Performance

Report

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| Name of service: | Rosebank Hostel |
| Service address: | 43 Station Street YEA VIC 3717 |
| Commission ID: | 3097 |
| Approved provider: | Yea and District Memorial Hospital |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 17 March 2023 |

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

**This performance report**

This performance report for Rosebank Hostel (**the service**) has been prepared by S Turner 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
* the provider’s response to the assessment team’s report received 06 March 2023

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said staff treat consumers with dignity and respect and promote consumers’ privacy. Consumers said staff know their individual preferences and provided examples of this.

Consumers advised, and review of the service’s activities schedule evidenced, the celebration and observation of cultural days and days of significance including Easter, Australia Day and National Aboriginal and Islanders Day Observance Committee (NAIDOC) week.

Consumers said they regularly receive information from the service including information about COVID-19. The service produces a monthly newsletter that informs of upcoming events, includes photographs of past events and details information that is relevant and timely. Noticeboards were observed throughout all areas of the service displaying a variety of information. On entering the service, consumers receive an information book that provides details relating to meals, activities, family involvement and care and service provision.

Consumers said they are supported to make informed choices about their care and service delivery, to take risks and to make decisions about who should be involved in their care. Staff described how they support consumers to understand benefits and potential harm associated with risks the consumers may choose to take. Staff said consumers are involved in problem-solving solutions to reduce risk where possible.

Consumers felt confident their personal information is secure and could describe the ways in which staff promote their privacy. Staff said they close doors and draw blinds when delivering care and ensure the consumer feels comfortable throughout the process.

Consumer care planning documentation included what is important to consumers to maintain their identity, who is important to the consumer and how the service can support consumers in maintaining relationships, including intimate relationships. This information is stored in an electronic care management system that is password protected. When not in use, computers were observed to be closed with no consumer information visible.

The organisation has a suite of policies that outline the expectations and responsibilities of staff in relation to cultural diversity, independence, inclusion and dignified treatment of consumers.

Management said, on entering the service, consumers are asked who they would like to be involved in their care. Case conferences are held with consumers and representatives and opportunities are provided to support consumers to communicate their decisions. Management and staff spoke about how they can support consumers from culturally and linguistically diverse backgrounds; these include through the development of communication books, the use of cue cards and signage, and engagement with representatives and family members to ensure care and service delivery is culturally appropriate.

Staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances. Staff were able to describe the methods used to show respect including asking for consent before providing care, knocking before entering the consumer’s room, and respecting consumers’ preference for female or male care staff.

# 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 were satisfied with assessment and care planning processes and said they are involved in the process and are aware they could access a copy of the care plan should they choose to do so. Consumers and representatives said consumers’ care and services are reviewed regularly and when the consumers’ circumstances have changed, or incidents have occurred.

The service has policies and procedures to guide staff relevant to assessment and care planning. Registered staff demonstrated an awareness of assessment and care planning processes and said where a need was identified, medical officers, medical specialists and allied health specialists were involved in the process. They said that in those instances where a consumer is unable to provide information or participate in the assessment and care planning process, they then engage with the representative or authorised decision maker. Registered staff were familiar with risks to consumers’ health and well-being and said these included pain, falls and risks associated with skin integrity. Registered staff advised end of life planning is discussed with consumers and representatives when the consumer enters the service and during the regular care plan reviews.

Staff demonstrated an understanding of consumers’ needs and said the information in consumers’ care plans guides them in the delivery of safe and effective care and that if they required additional information, they would ask registered staff. They said changes in consumers’ health and wellbeing is communicated during handover and through electronic messaging.

Staff said they are aware of incident reporting processes and how incidents can trigger a reassessment or review of care. The service monitors clinical incidents including pressure injuries, medication incidents, infections, behaviours, weight loss and falls, with incidents investigated and included in reporting processes.

Care planning documentation evidenced involvement of consumers and representatives and included a consideration of risk to consumers’ health and well-being. Detailed information about consumers’ needs, goals and preferences was documented and included advance care planning; there was evidence of the involvement of medical officers, physiotherapist, dietitian, podiatrist, and speech pathologist.

# Standard 3

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

Findings

Consumers and representatives said consumers receive the care they need and that it is safe and effective. Consumers and representatives felt that consumers’ needs were effectively communicated between staff and said staff respond to consumers’ needs quickly.

