Performance

Report

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| Name of service: | Regis Ferny Grove |
| Service address: | 39 Lanita Road Ferny Grove QLD 4055 |
| Commission ID: | 5634 |
| Approved provider: | Regis Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 21 October 2022 |

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 Regis Ferny Grove (**the service**) has been prepared by Ms D. McDonald, 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

Consumers/representatives said they were treated with dignity and respect and supported to maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers/representatives felt valued with their personal beliefs supported, and care and services provided in a way that respected their culture and identity. Staff demonstrated knowledge of the consumers’ needs and preferences and management described how consumer's needs, preferences, culture and life story were discussed and recorded in their care plans. Policies described how they supported consumers to live dignified and fulfilled lives in accordance with their culture and background. Care planning documentation identified consumers’ backgrounds, personal preferences, identities, and cultural practices.

Consumers/representatives said they could make decisions, exercise choice in relation to their care and services and maintain connections and relationships of choice. Staff described how they knew consumers’ backgrounds, likes and dislikes and how they supported their choices, and relationships. Staff were seen encouraging socialisation and friendships and helping consumers to achieve the goals and preferences in their care plans.

Consumers described how they were supported and encouraged to take risks to enable them to live the life they chose. Staff were aware of the consumers who engaged in activities involving risk and described how they supported them to live the best life they could. Management confirmed they tried to enable consumers to continue to do the things they did before entering the service to maintain their independence. Care plans evidenced consumers preferred activities and regular risk assessments being discussed with the consumer/representative.

Consumers/representatives considered they received clear, up-to-date information about their choices in relation to care and lifestyle. Staff described the ways in which information was provided to consumers and how they modified exchanged information for those with sensory and cognitive impairments. Staff confirmed they informed and prompted consumers about the activities, meals and events each day. Consumer and representative meeting minutes, feedback and complaints, and continuous improvement registers, menus, newsletters, and several noticeboards demonstrated communication of information to consumers.

Consumers/representatives confirmed their privacy was respected and staff knocked on doors before entering, and closed doors to conduct care activities. Staff were observed knocking on doors, waiting before entering and closing doors to provide care. Staff described how consumer information was kept private such as locking doors to nurse’s stations (where available) and having computers password protected. The privacy policy and consumer handbook outlined the consumers right to respect, dignity and privacy and described how consumers’ privacy and confidentiality was protected.

# 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

Consumer/representatives said they felt risks associated with consumers’ health and well-being were addressed during both the initial assessment and planning process and on an ongoing basis. Staff described comprehensive assessment and planning and confirmed risk assessments were completed for all consumers on entry, and as required. Care documentation confirmed assessment and planning informed the delivery of safe and effective care and services and incorporated standardised risk assessment tools.

Consumer/representatives said the consumer's needs, goals and preferences including for advance care and end of life were discussed. Staff explained how approach discussions on end of life care and document any wishes, expressed by consumers or their representatives. Management also said advance care and end of life care planning discussions were included as undertaken on entry or revisited as part of the care plan review process. Care documentation supported consumer’s needs, goals and preferences including advance care plans and end of life plans were captured.

Consumer/representatives confirmed they were involved in the assessment, planning and review of their care in partnership with the service. Staff said they were in regular contact with consumer/representatives, including during the initial and ongoing assessment and care planning processes. Staff said other organisations, individuals and providers of care were regularly involved in the assessment of consumers and their input was included in care plans. Consumer documentation showed regular engagement with others such as medical officers, allied health professionals, specialist services and palliative care providers. Staff were observed engaging with consumers, representatives, allied health professionals and medical officers.

Consumers/representatives said they were kept informed of outcomes of assessments and care planning. Staff and management said consumers/representatives were regularly updated about any changes to care and service needs following reviews or incidents. Care documentation was available to all consumer/representatives as part of the communication process. Policies and procedures guided staff in communicating clinical information to consumers/representatives.

Consumers/representatives stated care and services were regularly reviewed, especially following falls and changes in consumer behaviours. Staff responses and documentation showed all consumers had a care review every 3 months, when the consumer’s circumstances changed or when incidents impacted on their care needs. Information on the effectiveness of care strategies was observed to be exchange between staff through handover processes.

