Performance

Report

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| Name of service: | Racecourse Grange Residential Care |
| Service address: | 428 Racecourse Road MORNINGTON VIC 3931 |
| Commission ID: | 3394 |
| Approved provider: | Australian Unity Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 30 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 Racecourse Grange Residential Care (**the service**) has been prepared by J Miaris, 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.

# 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 six of the six Requirements have been assessed as Compliant.

Consumers said staff treated them with dignity and respect, with their identity and culture valued. Staff understood consumers rights for respect and demonstrated an understanding of consumers personal circumstances and life journeys. Staff described ways they enabled and supported consumers to exercise choice and preferences on a day-to-day basis. Consumers care planning documentation reflected each consumer’s identity and preferences. Staff interactions with consumers were observed to be respectful.

Care planning documentation reflected consumers preferences, including their cultural and spiritual needs. Staff identified consumers from culturally diverse backgrounds and were able to describe how they tailor care that meets the cultural needs and preferences of consumers. The service collaborates with consumers and their representatives to accurately reflect consumers cultural preferences to guide the delivery of care and services to meet consumer’s needs.

Consumers said they were supported to choose who they wish to involve in their care and how they would like their care and services delivered. Consumers said the service encourages and supports them to make connections with others and maintain relationships important to them. Care planning documents reflected consultation/involvement of consumers and others important to them. Staff described strategies for supporting consumers to exercise choice and independence and were familiar with who consumers wished to maintain relationships with and have involved in their care.

Consumers and representatives said the service enables consumers to take risks to encourage consumers to live their best life and the service supports them in making decisions that involve consumers taking risks. Staff were aware of consumers who want to take risks and demonstrated how they support them. Care planning documentation describes areas in which consumers are supported to take risks to live the life they wish. The organisation had documented polices on managing risk for consumers and a process with accompanying forms that supports consumers to take risks.

Consumers and representatives said the service keeps them well informed, such as events, activities, infectious outbreaks, menus, allied health visits, works happening at the service and government/departmental updates. The service communicates information via noticeboards, representative meetings, monthly newsletters, and any changes communicated by relevant staff, this enables consumers to exercise choices that impact on their daily lives. A weekly menu and activities schedule was observed to be on display in each dining room and on noticeboards.

Staff described how they ensure consumers privacy is respected when attending to their care needs and the practical ways in which they respected the personal privacy of consumers. The organisation has documented policies and procedures in relation to privacy and protection of personal information that guide staff practices for maintaining consumer privacy, the collection, disclosure, security, storage and use of information. Staff explained how consumers information is kept in locked staff stations which require access via swipe cards and electronic documents were password protected. Consumers and representatives said staff are mindful, respectful and seek permission when attending to consumers care needs.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers said their care is well planned and staff understand how to support their health and well-being. Staff described the assessment and care planning processes, involving consumers and representatives. Care planning documentation reflected input from relevant practitioners and service providers that contribute to assessing and planning safe and effective care. The service demonstrated risks to the consumer’s health and well-being is considered during assessment and planning to ensure care and services are safe and effective.

The service demonstrated that assessment and planning identify and address the consumer’s current needs, goals, and preferences, including advance care planning and end of life wishes. Care planning documentation were individualised, reflecting consumers’ individual needs and preferences, including advanced care plans in place for consumers that consented to provide this information. Management said consumers and their representatives can discuss advance care planning and end of life wishes during the admission process if they wish and during regular conversations with staff or management.

Consumers said they are actively involved in the assessment, planning and review of their care and services. Staff could describe partnering with consumers and/or their representatives to assess, plan and review care and services. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process.

Consumers and representatives said staff regularly discuss outcomes of assessments and planning are effectively communicated. Management said regular case conferences are held with consumers and or representatives and external providers, this information was reflected in care planning documentation. Staff described the processes for documenting and communicating assessment outcomes with consumers and or representatives.

Consumers said the service regularly seeks feedback, and makes changes to meet their current needs, goals, and preferences. Consumers and representatives said they are notified when there are changes or when incidents occur. Staff said the service is guided by policies and procedures for recording and reporting incidents; including charting tools, as well as care and service plans that are regularly reviewed for effectiveness every 3 months and when circumstances change or when incidents occur. Care planning documents evidenced they are updated when circumstances change, such as a change in health or when incidents occur.

# 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 seven of the seven Requirements have been assessed as Compliant.

Consumers said they are confident the care they receive is safe and right for them and care provided is consistent with their needs and preferences, which optimises their health and well-being. The service had policies, procedures, and systems in place to deliver safe and effective care to meet consumers care needs and staff demonstrated they were aware of the personal and clinical needs of consumers. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan. Care planning documentation reflected the service develops appropriate care and management plans for consumers.