The service has a range of policies, procedures, validated assessment tools and charts available to guide staff in the delivery of care to consumers including in relation to end of life care and responding to deterioration and change in a consumer’s condition.

The service demonstrated timely identification, effective management and evaluation of consumers’ personal and clinical care needs with the site audit report including examples of the effective management of consumers’ skin integrity, wound care, pain and falls. There are processes to manage high impact and high prevalence risks associated with the care of consumers. Clinical equipment is available to support care delivery, non-pharmacological interventions are implemented to support consumers’ pain, registered staff monitor progress notes daily to identify risk and referral is made to allied health professionals when a need is identified. Care planning documentation demonstrated referrals had been made to medical officers, medical specialists, occupational therapy, podiatry, physiotherapy, and dietitian.

The service monitors clinical care including falls, weight loss, behaviours, medication incidents and pressure injuries on a monthly basis, through incident reporting processes. Information is provided to staff about actions and strategies to support the management of individual consumers.

Management said advanced care planning is discussed when consumers enter the service and during the regular care review process. Care planning documentation demonstrated that end of life consultation had occurred with representatives and medical officers and relevant information was stored in the electronic care management system. Staff demonstrated an understanding of how to care for a consumer who is approaching end of life.

Staff said consumers’ care needs are documented in progress notes and care plans and are discussed at handover each shift. Staff could describe the ways they recognise and respond to a change in the consumers’ condition and escalate this to registered staff. Registered staff said they refer the consumer to the medical officer or can transfer the consumer to hospital if appropriate. Registered staff are available 24 hours per day, seven days per week. Additionally, the service is affiliated with an external virtual doctor service to assist staff with any concerns they may have.

The service has policies and procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. There is an appointed infection prevention and control lead and a vaccination program for staff and consumers that includes seasonal influenza and COVID-19. Staff provided examples of practices to prevent infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. Consumers are monitored for signs of infection, including urinary tract infections and acute respiratory illnesses with pathology testing occurring where appropriate.

# 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 said the lifestyle program supported consumers’ needs and that staff assist consumers to be as independent as possible. Consumers provided examples of the activities they enjoy which included spending time with children, watching programs on electronic devices and going on walks. Care planning documentation included information about consumers’ needs and preferences and those people and events that are important to them. Staff demonstrated knowledge of consumers’ needs, goals and preferences and how they could support consumers to pursue individual interests.

Consumers reported feeling engaged in meaningful activities that included observation and acknowledgement of their sacred, cultural and religious practices. Consumers confirmed staff supported their well-being including during times when they were experiencing grief and loss. Care planning documentation included strategies to support consumers’ emotional, spiritual and psychological well-being and staff could describe how they do this. The activities schedule included opportunities for consumers to participate in church services and prayer sessions and one consumer provided an example of how their specific spiritual needs were met.

Staff described how they support consumers to participate in the community both within and outside the service and consumers and representatives confirmed consumers continue to belong to community based clubs and groups and enjoy relationships with others.

Consumers were confident that staff and other care providers were aware of their needs and preferences and the Assessment Team reviewed care planning documentation relating to service and supports for daily living and found that in addition to lifestyle preferences, spiritual and cultural needs, there was information to guide staff in relation to risk and safety needs, mobility and communication. Staff could explain how they are provided updated information about consumers’ changing needs and preferences.

Management staff explained how consumers can be referred to other providers of care when a need is identified including for example pastoral care staff and a social worker. A number of consumers provided examples of how volunteer staff engage with them and spend time with them doing things that are of importance to the consumer.

Consumers and representatives said the meals provided by the service are varied and of suitable quality and quantity. Feedback included ‘the food is delicious’, ‘the meals are very good’, and ‘we are spoilt for choice’. Consumers are offered a range of alternative options if they choose not to have the meals offered on the menu. Consumers and representatives could describe the various ways they can provide feedback on the menu including via the monthly consumer meetings, feedback forms, annual food surveys and by speaking directly with the Chef. Staff explained the assessment process that identifies consumers’ nutrition and hydration needs and identifies consumer’s preferences; this information then informs the care plan.