# 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

Consumer/representatives said consumers received safe and effective individualised personal and clinical care that met their needs and maintained their health and well-being. Staff explained the initial clinical assessment informed the delivery of best practice care that was tailored to meet consumer’s individual needs and preferences. Care documentation confirmed consumers’ personal and clinical care was individualised to meet their needs and maximise their overall health and wellbeing.

Consumer/representatives said risks associated with their care were addressed and managed well by the service. Staff were able to articulate what the high prevalence and high impact risks were for specific consumers and how they managed them. Allied health staff confirmed weekly ‘falls meetings’ were held with the clinical team to review any falls and discuss fall prevention strategies. Management explained how clinical indicator reports were completed monthly and discussed at clinical team meetings to develop strategies to mitigate high impact and high prevalence risks.

A representative of a consumer who was actively palliating during the site audit confirmed the needs and preferences of the consumer were supported and their comfort and dignity were maintained. Staff confirmed they ensured consumers nearing the end of life had their dignity maintained and they were comfortable. Polices were in place to guide staff and provide additional resources around end of life care. Staff were observed attending to the consumer frequently and providing comfort care.

Consumer/representatives confirmed that any deterioration or change in consumer’s health was recognised and responded to in timely manner. Staff confirmed consumers were reviewed when changes in consumers’ mental, cognitive, physical function or capacity was noticed, and appropriate specialist input was sought promptly, if required. Care documentation recorded changes or deterioration in consumers’ condition and staff were observed discussing changes in consumer's condition during handover.

Staff said information on the consumers condition, needs and preferences was recorded on the electronic care management system which they access to get the most up to date information. Management confirmed they had regular shift handover sessions and daily clinical meetings in addition to a monthly team meeting to share information. Consumer/representatives said information about their condition and any changes to their care needs were well communicated between staff and others that needed to know.

Consumer/representatives confirmed appropriate referrals were actioned in a timely manner. The clinical manager was notified of any consumers requiring urgent referrals and it was their responsibility to action these quickly. Non-urgent referrals were added to a list to be completed at the next scheduled visit. Documents showed the service accessed a wide range of specialist services such as medical officers, wound care practitioners, podiatrists, occupational therapists, speech therapists, dieticians and palliative care services.

Consumers/representatives said they regularly observed staff washing their hands and wearing personal protective equipment. Staff articulated infection control principles and the processes to follow in the event of an infectious outbreak. Staff understood antimicrobial stewardship and their role in promoting appropriate antibiotic use. There service had a suite of guidance materials for staff including an outbreak management plan and policies for infection control, antimicrobial stewardship and vaccination.

# 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/representatives stated they received the services and supports for daily living that met their needs, goals, and preferences and enabled them to maintain their independence, quality of life and well-being. Staff demonstrated knowledge of consumer’s individual needs and preferences and gave examples of how they supported them to do the things they wanted to do. Management explained staff were encouraged to get to know consumers’ backgrounds, so the most effective services and supports were provided. Care planning documentation was consistent with consumer and staff responses.

Consumers/representatives confirmed their emotional, spiritual, and psychological well-being was supported by the service. Consumers/representatives described engaging in meaningful and satisfying activities and interactions. Church services were held every month and a priest visited every 3 months. Church volunteers came in every Sunday to provide communion and there were also ecumenical services and bible studies held twice per month. Staff gave examples of supporting consumers with their emotional and psychological well-being such as giving one-on-one room visits, particularly for consumers who were bed-bound.

Care documents showed consumers were supported to participate in both their internal and external communities and were encouraged to form new relationships and stay connected with the people who were important to them. Staff described various ways the service helped consumers to form and maintain relationships. Lifestyle staff described how the activities program met the interests of consumers and highlighted a strong connection to the local community with visits from volunteer groups recommencing post COVID-19. The monthly activities program detailed activities both on site and within the community. Consumers were observed engaging in activities and socialising in the dining areas whilst eating their meals.

Consumers/representatives confirmed information about the consumer’s condition, needs and preferences was effectively communicated between staff and those involved in their care. Staff demonstrated how information was shared between all those who were responsible for providing care to the consumer. Staff confirmed changes to a consumer’s care were communicated via the handover process and recorded in the electronic care file for others to access.