The service demonstrated that risks for each consumer, including life choices, falls and diet choices, were effectively managed. Consumers and representatives were satisfied that consumers risks were effectively managed. Care planning documentation identified that effective strategies were in place to manage identified risks and were monitored using assessment tools and captured in care plans and progress notes. Key risks that were risk assessed and documented in the electronic care system included consumers life choices, decisions about consumers’ living situations and consumers complex care needs.

Consumers and representatives said that symptoms such as pain are managed well and that if consumers condition deteriorates, their wishes are known, and staff know what to do. Representatives said they can visit and support their loved ones, participate in palliative care decisions, and staff are skilled in providing care needs. Care planning documentation identified consumers personal choices and preferences, and included advance care planning, advance health directives and end of life wishes were in place where a consumer chooses to have one.

Consumers and representatives said staff were quick to recognise and act if consumers are unwell, including increased support, general practitioner reviews, medication reviews and or transfer to hospital when required. The service had policies, procedures, and clinical protocols in place to guide staff in the management of deterioration. Care planning documentation and clinical protocols demonstrated that deterioration is recognised and responded to quickly, and plans were in place for when changes occur. Handover sheets identified when consumers have displayed deterioration or a change in their condition, which is communicated to other staff to ensure monitoring and follow ups are completed.

Consumer and representatives said consumers care coordination is good, care is constant and reliable, and information is communicated well with other allied health and services. Staff and other allied health and services who share care of consumers have access to information and clinical systems according to their role. Care documents contained input from other services, which detailed information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Consumers said the service refers them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they were satisfied with the referral processes. Staff described processes for referring consumers to other health professionals and allied health services. Care planning documentation contained information and timely referrals to other health professionals and allied health services. Management described processes the service follows to review individual consumers, organisations, and providers to which they refer consumers to ensure quality care and services are safe and effective.

Consumers said they are confident in the service’s ability to manage an infectious outbreak and they have observed staff practice good infection control. The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management, and documented processes for the management of an infectious outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. The workforce demonstrated an understanding of precautions necessary to prevent and control infection and the steps they could take to minimise the use of antibiotics.

# 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 seven of the seven Requirements have been assessed as Compliant.

Consumers said they received safe and effective services that maintained their independence, wellbeing, and quality of life. Staff demonstrated knowledge of consumers needs and preferred activities. Care planning documentation captured the consumers life story and identified consumers preferences and information in relation to supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Staff capture relevant information during initial assessment and ongoing reviews with consumers that contribute to the planning and development of events and activity schedules.

Consumers described support and services available to them to promote their emotional, spiritual, and psychological wellbeing. Staff described how they support consumers emotional and spiritual needs, through one-on-one staff support and access to religious services to meet consumers preferences. Care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met.

Consumers said they are supported by the service to participate in activities within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest to consumers, and how they are supported to participate in these activities and captured information about the people that are important to them. Consumers were observed engaging in a range of activities and socialising with other consumers and visitors.

Consumers said their services and supports are consistent with their needs and preferences. Staff advised consumers care needs and conditions are shared internally at handover and preferences are obtained by speaking with consumers daily. Staff described ways in which they share information by communicating internally and externally to others where responsibility of care is shared. Care planning documentation outlined conditions and consumers needs and preferences. Tools such as the services handover sheet and electronic reminders on the electronic care planning system support effective communication at the service.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services, including volunteers, through the services function and event coordinator. Consumers said the service has referred them to external providers to support their care and service needs. Staff provided examples of how consumers are referred to other providers of care and services, this was reflected in care planning documentation.

Consumers expressed satisfaction with the quality, quantity and variety of food served at the service. The service demonstrated they provide meals that are varied and of suitable quality and quantity. The service had processes and systems in place for consumers to provide feedback on the quantity and quality of food and menus are planned to meet consumers’ dietary needs and preferences.

Consumers said they felt safe when using equipment provided by the service and equipment is clean, well maintained, and suitable for their needs. Staff demonstrated awareness of processes to report any maintenance issues. Documentation demonstrated preventative maintenance schedules were in place and up to date. The service had documented policies in relation to the ongoing maintenance of equipment, including stock management and cleaning schedules. Equipment, including mobility aids were observed to be safe, suitable, clean, and well-maintained.

# 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 three of the three Requirements have been assessed as Compliant.

Consumers said the service is welcoming and feels homely. Staff described how they encourage and support consumers to personalise their rooms with personal belongings, positioning of furniture to encourage familiarity and independence. Signage was observed to direct consumers and visitors to different areas of the service. Consumers were observed socialising in communal areas, moving between the different areas of the service and participating in activities.

