

**Performance Report**

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| Name: | RFBI Dubbo Masonic Village |
| Commission ID: | 1055 |
| Address: | 2a Capstan Drive, DUBBO, New South Wales, 2830 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 13 December 2024 |
| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution Service: 7971 RFBI Dubbo Masonic Village |

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 RFBI Dubbo Masonic Village (**the service**) has been prepared by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

All consumers and representatives interviewed said staff treat them with dignity and respect. Staff were observed treating consumers with dignity and respect and described methods they use to respect consumers’ identity, culture, and diversity. Care planning documentation reflected what is important to consumers to maintain their identity and culture in a diverse manner. Staff interact with consumers in a dignified and respectful manner. The organisation has policies which outline consumers’ rights to respect and dignity.

Consumers and representatives said staff valued consumer’s culture, values and diversity by describing what is important to them and how staff provide care and services that are culturally, socially and emotionally safe for them and their family members. Staff described how they provide care and services that are culturally, socially and emotionally safe for consumers and their family members and was evidenced in care planning documentation and observed by the Assessment Team.

The service was able to demonstrate consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers said they are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice which was confirmed by representatives interviewed. Staff described how they support consumers to have others involved in their care and make self-deterministic decisions. Review of care documentation confirmed supporting of consumers to exercise choice and independence.

Consumers and representatives said they felt satisfied and supported by staff to take risks and live the best life they can. Staff could describe areas in which consumers take risks, how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers are involved in problem-solving solutions to reduce risk where possible. Care documentation evidenced contemporaneous and consented dignity of risks in place for all consumers who choose to take risks.

Consumers and representatives advised they receive up to date information about activities, meals and other events happening in the service. Posters and flyers of upcoming activities, services and the Charter of Aged Care rights were observed on noticeboards and in consumer rooms. The consumer meeting provided up to date information about feedback and complaints, continuous improvement activities and other changes in the service. Minutes of these meetings and newsletters were observed and were available for interested consumers and representatives who could not attend.

Consumers and representatives said they are confident their information is kept confidential. Consumers and representatives interviewed stated staff respect their privacy. Staff confirmed how consumers’ personal information is kept confidential and is not discussed in front of other consumers, and how consumers’ files are kept securely on the electronic care management system (ECMS).

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied Standard 1 is compliant.

# 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 interviewed said they were involved in assessment and planning processes and were happy with the management of identified consumer risks. Staff and management described the initial and ongoing assessments and 3 monthly care plan reviews in consultation with the consumers and representatives. Staff identified risks for the sampled consumers and described interventions in line with care planning documentation. Care planning documentation evidenced a range of assessments being completed on entry and on an ongoing basis. These included considerations of risks identified through validated risk assessment tools and interventions such as falls risks, skin tears and pressure injuries, pain assessments, nutrition and hydration for weight loss, restrictive practices, fluid restriction, catheter management and diabetes management. The service has policies, procedures and guidelines related to assessment and care planning and, care and practice were in accordance with this.

Consumers and representatives interviewed said they are consulted in relation to the needs, goals and preferences of the consumers’ care, and staff have spoken with them about advance care and end of life (EOL) planning. Staff and management demonstrated an understanding of sampled consumers’ individual needs and preferences, described how they approach EOL and advance care planning (ACP) conversations with consumers during the entry process, during 3 monthly care plan reviews, and as needs change. Care planning documentation for sampled consumers evidenced consumers’ current needs, goals, preferences and ACP. The service maintains an electronic copy of the consumer’s advance care directive (ACD), and EOL plans are available through the ECMS for all staff to access.

Consumers and representatives sampled described their involvement in assessment and planning through case conferences, regular care updates and described the involvement of the people important to consumers in assessment and planning on an ongoing basis. Care planning documentation showed evidence of case conferences, and involvement of a diverse range of external providers and services such as the medical officer (MO), nurse practitioner, Dementia Support Australia (DSA), wound consultants, geriatricians, speech pathologists, physiotherapists, podiatry, and dietitian services in consumer care. Registered nursing staff described the importance of consumer-centred care planning and explained how they initiate conversations around care planning with consumers and representatives, and providers of other care and services. The service has policies and procedures in place related to assessment and care planning.

