Performance

Report

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| Name of service: | Ruby Manor |
| Service address: | 10 Ruby Street CARRAMAR NSW 2163 |
| Commission ID: | 0763 |
| Approved provider: | The Sisters of Our Lady of China Health Care (2) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 January 2023 to 13 January 2023 |
| Performance report date: | 21 February 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 Ruby Manor (**the service**) has been prepared by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

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

# Areas for improvement:

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

# Standard 1

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

Findings

Following a site audit undertaken 15 March 2021 to 17 March 2021, the service was previously found non-compliant with Requirement 1(3)(c), as processes to establish decision making choices by the consumer were deficient.

The evidence within this Site Audit report supported education had been provided to staff on consumer capacity to make decisions, substitute decision makers, consent and case conference processes. Additionally, all consumer files had been reviewed to ensure the accuracy of decision-making information was recorded and documentation confirmed staff were approaching the nominated decision maker, including where this was the consumer, when discussing their care and services. Furthermore, consumers are reviewed by geriatricians to confirm if they have any cognitive deficits which may impact their ability to make decisions and processes are in place to ensure authorised representatives have been legally appointed.

Consumers and representatives said staff were kind and caring and treated them with respect. Staff described how they worked to understand and respect consumers’ individual needs and choices. Consumers were informed of their right to be treated with dignity and respect as the Charter of Aged Care Rights were displayed and included in the consumer handbook.

Consumers and representatives felt staff valued the consumers’ culture, values and backgrounds. Staff said they were encouraged to understand consumer’s culture and gave examples of learning to communicate in other languages to improve the consumers care experience. Cultural safety is promoted to staff through policies, procedures and a diversity action plan.

Consumers and representatives confirmed substitute decision making processes were used to establish who should be consulted when a decision regarding care and services needed to be made. Staff described how they helped consumers to make choices independently. Care documentation reflected consumers' and representatives’ involvement in decision making processes.

Consumers and representatives said they were supported to take risks and live the best life they could. Staff described, smoking and leaving the service independently, as areas in which consumers wanted to take risks, and described the strategies in place to minimise potential harm. Care documentation supported consumers had been consulted and accepted carriage of the risks, following the completion of risk assessments.

Consumers and representatives stated they received adequate information about activities, events, and visiting allied health services as they receive emails, verbal advice or posters were displayed. Staff confirmed they visit consumers each day to advise them of the activities scheduled and if any changes had been made. The monthly activities calendar was displayed; and whiteboards were used to convey up to date information.

Consumers and representatives said they felt consumers privacy and personal information were respected. Staff described how they maintain a consumer’s privacy, by closing doors when providing care and confirmed personal information is not discussed in communal areas. Computers were observed to be password protected and were locked when staff were not using them.

# 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

Following a site audit undertaken 15 March to 17 March 2021, the service was found non-compliant with Requirements 2(3)(a), 2(3)(c) and 2(3)(d) as deficiencies were identified in assessment processes where known risks, such as suicidal ideation and language barriers, had not been considered in the planning of the consumers care, recommendations post hospital admission were not enacted to inform further assessment or planning of care needs, consumers were not involved in the ongoing discussion relating to their care as the staff referred to representatives for information resulting in consumers being unaware of the outcomes of assessment and not being aware of their care plan or its contents.

The evidence within this Site Audit report supports the service has returned to compliance as staff have been educated on the use of translating or interpreter services to support consumer engagement in initial and ongoing assessment and care planning processes, education on assessment processes in response to potential suicide risks has been provided, all consumers identified as, at potential risk, have had their care reviewed, practices have been changed to ensure consumers are present for all case conferences with a copy of the care plan offered and a monthly consumer review process was initiated to effectively identify any new or emerging risk.

Consumers and representatives stated they were involved in the care planning process and risks to the health and wellbeing had been identified and considered. Staff described risks assessed, included risk of falls, infections or adverse effects of medication and how these risks were considered to ensure safe and effective care delivery. Care documentation included risk forms signed by consumers or representatives, where risk had been identified and strategies to minimise risks. External community or specialist services were engaged to support consumers with mental health concerns or who required additional complex care.

Consumers and representatives said care plans addressed the consumer’s current goals, needs, and preferences including for advance and end-of-life care, if consumers wished to discuss it. Staff described how they initiated discussions about advance and end-of-life care planning and described these topics were revisited routinely during care plan reviews. Care plans reflected the consumer’s individual needs and preferences and what was important to them.

Consumers confirmed they were actively involved in discussions to review their care and services, staff regularly communicated with them and only involved representatives when they had chosen them to be included or informed. Representatives confirmed consumers with cognitive impairments are included in case conferences and monthly reviews of their care despite their inability to actively participate. Staff described how and when the consumer or their representative is involved in ongoing care discussions. Care documentation supported case conferencing, monthly and 3 monthly care reviews also included a range of medical or allied health professionals.

Consumers and representatives said they are informed of the outcome of assessments and had been offered or had received a copy of the care plan, while others confirmed they had no need for a copy to be provided. Staff described the outcomes of assessments were documented in case conference records and care plans held in the electronic care management system. Care documentation was observed to indicate an assessment of consumers capacity had been completed, the outcome of the assessment was recorded, and care plans were signed by the consumer or the representative according to the outcome.

Staff described, and care documentation confirmed, care plans were reviewed 3 monthly. Care documentation supported care strategies were evaluated in response to improvement in infection status. Management confirmed a clinical care manager works with registered staff to ensure care plans are monitored and care interventions are effective.