Consumers said they could move freely both indoors and outdoors, consumers were observed signing out at the front reception as they were leaving the service and signing back in when they returned. Consumers were satisfied that the service was clean, safe, and well maintained. Staff could describe what to do if they identified a hazard or safety issue, and how maintenance is managed at the service. The service had systems and processes in place to ensure hazards are identified, maintenance requests are completed in a timely manner and cleaning schedules in place.

Consumers and representatives said the service was clean, well maintained, and equipment are safe and suitable for consumers. Staff demonstrated awareness of how to report any maintenance issues, with a preventative maintenance schedule in place. Documentation demonstrated regular maintenance of the service environment and equipment.

# 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 four of the four Requirements have been assessed as Compliant.

Consumers and representatives said they are encouraged and supported to provide feedback and feel comfortable raising concerns. Staff and management described various avenues available for consumers and representatives to provide feedback and or make a complaint, which included the upon service admission, flyers and brochures displayed at the service that detailed internal and external complaint avenues along with advocacy support. Staff explained processes they followed should a consumer or representative raise an issue with them directly.

Consumers and representatives said whilst they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff at the first instance. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Staff and management were aware of processes and how to access interpreter and advocacy services for consumers. The service had brochures and feedback forms available in alternate languages and advocacy services were displayed on noticeboards throughout the service.

Staff at the service demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice. Staff explained processes taken in response to complaints received by consumers. Consumers and representatives provided examples of when they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action was taken by staff and management.

The service demonstrated that feedback and complaints provided to the service are reviewed and used to improve the quality of care and services. Management described detailed processes and provided examples of how feedback is used to improve services. Consumers and representatives said they provide feedback and or make complaints at meetings and through other mechanisms and this had resulted in improvements made at the service. Documentation reflected the various ways the service captured compliments and complaints and how data is used to inform 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 five of the five Requirements have been assessed as Compliant.

Consumers said there were sufficient staff to meet their care needs and staff are prompt to attend when they require staff assistance. Staff said there is sufficient staff to provide care and services in accordance with the consumers’ needs and preferences, and staff have sufficient time to undertake their allocated tasks and responsibilities. Rostering documentation reflected shifts were filled and the service had options to utilise existing staff, such as extending staff hours if required. The service monitors call bell data to ensure call bells are answered in a timely manner.

Consumers said staff engage with them in a respectful, kind, and caring manner. Staff demonstrated an in depth understanding and familiarity of consumers needs and preferences when providing care. Management monitor staff interactions with consumers and representatives through observations and from feedback and complaints. Staff interactions with consumers were observed to be of a kind and caring nature and staff were observed referring to consumers by their preferred name and engaging in friendly and familiar conversations.

Consumers and representatives said they felt confident that staff are knowledgeable and competent to meet consumers care needs. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent, for example through observations, annual reviews, feedback from staff and consumers and analysis of clinical data to help monitor the clinical outcomes and competencies of registered staff. The service had documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated that staff have the relevant qualifications to perform their duties as outlined in their position descriptions.

Consumers, representatives, and staff said they did not think there were any areas where staff required more training. Consumers said staff know what they are doing when providing care. Staff are required to complete mandatory training and are provided with ongoing training. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported. Training documentation reflected high completion rates of required mandatory training completed by staff.

The service regularly undertakes assessment, monitoring and review of the performance of each member of the workforce. The service detailed ways consumer feedback is taken into consideration when completing regular reviews of each individual member of the workforce. Management advised staff performance reviews were undertaken regularly for new staff and annually for all staff. Staff described how performance appraisals occur and confirmed that in addition to performance feedback, they discussed their development needs and undertake annual performance appraisals. Documentation evidenced that annual appraisals were in place and were completed with staff in line with the organisation’s documented policy on performance management and development.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers and representatives were confident that the service is run well and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management detailed the process by which consumers are engaged to partner in the development, delivery and evaluation of the care and services provided. Management provided examples of improvements and changes implemented at the service as a result of direct consumer feedback.

The service demonstrated that the governing body is accountable for the delivery of care and services, and promotes a culture of safe, inclusive, and quality driven culture. The organisation had systems and processes in place to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive, and quality care and services. The governing body receives various consolidated reports, generated by the service on a monthly basis, which outlines information relating to internal audits, feedback and complaints data, continuous improvement initiatives, reported hazards and risks, and clinical/incident data analysis. The governing body gathers quality indicator data to ensure the service is meeting the Quality Standards and to initiate improvement actions, enhance performance and to monitor care and service delivery. Documentation demonstrated that the service promoted a culture of safe, inclusive, and quality care and services.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to regulatory compliance, the organisation’s executive leadership team and management, monitor changes to legislative requirements through correspondence received from national peak bodies, external agencies, and regulatory bodies and these changes are disseminated to staff through staff meetings, memoranda, staff education and training sessions, and amendments to policies and procedures.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)