Performance

Report

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| Name of service: | Ridleyton Greek Home for the Aged |
| Service address: | 89 Hawker Street BROMPTON SA 5007 |
| Commission ID: | 6115 |
| Approved provider: | Greek Orthodox Community of SA Inc |
| Activity type: | Site Audit |
| Activity date: | 12 September 2022 to 14 September 2022 |
| Performance report date: | 24 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 Ridleyton Greek Home for the Aged (**the service**) has been prepared by T Wilson 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; and
* the provider’s response to the assessment team’s report received 4 October 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 2 Requirement 2(3)(b) – Ensure consumer care plans contain current information to direct care and services.
* Standard 3 Requirement 3(3)(b) – Ensure each consumer has effective management of high impact or high prevalence risks.

# 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 confirmed they are treated with dignity and respect, with their identity, culture and diversity valued and they receive care and services that are culturally safe for them. Staff demonstrated familiarity with consumers’ backgrounds and strategies to maintain their identity, culture and diversity and provide culturally safe care. Staff were observed providing care and assistance to consumers in a dignified manner whilst treating them with kindness and respect. Whilst it was identified some consumers were being referred to by room numbers when staff were talking, management responded to this to ensure it does not occur again the future.

Consumers and representatives confirmed consumers are supported to exercise choice and independence and are consulted and involved in making decisions about care and service delivery. Staff described how they support consumers to exercise choice and maintain relationships and described how they assist consumers in making decisions. Documentation captures the decisions consumers make and those who they like to be involved in their care.

Consumers confirmed they felt supported to take risks which enable them to live their best life they can and staff could identify strategies in place to support them in doing so. Risk assessments are completed to assess and mitigate risks to consumers and a register is maintained by the service.

Consumers confirmed communication is clear, easy to understand and enables choice. Staff could describe how they communicate with consumers to assist them to make choices in the care and services they wish to receive. Information enabling consumers to make choices was observed to be displayed around the service in formats that are easy for consumers to understand.

Consumers confirmed their privacy is respected and raised no concerns about the management of their personal information. Staff confirmed they have individual login details to access electronic systems and detailed ways they ensure consumers’ privacy is respected. The organisation has systems and processes to ensure consumers’ privacy is maintained.

It is for these reasons I find Standard 1 Consumer dignity and choice 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. | Non-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

The Assessment Team recommended that the service does not met Requirement 2(3)(e) as one consumer with declining health did not have their care plan reviewed to ensure they received optimum care in relation to nutritional, repositioning, pain and wound management. They also stated there were many (19 at the end of the Site Audit) outstanding care plan reviews but did acknowledge that management were aware of them and were taking remedial action to rectify the issue.

The service did not dispute the fact the consumer has not been reviewed and has introduced several measures, including staff training and changes in procedures to ensure this does occur in future. The service also stated that all care plans are now up to date and contain current consumer care information, and a six-monthly review would be undertaken from this point on.

I have considered the information presented by the Assessment Team and the provider, and I agree the consumer has not had a pain reassessment to ensure they are not in pain and are being kept comfortable. However, I consider this information is more relevant under Requirement 2(3)(b), where it is required that assessment and planning identifies the consumers current needs. I was not provided with an incident or a sudden change that may trigger the review process under 2(3)(e). I have also considered the information in relation to the outstanding care plans and question whether the care plan would have had up to date information to reflect the consumers current needs. Whilst the service has now stated they are up to date, at the time of the Site Audit they were not.

It is for these reasons I find Requirement 2(3)(b) Non-compliant.

The assessment process is initiated when consumers first enter the service, and at six monthly intervals or when changes occur. Assessment and planning is effective using a suite of validated risk assessment tools to inform the delivery of care and services. Staff could explain how consumers and representatives are involved in undertaking the assessments. There are policies and procedures for admission, care assessment and documentation of this to guide staff in care planning and assessment.

Consumer files confirmed assessments and planning identifies and addresses the consumer’s current needs, goals and preferences and is completed in consultation with the consumer and/or representative on entry and when changes occur. The service has policies and procedures to guide staff on the care planning process, including end of life wishes and advance care directives. Representatives confirmed they are informed regularly of all updated and changes to their family members’ care and health. Consumers’ files showed medical officers and allied health professionals are involved in consumers’ care.

