with a weekly activities calendar.

Consumers say staff respect their privacy. Privacy is maintained by staff, both in personal care, and in other day to day interactions with consumers. Staff were aware of confidentiality practices and staff were observed respecting consumer privacy. Consumer information is kept private, and computers in communal areas of the service are password protected.

I find this Standard compliant. I have placed weight on the experience of the consumer and considered other information within other Standards in coming to a decision of compliance.

# Standard 2

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

Findings

Consumers and representatives say assessments are conducted to ensure consumers’ care needs are met. The assessment and planning process, including admissions and reviews, ensures that risks and care needs of the consumers are identified. Care plans are individualised and contain information relevant to consumers. Policies and procedures guide staff practice on effective assessment and planning for the consumers. A range of validated tools are used by clinical staff to assess risks to consumers in the care planning process.

Consumers and representatives say they are supported to discuss their advance care planning care needs. Documentation demonstrated care needs and preferences are individualised to preferences. Policies and procedures guide staff on ensuring consumers have the opportunity to communicate their end of life wishes and preferences to ensure that these are respected when they are end of life. Advance care directives are obtained upon admission where possible.

Consumers and representatives say they are involved in the assessment and care planning process. The assessment and planning process occurs in partnership with the consumer, their representative and other providers of care. Policies and procedures guide staff on partnering with consumers and their representatives. Documentation demonstrated consultation between the service, consumers and other health professionals including medical officers and allied health services. Care conferences are held on a yearly basis, or as the needs of the consumer change, and this is done with the consumers and their representatives.

Consumers and representatives say staff explain things about consumers’ care and they have access to consumers’ care plans if they wish. Care plans were observed by the Assessment Team to be readily available for staff to access.

Consumers and representatives say consumers’ care and services are reviewed regularly, or when the needs and preferences of the consumer change. Care plans demonstrated regular review, or when incidents impact on the care needs of the consumer. Processes and procedures guide staff practices in relation to review of care plans in consultation with the consumer and their representative and when the needs, goals or preferences of the consumer change, due to an incident or change in condition.

I find this Standard compliant. I have placed weight on the experience of the consumer and considered other information within other Standards in coming to a decision of compliance.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives say the care provided is meeting their needs and expressed satisfaction with the delivery of cares. Consumer’s needs and preferences are documented, and personal and clinical care is tailored to each consumer. Staff demonstrated clinical care and personal care provided is in line with best practice and meets the needs of the consumers. Staff receive education and care delivery is monitored. Policies and procedures guide staff practice in providing personal care and clinical care. These include but are not limited to minimising restrictive practices, wound management, specialised nursing care and pain management. Consumers who are subject to restrictive practices have appropriate care strategies in line with legislative requirements and behaviour support plans include individualised strategies. Informed consent is obtained from consumer’s and representatives. Consumers who are receiving care for skin integrity have wound management plans, charting and directives for care. Photographs and measurements for pressure injuries and wounds are captured in line with best practice for monitoring of wounds. Pressure relieving aids are utilised to assist in the management of skin integrity as well as other measures including repositioning, gentle massage, the use of moisturiser and attending to hygiene care after each episode of incontinence, with barrier cream applied to prevent excoriation. Consumers who experience pain are provided both pharmacological and non-pharmacological pain relief strategies including analgesia, gentle massage, exercise and heat packs. Pain charting monitors frequency and intensity of pain experienced by consumers. A pain assessment tool is used for consumers who are unable to verbalise their pain. Medication reviews are conducted and consumers who require medication have appropriate medication management care plans including if the consumer is able to self-medicate.

Consumers and representatives say they are satisfied with the way the service manages risks associated with their care. Staff demonstrated knowledge of the high impact, high prevalence risks that impact on consumers at the service, and how they manage these. Care plans demonstrated that risks to individual consumers are identified with strategies put in place to manage them. Policies and procedures guide staff practice including but not limited to falls management. Falls management strategies include the use of hip protectors, bed sensors, toileting schedules, appropriate footwear and clothing. Clinical risk meetings discuss trended risks including but limited to palliative care, skin integrity, medication errors, restrictive practices and falls, as well as strategies that can be implemented to reduce these risks to consumers.

Consumers and representatives say the service has spoken to them about advance care planning or end of life planning and were satisfied with the way in which the service approached this. Care plans contain information about advance care planning and end of life. Policies and procedures guide staff practice on providing care to consumer at end-of-life. Changes in care needs include changes to diet, pain management, pressure area care oral cares and comfort measures and also include the environment is kept peaceful, a diffuser is used with essential oils, music to the consumer’s choice and regular massage provided by the care staff.

Consumers and representatives say the service recognises and responds to changes in the consumer’s condition in a timely manner. Staff could describe how they respond to changes in a consumer’s condition. Care plans demonstrated that changes in a consumer’s condition are documented and responded to. The service uses a range of best practice assessment tools to assess a consumer’s condition. Policies and procedures guide staff on identifying, assessing, responding to, and escalating any deterioration or changes in a consumer’s condition.