Consumers and representatives interviewed confirmed receiving verbal updates and communication from staff as care changes occurred and confirmed receiving a copy of the consumer’s care plan. Staff and management advised the outcomes of assessments are documented in case conference records, progress notes and care plans within the ECMS and they were updated on consumers’ care needs during handover sessions. Care planning documentation including, handover sheets, progress notes and case conference records for sampled consumers reflected care planning information relevant to the consumer’s individualised care, and regular communication with consumers and representatives about the outcomes of assessment and care planning.

Consumers and representatives interviewed said they are regularly informed when consumers’ care or preferences change and when incidents occur. Care planning documentation for sampled consumers showed evidence of review on a regular basis and when circumstances change, or when incidents occur. Staff and management confirmed care plans are reviewed 3 monthly or when health or care needs change and described how incidents might generate a reassessment or review of consumers’ needs.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied Standard 2 is compliant.

# 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

All consumers and representatives sampled provided positive feedback and said they were happy with the care provided and felt consumers’ personal and clinical care needs were met. Care planning documentation for the sampled consumers reflected individualised care is safe, effective, best practice, and tailored to specific needs and preferences of the consumer. Staff and management described consumers’ individual needs, preferences, their most significant personal and clinical care and how these were delivered in line with their care plans. The Assessment Team observed staff interactions with consumers and confirmed personal and clinical care is being delivered in line with their care plans. The service has policies, procedures, and guidelines related to personal and clinical care to guide staff practice.

Consumers and representatives interviewed said they were happy with the management of consumers’ high impact, high prevalence risks. Staff and management identified and described risks and related management for individual consumers. Care planning documentation for sampled consumers identified risks had been identified and effectively managed by the service, including falls, pressure injuries, medication management, weight losses, diabetes management, and fluid restriction. The Assessment Team observed the use of pressure relieving devices, crash mats and sensor mats.

Consumers and representatives interviewed said consumers’ needs, goals and preferences, including EOL wishes, have been discussed with them and were confident the service would provide appropriate EOL care. The service advised there were no consumers receiving EOL care during the Site Audit. A documentation review was completed for a consumer who recently passed away at the service. Staff and management described the way care delivery changes for consumers nearing the EOL and practical ways in which consumers’ comfort is maximised and dignity is preserved. Care planning documentation evidenced advance care planning and the needs, goals, and preferences of consumers for palliative and EOL care, including comfort care provided.

Consumers and representative interviewed provided positive feedback in relation to the responsiveness of the service when there is deterioration in the consumer’s condition, health, or ability. Staff and management explained the process for identifying and reporting changes and deterioration in a consumer’s condition. They described signs and symptoms such as recognising pain, poor appetite, weight loss, bowel movement changes, changed behaviours and mobility changes. Care planning documentation including progress notes reflected the identification of and response to deterioration or changes in condition.

Consumers and representatives interviewed said the consumer’s care needs and preferences are effectively communicated, known and understood by staff. Staff said information relating to consumers’ conditions, needs and preferences are documented in the ECMS via care planning documentation, progress notes, handovers, and communicated where the responsibility for care is shared. Care planning documentation evidenced sufficient information to inform staff of needs, preferences, and changes to consumers’ care. Staff were observed to attend shift handover to ensure information regarding consumers ongoing care is consistently shared and understood.

Consumers and representatives advised timely, and appropriate referrals occur, and consumers have access to relevant health supports and allied health specialist services. Care planning documentation, including progress notes, evidenced a referral process to other health care providers as required. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. The service has external services and consumer referral policy in place to guide staff in the referrals process.