Consumers/representatives confirmed the service made timely and appropriate referrals to other individuals, organisations and providers of care and services. Care documentation showed collaboration with external services to support the diverse needs of consumers. Policies and procedures were in place to support the referral process to external service providers.

Most consumers/representatives said the meals were well varied and of good quality and quantity. Three consumers said they had raised concerns in the past about the quality of the food, and it had continued to improve since the commencement of the new chef in April 2022. Meals were prepared on site, seasonal fresh fruit was always available, and the menu was planned around consumers’ feedback, dietary needs, and preferences. Staff confirmed they referred to care plans and were trained to follow processes to support consumers with allergies and any dietary changes. The kitchen was observed to be clean and there was evidence of compliance with food safety requirements.

Consumers said they felt safe using the service's equipment, it was easily accessible and suitable for their needs. Consumers/representatives said they were aware of the process for reporting an issue with equipment. Staff said equipment was regularly maintained, cleaned after use, and could they describe the process for reporting faults. Maintenance documentation showed scheduled preventative maintenance and ‘as needed’ maintenance was attended to promptly. Equipment was 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

Consumer/representatives said they felt safe and at home in the service and confirmed they could personalise their rooms. The service entry was observed to be welcoming and clean with the reception area ‘wrapped around’ a large communal courtyard. The service was uncluttered, with corridors kept clear, allowing safe movement of consumers, representatives, visitors, and staff. The service interior had ample natural light and there were multiple outdoor areas, with seating and shade. The memory support unit led out to a partly shaded courtyard complete with an old car to wash, a bus stop, and garden beds. The service had recently implemented recommendations following an environmental review by dementia specialists.

Consumers/representatives said the service was kept clean, was well maintained, and they could move freely both indoors and outdoors. They described how staff assisted them to move around the service including to go outside, sit in the sun or garden, attend activities or go to the main dining room. All areas of the service were observed to be clean, safe, well maintained, at a comfortable temperature and well ventilated. Doors to the outdoor areas were open allowing consumers easy access to the external areas. The external environment was well maintained and landscaped. Dining and lounge areas were observed to be clean and free from excess furniture. Maintenance staff described processes in place for both reactive and preventative maintenance and this was reflected in the documented schedules, policies and procedures.

Furniture and equipment throughout the service was observed to be safe, clean, well maintained, and suitable for consumers. Consumers stated they found the service clean and well maintained and the furniture, fittings and equipment were good. Consumers said if anything broke, they let the staff know and it was attended to by maintenance. Staff described how consumers had individual equipment and any shared equipment was wiped over between use. Wheelchairs and equipment were observed to be clean and working appropriately. Maintenance requests were managed in a timely manner and there were no outstanding items on the maintenance or cleaning schedules.

# 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/representatives said they were encouraged and supported to provide feedback and make complaints and found management approachable. Consumers/representatives were familiar with the feedback and complaints processes, including feedback forms and consumer meetings. However, they preferred to provide feedback directly to staff or management and felt safe to do so. Staff described the different avenues available for consumers/representatives to provide feedback or make a complaint. Staff confirmed if a consumer raised a concern, they would attempt to address it within the scope of their role, or they would escalate it to management. Management discussed the different ways consumers were supported to provide feedback or make a complaint and this was consistent with information provided by consumers, representatives and staff. Feedback posters, pamphlets, forms and collection boxes were observed throughout the service.

Consumers/representatives said they were made aware of available avenues for raising a complaint such as through the Commission, advocacy services, or with the help of a family member or friend. Consumers spoke English so did not require translation services. Staff demonstrated a shared understanding of the internal and external complaints avenues but were not familiar with accessing interpreter, advocacy or translation services. Management advised the service had information available on both advocacy and interpreter services, although they had not used these services recently as the consumers had not required it.