Consumers and representatives were satisfied that information about the consumer’s condition is shared within the service and with the care they were receiving. Information is shared within the service through the electronic care management system and handover processes. Progress notes ensure that staff providing care have access to information in order to continue to provide safe and effective care.

Consumers and representatives say they have access to other health professionals and providers of care when they need it. Documentation showed input from other providers of care including Physiotherapists, Occupational Therapists, Geriatricians, Medical officers, Dietitians, Speech Pathologists, Dentists, Palliative care team, Dementia Support Australia (DSA), wound consultants and the Older People’s Mental Health Service (OPMH). Referrals are made through an online system after discussion with senior clinical staff.

Consumers and representatives are satisfied with the infection control measures that are implemented and practised by the service in order to prevent the spread of infections. Infection control measures are used on a daily basis in order to minimise infection related risks. The service has a vaccination program for consumers and staff. Antimicrobial stewardship is supported by staff practice. The service has infection, prevention and control (IPC) leads for the service. Policies and procedures guide staff on appropriate use of antimicrobials. Policies and procedures guide staff practices in relation to infection control including procedures for the management of COVID-19.

I find this Standard compliant. I have placed weight on the experience of the consumer and considered other information within other Standards in coming to a decision of compliance.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives say the service runs a variety of activities and events. They say they are supported to take part in activities they enjoy, and if they do not wish to engage in activities, they are given one to one supports. The activities schedule is based on a system that include activities from different categories such as social, physical, and independent and integrate consumer preferences and feedback into the schedule.

Consumers say staff support them emotionally and psychologically and they can practice their faith. Faith based services from different denominations are held at the service and where consumer’s are unable to attend, streaming services are available. One to one visits support consumers privately and consumers reported that staff actively support consumers when they feel low.

Consumers say they’re supported to participate in the local community if they wished to, to have social and personal relationships, and to do things of interest to them. Consumers were able to describe activities they were interested in, and ways they are supported to take part in this. Consumers say they are able to stay in touch with their friends and family over the phone and through visiting the service. The Assessment Team observed consumers spending time with other consumers throughout the assessment and observed visitors coming and going from the service.

Consumers say they felt staff were aware of their needs and preferences and were kept up to date with this. Staff are able to access consumers care plans as necessary and information sharing occurs at handovers. Lifestyle staff are informed of the needs and preferences for consumers so they can support consumers in activities for daily living as well as lifestyle activities.

Consumers were aware of lifestyle services that were available to them from outside organisations or individuals. The service works with outside organisations to ensure they are able to provide activities that consumers enjoy, and that meet their needs including art classes, music therapy, exercise activities and church services as regular activities that involve visiting service providers. The Assessment Team observed multiple activities run by outside organisations to be taking place during the site audit.

Consumers were satisfied with the meals provided at the service. They said that they are provided with enough food, and that the menu is varied. Menus are created in line with consumers’ needs and preferences including vegetarian options. Alternative meals to the menu are available for consumers. The menu was observed by the Assessment Team to be displayed on a television in each dining room at the service. The Assessment Team observed dietary lists to be located in serveries and on serving trolleys.

Consumers say equipment is regularly checked, and they feel it is safe and suitable for their use. Equipment for both care and lifestyle services was observed to be clean, safe, and well maintained. Preventative and reactive maintenance processes ensure equipment is safe and maintained. Lifestyle equipment such as exercise machines in the gym were observed to be clean and in good order. Consumers were observed by the Assessment Team using them comfortably, with staff supervision. Items such as books, games and magazines were available in common areas of the service, and were clean, safe and easy for consumers to access.

I find this Standard compliant. I have placed weight on the experience of the consumer and considered other information within other Standards in coming to a decision of compliance.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers say they find the service environment to be welcoming and safe. Staff ensure consumers feel safe and assist consumers with way finding as needed. Signage is in place to assist consumers and visitors with way finding. Consumer rooms are personalised. Each consumer room has a memory box outside the door, in which the consumer’s name is displayed, as well as other items of significance including photos, statues and artworks. Consumer rooms were spacious and all have an ensuite. Handrails in all hallways, and two elevators assist consumers to move inside the service. The service had multiple living areas on each floor, and a large space on the ground floor, in where activities take place. A café area is open to consumers and their families.

Consumers and representatives say the service environment is safe and well maintained. Consumers say they can move freely through the indoor and outdoor spaces, and that staff assist them if they require mobility supports. Cleaning and maintenance processes ensure the environment remains clean and safe for consumers. Doors to outdoor common areas were unlocked and accessible to consumers.

Consumers and representatives say their furniture, fittings, and equipment are safe, clean and well maintained for their use. Cleaning and maintenance processes ensure furniture, fittings and equipment are clean and well maintained. Staff were aware of reporting mechanisms for the servicing of any furniture fittings, or equipment as well as the service environment. Reactive and preventative maintenance tasks are monitored on an electronic maintenance system.