Consumers and representatives interviewed said staff perform standard and transmission-based precautions to prevent and control infection, and said the past COVID-19 outbreaks were managed well. Staff confirmed receiving regular training on infection prevention and control and completing competencies. Staff and management explained the antimicrobial stewardship (AMS) process and how they obtain a pathology specimen and wait for results prior to antibiotic prescribing. The service completes ‘antimicrobial stewardship forms’ for infection control reporting process for consumers with infections which is analysed and reported in monthly reports. The service has an infection prevention and control lead (IPCL) who has completed the required training, and another staff member is currently undergoing training for IPCL. The service has an outbreak management plan, policies and procedures to guide staff related to AMS, infection prevention and control, and for the management of an infectious outbreak.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied Standard 3 is compliant.

# 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 sampled confirmed the service’s lifestyle program was supporting consumer’s lifestyle needs and said staff assist them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs and preferences and the support they require to participate in activities or pursue individual interests. Care documentation reflects strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.

Consumers and representatives sampled said they can continue cultural and religious practices at the service and said they were provided emotional and spiritual support when needed. Staff described the services and support provided to consumers to meet their emotional, spiritual and psychological well-being, needs and preferences. Care planning documentation evidenced information about sampled consumers’ emotional, spiritual and psychological well-being and how staff can support them. The Assessment Team observed consumers participating in spiritual and religious activities at the service.

Consumers and representatives interviewed said their services and supports are consistent and the staff know their individual preferences and other organisations involved in their care and services. Staff explained how they are updated on the changing condition, needs or preferences of consumers as they relate to services and supports for daily living, including stand-up meetings, handover and messages alerts in the service’s electronic care management system (ECMS).

The service demonstrated timely and appropriate referrals to other individuals, organisation or providers and how they collaborate to meet the diverse needs of consumers. Consumers and representatives said timely and appropriate referrals to external individuals and providers is facilitated well by the service. Staff could describe how the consumer and representative is involved in decisions and how referrals are made, and consent is obtained. Care planning documentation reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumers said they feel safe when they are using equipment and know how to report any concerns they may have about safety. The service has appropriate arrangements for purchasing, servicing and maintaining, renewing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied Standard 4 is compliant.

# 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 and representatives said the environment is welcoming and consumers feel at home in the service environment. The service has wide corridors with handrails, several large communal and dining areas, spacious outside garden areas that are clean and have seating under shade where consumers can visit with friends and family, an onsite hairdresser and cafe. The service has a courtyard attached to the MSU which includes gardens, a shaded area, outdoor furniture and a barbecue area. Consumers’ rooms are spacious and have been personalised with items reflecting their individual memorabilia, tastes and styles.

Consumers and representatives said they are happy with the cleanliness and maintenance of the service. Consumers and representatives described how the service has several garden, courtyard and communal areas which are easily accessible, safe and clean. The service has several large communal and dining areas, spacious garden courtyard areas an onsite hairdresser and cafe.

Consumers and representative said furniture and equipment is safe, clean and suitable for consumers care and services needs and if they had any concerns with equipment they would advise staff. Furniture, fittings and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance are scheduled and monitored daily by staff. A review of maintenance and cleaning logs support maintenance and cleaning jobs which are not scheduled are resolved in a timely manner. Processes are in place for programmed preventive maintenance monitoring.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied Standard 5 is compliant.

# 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 expressed confidence in their ability to provide feedback and lodge complaints safely and comfortably. Management and staff detailed the systems and processes in place to promote and support the sharing of feedback and complaints. The Assessment Team noted that the service prominently displayed information encouraging consumers and their representatives to share their feedback and concerns. Policies, procedures, and systems are in place to ensure an environment where such feedback is welcomed and supported.

Consumers and representatives are aware of and have access to advocacy, language services, and mechanisms for raising complaints. Management and staff confirmed the availability of interpreter and advocacy services, though they advised these services have not been required for the current consumer cohort.

Consumers and representatives reported that the service effectively addresses complaints and practices open disclosure by acknowledging issues, apologising, and keeping them informed throughout the resolution process. Management and staff demonstrated a strong understanding of open disclosure principles, which include transparency, offering resolutions, and timely action.