Consumers/representatives stated when feedback was provided, the staff responded in a timely and appropriate manner. They stated when things went wrong, the service apologised and acted quickly to resolve the issue. Staff demonstrated an understanding of the complaints management process and described how they have applied open disclosure with consumers/representatives if something had gone wrong. Management said the process used to respond to complaints included speaking directly to the consumer/representative to gain further information, and acknowledging their concerns, prior to undertaking an investigation. Management demonstrated understanding of open disclosure and said they apologised to consumers when they were dissatisfied with care and services. This was confirmed through several complaint forms and progress notes. The service had an open disclosure policy statement.

Documents showed feedback and complaints were reviewed and used to improve the quality of care and services. Although consumers/representatives and staff did not identify specific examples, all said they were confident the service would implement changes arising from feedback or complaints. Management explained how changes and improvements made at the service were discussed at the monthly consumer meetings and the service evaluated improvement actions and consumer satisfaction. The service’s plan for continuous improvement recorded feedback and suggestions, actions taken, progress and evaluations of actions.

# 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, representatives, and staff reported there had been issues with a shortage of staff at times however, consumers/representatives did not identify any negative impacts on consumer health and wellbeing, confirming their needs had consistently been met. Management explained staffing levels were adjusted to meet changing consumer needs and provided examples of short-term increases in staffing in response to a consumer with increased care needs. Management explained if they were unable to fill shifts by existing or agency staff, they step in to provide direct consumer care. Call bell audit reports showed staff attended promptly to calls for assistance.

Consumers/representatives consistently reported staff engaged with them in a respectful, kind, and caring manner, and were gentle when providing care. Staff were observed to engage with consumers and their family members in a respectful and personable manner, referred to consumers by their preferred name and engaged in friendly and familiar conversations.

Consumers/representatives said staff were skilled in their roles and competent to meet their care needs. Management explained how they ensured the workforce had the skills, qualifications and knowledge they needed for their roles. Staff said they were well supported by management through induction and ongoing training. Management ensured staff were confident to work independently after buddy shifts were completed. The onboarding process included a suite of competencies/training which staff were required to complete. Position descriptions outlined the qualifications, registration, knowledge, skills and abilities required for various roles.

While a number of annual appraisals had not yet been completed, the service demonstrated regular assessment, monitoring and review occurred in relation to staff performance. Consumers confirmed they were asked to provide feedback in relation to staff performance or any concerns they had about staff. Staff reported they usually had an annual appraisal, although they received feedback more frequently in relation to their work performance. Management stated staff performance was monitored through a range of avenues, including observation, consumer and staff feedback, daily review of progress notes, audits, annual competencies, incident reports and clinical indicator reports. The service had a suite of documented policies and procedures in relation to monitoring of staff performance and the performance management of staff if issues were identified.

# 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/representatives felt supported to be engaged in the development, delivery and evaluation of care and services. Consumers reported the service was well run and the general manager was approachable and supportive. They confirmed they were invited to participate in consumer meetings and surveys to identify possible improvements. Staff explained the different processes for engaging with consumers and the minutes of consumer meetings indicated involvement of consumers/representatives.

Management described how the governing body had implemented processes to ensure the Board was accountable for promoting a culture of safe, inclusive and quality care and services. The Board provided regular updates to the service to ensure the latest information was disseminated and available. A fortnightly manager’s meeting, chaired by the executive team, was open to all general managers and provided updates to the organisation’s services. A weekly communication called the ‘Weekly wrap up’ provided all staff with updates directly from the Board. The Board had driven a number of recent initiatives including; wi-fi upgrades to improve consumer connectivity and upgrades to the electronic medication system to improve medication management. Staff described how clinical indicators, quality initiatives and incidents were discussed and reported at relevant meetings.

Management and staff described how the organisation had robust, organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had a suite of organisational policies and procedures available to guide staff understanding and aid the implementation of good governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff knew which consumers were at risk and explained how they managed the risks in line with best practice. Consumer/representatives were satisfied they were supported to live their best life and the service responded well to risks and incidents. Staff said they were guided by the service’s policies, procedures and practices to minimise risks to consumers, prevent infections and report serious incidents.

The service had a documented clinical governance framework with policies relating to antimicrobial stewardship, restrictive practices and open disclosure. Staff provided examples of these policies relevance to their work. Care plans, progress notes, and incident reports confirmed the policies were adhered to by the service.

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)