I find this Standard compliant. I have placed weight on the experience of the consumer in coming to a decision of compliance.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives say they are supported to provide feedback or make a complaint. Complaints mechanisms include verbal feedback to staff, to management directly, through feedback forms, by emails or at consumer meetings. Food focus meetings are conducted to encourage feedback about menus. Feedback forms, suggestions boxes, information on how to provide feedback and information on advocacy services such as the Older People Advocacy Network (OPAN), Senior Rights Service and the Aged Care Quality and Safety Commission (the Commission) was provided in 4 different languages and observed within the service. Consumers who require advocacy or translator services are supported to access these services by staff. The Residents Handbook informs consumers of the methods of raising complaints internally and externally and included information on advocacy and interpreter services. Consumers and representatives say appropriate action is taken in response to complaints. The service demonstrated understanding of the complaints management process, such as documenting and resolving complaints and using open disclosure, including apologising when things go wrong. Consumers say feedback and complaints are reviewed and used to improve the quality of care and improve the service. The plan for continuous improvement details the changes made in response to feedback and complaints to improve services. The service has relevant policies and procedures to guide staff practice in the management of complaints.

I find this Standard compliant. I have placed weight on the experience of the consumer and considered other information within other Standards in coming to a decision of compliance.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers say staff respond to their needs and answer calls for assistance within an appropriate timeframe. Staff are rostered to deliver safe and effective services. Planned and unplanned leave is managed by using existing staff. Calls for assistance are monitored to ensure they are attended to in a timely manner.

Consumers and representatives say the workforce interact with consumers in a kind, caring and respectful way, regardless of their individual needs and cultural background. Management, clinical staff and care staff were observed by the Assessment Team addressing consumers by their name and using respectful language when assisting consumers. Policies and procedures guide staff to ensure interactions with consumers are respectful and promote consumers choice, identity, and culture.

Consumers and representatives say they have confidence in the care provided by staff. Position descriptions for each role guide staff and include the qualifications to meet the requirements of each role. Recruitment and competency assessment processes are monitored and reviewed to ensure competency for each role. Staff are appropriately qualified and the service carries out the necessary checks required for their roles, including for regulatory and professional registrations. Position descriptions include responsibilities, accountabilities, qualifications, personal attributes, skills, training, and experience.

Staff are recruited in accordance with position descriptions and selection criteria. Mandatory training is provided to staff on commencement and annually and staff receive training through other formats. The service provides onboarding orientation and training which includes a buddy shift process. An annual education/training program includes training on topics that support the Quality Standards.

Staff performance is regularly monitored to ensure that staff are providing safe and effective care for consumers. Performance reviews are conducted by the service. Policies, procedures, and documentation is in place to guide staff in their duties.

I find this Standard compliant. I have placed weight on the experience of the consumer and considered other information within other Standards in coming to a decision of compliance.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives say the service is well run and they were confident in providing feedback or suggestions for change. Management and staff could describe the various mechanisms used to engage consumers such as through meetings, feedback forms, surveys and verbal feedback from consumers and representatives. The service makes changes or improvements informed by feedback from consumers and performance monitoring mechanisms. The continuous improvement plan showed planned improvements.

Consumers say they feel safe and receive the care they need. The governing body and the Board have oversight of the delivery of care and services as indicated in its organisational chart and outlined in its clinical governance policies. The Board works with the management team to identify and mitigate risks, such as COVID-19 outbreaks, and the service has a clinical governance framework that establishes the responsibilities and accountabilities of the governing body. The governing body satisfies itself that the Quality Standards are met through the clinical governance processes and compliance auditing.

The service demonstrated that appropriate governance systems are in place. Opportunities for continuous improvement is identified through incidents, feedback, consumer meetings, trends analysis, and at management and executive meetings. Changes to budget or expenditure is supported to accommodate the changing needs of consumers. Workforce planning and development is undertaken to ensure the service has sufficient qualified and skilled staff to provide services. Changes to legislation is monitored by the Board, via Clinical and Quality Committee meetings, with information disseminated to the service. A feedback and complaints system ensures feedback and complaints are encouraged, responded to, reviewed and used to improve care and services.

The service’s risk management framework supports the identification, monitoring and mitigation of emerging risk. Management and staff could describe the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines are in place where risks are escalated to management and further to the governing body, who has the overall responsibility for the oversight of risk. Serious incident reports, an incident register and related documents demonstrated actions are taken to prevent recurrence.

The approved provider has a clinical governance framework in place that includes policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. All clinical staff complete antimicrobial stewardship training, and the use of antibiotics is monitored and reported through the monthly clinical indicator report. Staff demonstrated an understanding of minimising restrictive practices as well as practicing open disclosure. Policies and procedures guide staff practices.

I find this Standard compliant. I have placed weight on the experience of the consumer and considered other information within other Standards in coming to a decision of compliance.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)