Consumers and representatives expressed satisfaction with the service’s feedback and complaints process, which is actively used to improve care and services. Management said and service documentation, including the PCI, confirmed that feedback and complaints are tracked and trended to identify areas for improvement.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied Standard 6 is compliant.

# 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 surveyed reported they feel there are enough staff to meet their personal and clinical care needs. They noted that staff respond promptly to call bells and take the time necessary to provide unrushed care. Interviews with staff members confirmed that staffing levels are generally adequate to deliver quality care and services. Management shared strategies for addressing staffing shortages, including offering additional shifts to part-time staff, utilising a large casual staff pool, extending staff hours with longer or double shifts or using agency staff when necessary and as a last resort. Rostering documentation for the previous four weeks shows that all shifts were covered consistently.

Consumers and representatives consistently reported that staff are kind, caring, respectful, and gentle. Staff interviews revealed a strong familiarity with each consumer’s individual needs and identity. The service has comprehensive policies, procedures, and guidelines to support appropriate staff practices and behaviour. Observations during the Site Audit confirmed respectful interactions between staff and consumers.

The service was able to demonstrate the workforce consistently possesses the necessary competence and knowledge to effectively perform their roles. Consumers and representatives expressed confidence in staff skills and competence. Management explained staff competency is maintained through mandatory and ad hoc training programs. The service also has documented core competencies tailored to specific roles.

Consumers and representatives stated staff are well-trained and possess the knowledge and skills necessary to deliver effective care and services. Management outlined how they support staff by ensuring access to training aligned with the Quality Standards. Staff confirmed the service provides both mandatory and supplementary training to help them deliver quality care.

The service demonstrated regular assessment, monitoring, and review of staff performance. Staff reported feeling supported during performance reviews and were given opportunities for improvement. Management explained staff performance is primarily monitored through annual performance appraisals, ongoing informal reviews, and ad-hoc performance management when necessary. Policies and procedures outline expected performance based on role descriptions.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied Standard 7 is compliant.

# 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**

The organisation demonstrated engagement of consumers and representatives in the development, delivery, and evaluation of care and services. Consumers and representatives expressed overall confidence in the service's management and satisfaction with their ongoing involvement. Management highlighted various mechanisms to ensure consumers contribute their input and make decisions about the care and services they receive. Review of the PCI and meeting minutes further confirmed the active participation of consumers and representatives in shaping the service's care and delivery processes.

The organisation demonstrated it is overseen by a governing body committed to fostering a culture of safe, inclusive, and high-quality care and services, while maintaining accountability for their delivery. Management highlighted the steps taken by the governing body to ensure a safe and inclusive environment for all and outlined an organisational structure designed to support effective oversight and governance of quality care and service delivery.

The organisation demonstrated effective organisation-wide governance systems across key areas, with processes aligning with policies and procedures. The organisation’s governing body demonstrated it promoted a safe and inclusive culture, with accountability for delivery of care and services clearly defined. Feedback from staff and management, along with reviewed documentation and observations, confirmed policies are effectively implemented in practice. Escalation protocols for feedback, complaints, risks and incidents were in place, ensuring the governing body received the information required to meet its responsibilities. A continuous improvement culture is established within the organisation and documentation review showed evidence of information flowing to and from the governing body.

The organisation utilises a risk management system designed to address high-impact and high-prevalence risks to consumer care. This includes identifying and responding to instances of abuse and neglect, supporting consumers in achieving their best quality of life, and managing incidents through an incident management system. Interviews with management and clinical staff revealed a strong applied understanding of these risks and the service's approach to safeguarding them in accordance with best practices. A review of meeting minutes confirmed that fortnightly meetings are held to discuss risks, incidents, and Serious Incident Response Scheme (SIRS) reportable events.

The organisation has systems in place to inform clinical governance around antimicrobial stewardship, open disclosure and the management of restrictive practices. Management and staff interviewed were able to demonstrate how policies and procedures related to open disclosure, antimicrobial stewardship, and restrictive practices are applied in the delivery of care and services.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied Standard 8 is compliant.

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)