Staff described how consumers and/or representatives can access care plans on request and are offered a copy at each care plan review. Staff confirmed they are informed of changes to consumers' needs and services after a review is completed through the handover process and the service’s electronic system. The organisation has policies and procedures to assist in effective communication with consumers/representatives and staff.

It is for these reasons I find Standard 2 Requirements 2(3)(a), 2(3)(c), 2(3)(d) and 2(3)(e) to be 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. | Non-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

The Assessment Team recommended that the service does not met Requirement 3(3)(b) as high impact or high prevalent risks associated with the care of each consumer was not effectively managed, specifically in relation to pain, wounds, restrictive practices and nutritional risk for one consumer, and did not ensure all incidents of physical assaults were reported in line with legislated requirements.

In its response, the service acknowledged the improvements identified and implemented measures to ensure the consumers were receiving the care they require. Pain assessments were completed to ensure their pain was managed and wound care is now overseen to ensure it occurs as scheduled. Training has been implemented to ensure staff have the knowledge they require in relation to the management of pain wounds and nutritional requirement.

I acknowledge action taken by the service in response to issues identified by the Assessment Team. However, at the time of the Site Audit, the service could not demonstrate they effectively managed high impact or high prevalence risks associated with the care of each consumer. It is for these reasons I find the service Non-compliant in Requirement 3(3)(b).

In relation to the incident not being reported, there was evidence provided to show that the incident was reported to the person who was assigned to lodge the serious incident report, however, they did not complete it as they should have, and the person no longer works in the service. I consider that not reporting an incident better fits under Standard 8 Requirement 8(3)(d), so I have considered it under that requirement. Since there was no other indication that the service has not been reporting lodging serious incident reports when they are required to, I have found that Requirement Compliant.

Consumers and representatives confirmed consumers are receiving safe and effective personal and/or clinical care, that is best practice, tailored to their needs, and optimises their health and well-being. A range of validated assessments are completed on entry and on an ongoing basis to identify each consumer’s care needs and preferences. Care plans are developed on admission and generally reviewed regularly. Information gathered through assessments, documentation and conversations in consultation with consumers and/or representatives provides tailored strategies for consumers’ needs and preferences and, optimises their health and well-being. Staff provided examples of how they provide care and ensure services are delivered in a safe and effective manner which is tailored to their needs through the assessment and planning process.

Through consumer documentation, it was confirmed that consumers end of life wishes are being met with their comfort maximised and their dignity preserved.

Staff could describe the process of how they monitor consumers and what they do if they notice in deterioration in a consumers condition. The service has a ‘rapid detection and response observation chart’ to guide staff to identify any deterioration or changes to consumers’ health and includes colour coded information to allow clinical staff to identify actions required in certain circumstances, including whether to notify the registered nurse or management, notify the medical offer or call an ambulance.

Staff confirmed they are informed of any changes to consumers’ health, condition and needs regularly through their handover process, progress notes and meetings and alerts on the electronic reporting system. Staff could also describe how they share this information with allied health or medical officer visits and how the information from their visits is included in the care plan. There was also evidence to show referrals are completed to internal and external allied health professionals and specialists in a timely manner. Staff interviewed demonstrated how referrals are completed and how any changes or recommendations are communicated to staff, consumers and representatives.

Staff confirmed they understand infection control and antimicrobial stewardship principles. The service has policies and procedures to assist and guide staff practices, including provisions to manage outbreaks, and mandatory training is provided to all staff. Following a COVID-19 outbreak at the service, management completed a review of their COVID-19 management plan and made improvements in areas where improvement was identified. Staff were observed to be following hygienic practices.

It is for these reason I find Standards 3 Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) to be 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 confirmed they are satisfied with services and supports for daily living. Staff could describe how they capture consumers changing needs and assist them to optimise their independence and well-being. Two consumers with cognitive impairment are having their supports reviewed following Assessment Team feedback to ensure they have a better quality of life.

Consumers confirmed the services and supports for daily living promote their emotional, spiritual, and psychological well-being and were able to describe how the service assist them to do this. Staff were observed providing consumers with emotional support and provided examples of how they have supported consumers who require emotional support. Care plans capture information on how staff can provide emotional and spiritual support for consumer psychological wellbeing.