The site audit report details the type of equipment that is available to consumers to support their daily living and promote their function and independence. Equipment and resources included art materials, music, documentaries, board and table games, raised vegetable gardens and a library. Consumers and staff were satisfied with the availability of equipment and maintenance processes and understood how to log a request for maintenance if this was required. Mobility equipment was observed by the Assessment Team to be 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

Consumers were satisfied with the environment and said the service is a nice place to live and that they feel safe and comfortable. Consumers provided examples of how the environment supports their independence and their ability to engage with others. Consumers and representatives felt staff and are competent in the use of equipment and said that consumers feel safe when staff are using equipment to provide care and services.

Staff could describe their cleaning processes and stated consumers’ bathroom and toilets are cleaned daily with full detailed cleans of consumers’ rooms completed weekly. There are dedicated maintenance staff and they are responsible for the preventative and reactive maintenance program during business hours with on call arrangements with external contractors in place for after hours and emergencies. Maintenance requests are logged in in an electronic maintenance register, are prioritised and delegated to maintenance staff and contractors as required.

The Assessment Team observed consumers moving freely inside and outside the service and accessing outdoor gardens and seating areas. Consumers’ rooms were decorated with personal items including photographs and artwork. Furnished lounge and dining areas provided a homelike environment, were comfortable and encouraged a sense of belonging. The service has wide corridors with handrails and obstruction free hallways and external footpaths. Outdoor furniture and equipment were observed to be safe, clean, and well-maintained.

Handwashing stations were evident within the service and included signage displaying hand hygiene instructions. Electrical equipment, including kitchen equipment had evidence of recent testing and tagging and fire evacuation diagrams and illuminated signage was evidence throughout the service.

# 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 said they are encouraged and supported to provide feedback and raise concerns and that they feel safe to do so. Consumers were familiar with the service’s formal mechanisms including the use of feedback forms, but said they prefer to raise their concerns at consumer meetings or by speaking directly to management. Consumers and representatives were satisfied with the actions taken in response to the complaints they had raised and said improvements are made at the service in response to their feedback.

Consumers and representatives are made aware of and have access to advocacy services, language services and other methods such as external mechanisms for raising and resolving complaints. Staff have a shared understanding of these mechanisms and information on these services is available for consumers.

The service has policies and procedures in relation to feedback, complaints management and open disclosure. A complaints resolution workflow document was implemented in September 2022 and staff were provided with training.

Management staff identified the various ways consumers and representatives are provided information about the methods available to provide feedback and make a complaint.

Staff said they encourage consumers to provide feedback including through the use of feedback forms. Staff described how they advocate for consumers by communicating concerns to management on their behalf and assisting them to complete feedback forms if required.

Staff and management demonstrated an understanding of open disclosure and provided examples of how the open disclosure process had been applied in response to complaints and incidents.

Management said external audits are conducted twice yearly and that consumer satisfaction surveys relating to meals and nutrition, activities, support services and improvements are conducted more regularly to encourage input from consumers and representatives on care and services.

Management described the service’s process in relation to documenting and responding to feedback and complaints. Complaints are entered into the service’s feedback register and are overseen by executive staff who ensure complaints are closed; review of complaints documentation demonstrated the appropriate response to and resolution of complaints. Where broader issues are identified these are captured in the service’s plan for continuous improvement. The Assessment Team reviewed the service’s plan for continuous improvement and identified that improvements have occurred in response to consumer feedback and complaints.

The Assessment Team observed hardcopy feedback and complaint forms and locked feedback form post boxes available within the service. Brochures and pamphlets for contacting the Aged Care Quality and Safety Commission, advocacy services and language services were available. Consumer meeting minutes and the consumer handbook confirmed that consumers are made aware of methods to submit feedback including the contact details for external complaints mechanisms and the advocacy service.

# 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 and representatives said staff are available when needed and attend quickly in response to requests for assistance. Consumers provided feedback that staff check on them regularly, know their care and service preferences, are ‘kind and caring’ and are ‘efficient and patient’. Consumers and representatives felt that staff are trained appropriately, are skilled and perform their duties effectively.