Consumers confirmed they are supported to participate in the community, have personal and social relationships and do things that are of interest to them. Staff described how they obtain preferences and how they support consumers to maintain social and personal relationships. Care planning documentation identifies people who are important to consumers and the things they like and are supported to do. Consumers were observed to be participating in activities that engaged them and were socialising with friends throughout the home.

Staff confirmed the systems and processes to ensure accurate and up-to-date information is communicated effectively where responsibility of care is shared and confirmed the referral process to other providers is effective. Consumers and representatives stated staff understood their care needs and preferences and did not have to repeat information. Documentation confirmed consumer are referred to other organisations, individuals and providers of other care and services.

Most consumers and representatives confirmed meals served are varied and of suitable quality and quantity, with two saying they are not but they are aware of mechanisms for communicating this to management. One consumers arranges separate meal from the kitchen to ensure it meets their preferences. Surveys are conducted and feedback can be provided which can assist to shape the menu in conjunction with the dieticians for the service.

Consumers confirmed they feel safe when using equipment and maintenance are responsive in managing repairs. Equipment used for activities of daily living were observed to be safe, clean and well maintained. Staff confirmed they have access to enough equipment and say it is well maintained.

It is for these reasons I find Standard 4 Services and supports for daily living to be 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

The service was observed to be welcoming, easy to navigate and with space for consumers to sit or conduct activities in communal spaces, including outdoor areas. Multiple outdoor areas are available for consumers to use and were observed to be well maintained, manicured and free from hazards. Consumers confirmed are encouraged to personalise their rooms and they comfortable and enjoy the communal areas of the service.

Consumers confirmed they are satisfied with the standard of cleanliness, they feel safe in the environment and can move around freely including to outdoor areas. Staff could describe the maintenance processes and confirmed that items are actioned appropriately. There are proactive and reactive maintenance schedules and a cleaning schedule to ensure the service is well maintained, comfortable and clean.

Consumers confirmed they feel safe when using equipment and it is appropriate for their needs. Staff stated they have received training on the use of equipment and described how they check equipment for safety and how to request maintenance if it is required. Equipment was observed to be suitable and well maintained for consumer use.

It is for these reasons I find Standard 5 Organisation’s service environment to be 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 confirmed they are aware of how to make a complaint and provide feedback and felt supported by management in doing so. Staff described how they support consumers who wish to make a suggestion, compliment or a complaint, and were aware of the organisation's complaints handling processes. The service has policies and procedures to guide staff practice that is freely available to them. Feedback forms and confidential feedback boxes were observed to be available throughout the service.

Consumers and representatives confirmed they have access to interpreters, advocacy and external complaint handling services. Staff are aware of these services and know how to guide consumers to use them. Noticeboards, pamphlets and posters were observed throughout the service displaying the information which is also available in other languages.

There are feedback, complaints and open disclosure policies and procedures are in place to guide staff in the management of complaints. Management and staff could describe the service’s complaints management process to gather, address and review feedback. Consumers and representatives confirmed appropriate action is taken to address feedback and complaints and said the service has a transparent approach when things go wrong.

The organisation has processes in place to ensure all feedback is captured, monitored, analysed, trended and reviewed for areas of continuous improvement. The service is introducing a new electronic system which will better allow them to do this. Consumers and representatives sampled were generally satisfied with the way in which management manage and respond to complaints and feedback to improve the quality of care and services. Management could provide examples of improvements identified and implemented through the complaints and feedback system.

It is for these reasons I find Standard 6 Feedback and complaints to be 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

The Assessment Team recommended that the service does not met Requirement 7(3)(c) as staff were unable to demonstrate they have the knowledge effectively perform their roles to ensure the delivery of safe quality care and services, specifically relating to wound and pain management, obtaining consent for restrictive practice for one consumer, not reporting an incident and understanding the behaviour support plan of another.

The service’s response acknowledged when they commenced as a new management team in July 2022 that staff did need training. They have been working with staff to improve their knowledge and skills, with a twelve-week clinical nurse manager mentoring program being introduced. It was targeted in specific areas relating to wound and pain management, knowledge of behavioural support plans, obtaining consent and reporting an incident in line with the Serious Incident Response Scheme (SIRS) requirements. They have been continuing to educate staff including where they had identified that wound measurements were incorrect and some wound care was not being completed in line with care planning.