The service has policies to guide staff in relation to human resources that include consumer dignity, respect, diversity and inclusion, and these topics are addressed during staff orientation and in ongoing staff education. Information on the Charter of Aged Care Rights is displayed on noticeboards within the service. Management described the orientation process which includes buddy shifts, online mandatory training, competency assessments, role specific training and training on the Aged Care Quality Standards. Staff could describe the training, support, supervision, and professional development opportunities they receive and said they can request further training and education as required. Review of training records demonstrated staff have completed mandatory training in areas including but not limited to the Serious Incident Response Scheme, incident management systems, open disclosure, infection control, manual handling, and fire safety.

Management said they directly monitor staff performance on the floor on a daily basis and use consumer and representative feedback surveys to monitor staff behaviour and ensure interactions between staff and consumers meet organisational expectations. These processes together with review of clinical records, training records and direct feedback are also used to determine staff competency. Staff demonstrated a shared understanding of their position descriptions, duty lists and had the knowledge and skills they required for their role. Staff records demonstrated the service monitors national criminal history checks, professional registrations and qualifications and COVID-19 vaccination records.

Staff said they had completed a performance appraisal within the previous 12 months that included feedback from supervisors with areas for improvement discussed. Management said if performance issues are identified these are addressed immediately and can trigger a performance review, where appropriate human resource staff are engaged to assist with the process.

Management said they have a staffing model whereby clinical staff are shared between the service and the hospital and that as a result the service employs highly skilled and trained registered and enrolled staff. Management described rostering processes that are in place for unplanned leave and shift replacement including by extending shifts, offering staff additional shifts and engaging agency staff. Overall, staff felt there are sufficient staff and the right mix of staff to deliver care and services in accordance with consumers’ needs and references. An electronic roster system is used by the service which updates staff shifts and is monitored by management staff.

Volunteer pastoral care staff are available to consumers and attend activities regularly. The Assessment Team observed patient, kind, and caring interactions between volunteers and consumers.

The Assessment Team observed staff responding promptly to requests for assistance from consumers, meals being served on time and activities occurring at scheduled times. The Assessment Team reviewed call bell data and found the majority of calls are responded to promptly. Management and staff interacted with consumers respectfully and in a kind and caring manner and took time to sit and chat with consumers to discuss topics other than the consumer’s care and service needs. Assessment and care planning documentation was reviewed and was found to use respectful language when describing consumers’ care needs.

# Standard 8

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

Findings

Consumers and representatives were confident the service is well run and said they are satisfied with their level of engagement in the development, delivery and evaluation of care and services. The service utilises various processes for engaging with consumers including consumer meetings, surveys and the provision of feedback forms. The Board is connected to the consumer cohort within the small community through existing relationships and friendships with consumers and staff and via regular visits to the service. A dedicated community advisory committee provides independent advice to the Board and members of the committee consult directly with consumers and representatives.

The organisation’s governing body is supported by a number of committees including those relating to audit and risk, clinical governance, finance, quality and strategic improvement. The Board, senior executive and specialised committees review information including but not limited to clinical and incident data and trend analysis, operational and financial information, complaints trends and outcomes of internal audits and surveys. The organisation uses this information to ensure compliance with the Aged Care Quality Standards and to promote a culture of safe, inclusive and quality care and services.

The service has effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

Management described how the service uses continuous improvement processes to identify risks and how the service has the capacity to promptly and appropriately respond to risks that are identified across the care and service continuum. The service provided examples of initiatives that improve the quality and safety of consumers and services including the allocation of clinical portfolios to specialist registered staff including medications, wound care, chronic disease, pain and palliation, aged care and dementia.

There are policies and procedures on managing high impact and high prevalence risk, responding to abuse and neglect, and incident management. Staff are aware of the policies and could describe what they meant in a practical manner. Staff could describe how they support consumers to live the best life they can, including supporting them to take risks and make informed decisions. The Assessment Team reviewed the incident management systems and incidents reported under the Serious Incident Response Scheme and identified the service identifies, responds and reports incidents including serious incidents in accordance with legislation. Management was able to describe how the incidents are analysed and are used to inform continuous improvement initiatives.

A documented clinical governance framework is in place that includes policies, procedures and staff training relating to antimicrobial stewardship, restrictive practices, and open disclosure. Staff were aware of these policies and provided examples of how they were relevant to their role. Staff have received training in areas including infection control and antimicrobial stewardship, minimisation of restrictive practices, open disclosure and recognising and responding to clinical deterioration.

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)