The behaviour support assessment tool has been revised to ensure information to meet the legislative requirements for a behaviour support plan is captured. Behaviour assessment and behaviour support planning has been provided to staff who completed the clinical nurse manager mentoring program and was already scheduled for October at the time of the site audit. The service asserts that from the responses provided by staff, that the deficits lie in understanding the care plans not in the knowledge, competency and qualifications of the staff.

I do not think that based on one consumer it is proportionate to determine that staff are incompetent and the deficits appear to lie in the training of the staff, which the service is addressing. Whilst I acknowledge the one consumer was not receiving optimal care, including the wound management and pain assessment with one consumer only as an example, I cannot determine that all staff are incompetent. The service in its own processes found that two other consumers’ wounds were not being measured correctly and have since trained the staff how to do it correctly.

In relation to the non-reporting of the behavioural incident, I have addressed this previously. The clinical nurse manager who was responsible to report the incident did not report it as they should have, however, they no longer work at the service. There was no evidence to show that this is still occurring. One staff member not knowing what was in a behaviour support plan also does not show that all staff are incompetent.

I find that much of this information is relevant to staff training, which is better assessed under Requirement 7(3)(d). However, since the service has since commenced addressing the training issues prior to the Site Audit under their own vallation I find that both Requirements 7(3)(c) and 7(3)(d) are Compliant.

Consumers and representatives confirmed that on most occasions, there is sufficient staff to meet consumers’ needs, however, there are occasions where consumers have to wait for ‘a while’ for the call bells to be answered. Overall, staff said they have enough time to conduct their duties and there are enough staff rostered each day. The service has a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers.

Consumers confirmed staff interact with them showing kindness and care and respect their identity, culture and diversity. Staff members described the service’s expectations for how they interact with consumers and management have an expectation that all consumers are treated with kindness and respect. Observations showed staff interacting with consumers in a caring and respectful manner.

Consumers and representatives confirmed they are satisfied with the skills and knowledge of staff and have confidence in them to deliver care and services. Care and clinical staff said they are provided enough training opportunities to perform their role confidently and can access further online training opportunities if they want. Staff said they feel supported in their role and would talk to their supervisor or management if they had an issue. Documentation showed the service reviews its training regime to meet the needs of consumers and performs competency assessments where relevant to review the effectiveness of training; and there are induction and development programs for new employees across all areas of the service.

Staff described formal evaluation processes they undergo in assessing their performance against benchmarked standards set by the service. Staff performance evaluations for current staff were reviewed, as well as documented conversations between staff and management on training needs, goals and personal development.

It is for these reason I find Standard 7 Human resources 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

Consumers confirmed they are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through various feedback mechanisms. Improvements within the service are communicated to consumers via resident meetings.

The governing body has recently changed to ensure that they receive enough information to ensure that quality care and services are being delivered to consumers. Whilst there was a lapse in reporting, this is now being completed to ensure the board is aware and can manage any critical incidents within the service. Management was able to demonstrate how they have been communicating to the governing body, keeping them abreast of issues and topics within the service.

There are effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Whilst this has not always been the case, the organisation employed a consultant to introduce and embed solid governance systems. There are systems to maintain, store and share information, including an electronic clinical management system and the service will introduce a risk, compliance and policy management system, so far these system have proved to be effective in managing governance.

The service has risk management systems and processes to identify and assess risks to the health, safety and well-being of consumers. High impact or high prevalence risks are regularly monitored and reviewed through high risk meetings, registers and clinical indicator reports. The service’s incident management system informs management of any trends or risks and is used to improve care and services; this is supported by policies, processes and training to guide staff in managing risk. Consumers are supported to the live the best life they can and maintain their independence by undertaking activities of risk. Allegations and incidents of abuse and neglect of consumers are responded to by conducting an effective investigation process and refers to relevant external agencies when required.

The service has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The service could demonstrate through their restrictive practice register that minimisation of restraint legislation is being followed. There are systems for preventing, managing and controlling infections and antimicrobial resistance which is monitored and reported through clinical indicator data. Open disclosure is practiced and is imbedded in the service’s values and training, through investigation of incidents and engagement with the consumer and/or representative.

It Is for these reason I find Standard 8 Organisational governance to be Compliant.

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)