# 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

Following a site audit undertaken 15 March to 17 March 2021, the service was found non-compliant with Requirements 3(3)(a) and 3(3)(b) as deficiencies were identified in the implementation of measures to maintain skin integrity, pressure relieving devices were not provided following development of a pressure injury and wound care documentation was not consistently being completed with wounds observed as deteriorating. Additionally, in relation to restrictive practices, the behaviour specific to the administration of chemical restraint was not identified, non-pharmacological strategies had not been implemented prior to chemical restraint being administered, consent for the use of the restrictive practice had not been obtained. Furthermore, for behaviour support, recommendations by behavioural specialists had not been completed, implemented or evaluated and behavioural incidents were being inconsistently recorded.

The evidence within this Site Audit reports supports the service has returned to compliance as staff have been trained in wound care, the management of psychotropic medication was transitioned to an electronic system and behaviour support has been strengthened through improved documentation and the individualising of strategies to support the consumer when they are displaying signs of agitation.

Consumers and representatives confirmed the reason for use of medications were explained, they had provided consent for psychotropic medications or restrictive practices, and these had been reviewed with them quarterly. Staff demonstrated knowledge of restrictive practice, were able to accurately identify consumer who had restrictive practices applied and when restrictive practices were able to be used. Care documentation confirmed consent had been obtained, restrictive practice was used as last resort and wounds were being monitored consistently with the appearance and condition of the wound accurately recorded. Pressure relieving devices were observed in place for consumer who were at risk of pressure injuries.

Staff demonstrated knowledge of how high-impact or high prevalent risks including behaviours were managed and gave examples of changes in individual consumers behaviour, which may indicate they were starting to become agitated due to an unmet need. Care documentation supported recommendations from medical officers and behaviour specialists had been captured, were being implemented and were evaluated, as effective or not effective, in supporting the consumer. Representatives confirmed consumers were more settled, their anxiety or agitation had decreased and their need for psychotropic medication or restrictive practices, had reduced.

Staff described end-of-life support provided to consumers included hygiene care, pain management and processes were in place to regularly monitor consumers for deterioration. Care documentation, for a consumer who had recently passed away, evidenced care was provided in line with the consumer's wishes and their representative confirmed the consumer was kept comfortable.

Staff demonstrated knowledge of their role in identifying deterioration, the signs and symptoms to monitor for and the escalation pathways used when responding. Consumers and representatives said staff recognised and responded to changes in consumer’s condition promptly. A consumer was observed, having further clinical investigations, following staff escalating they were unwell and showing signs of a potential infection.

Consumers and representatives confirmed staff were well informed about their care needs and knew of any changes when they were made. Care documentation contained adequate information to support the delivery of safe and effective care. Staff said an electronic care management system, meetings and handovers are used to share information between staff, medical officers and allied health professionals.

Consumers and representatives confirmed the service has a network of allied health professionals who attended the service in a timely manner. Staff described the referral process and listed the providers of other care and services they utilised for consumers. Care documentation evidenced referrals to and directions from specialist support services.

Consumers and representatives gave positive feedback with how recent COVID-19 outbreaks had been managed. Staff were observed screening visitors, using personal protective equipment, practising hand hygiene and outbreak management kits were readily available. Staff demonstrated knowledge of strategies to implement to prevent transmission of infections.

# 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 consumers received safe and effective service and support for daily living which meet the consumer’s needs, goals, and preferences. Staff demonstrated an understanding of what was important to consumers and what they liked to do. Care planning documentation included information about the services and support required for consumers to optimise their quality of life, health, well-being, and independence.

Consumers stated they felt their emotional, spiritual, and psychological well-being, was enhanced as they were engaged in meaningful activities. Staff gave an example of one-on-one room visits, as an activity which supports consumer well-being. Care documentation specified individual support strategies for each consumer and evidenced how these were implemented.

Consumers and representatives’ feedback confirmed consumers were actively engaged with their local community, supported to maintain relationships and to do things of interest to them. Staff advised they supported consumers to keep in touch with family and friends by, phone, video calls, and email, and several consumers had become good friends since coming to live at the service. Care documents included information about how consumers participate in the community, do things of interest and stay connected with family and friends.

Consumers and representatives said they felt information about their daily living choices and preferences were effectively communicated, and staff who provided daily support understood their needs and preferences. Staff said the morning and evening handover process kept them informed about any updates to consumer supports and services. Care planning documentation provided adequate information to support the delivery of effective and safe supports and services.

Staff advised they explore individual community ties and facilitate ways of enabling the consumers to keep appointments and remain connected with relevant cultural organisations. Care plan documentation evidenced collaboration with external services to support the diverse needs of the consumers. Volunteers were observed to come to the service to provide support by attending activities and spending one on one time with consumers.

Consumers and representatives offered positive feedback about the variety, quality, quantity, and temperature of meals. Staff were observed to be assisting, encouraging, and offering choices with meals and were knowledgeable about consumers’ preferences and dietary requirements. Care documents noted consumers’ dietary needs, dislikes, allergies, and preferences.

Equipment used to support consumers to engage in daily living and lifestyle activities was observed to be safe, suitable, clean, and well-maintained. Consumers and representatives said they would report faulty or damaged equipment to staff, with maintenance staff confirming damaged equipment was removed from service, if it was soiled or could not be fixed.

# 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

Following a site audit undertaken 15 March 2021 to 17 March 2021, the service was previously found non-compliant with Requirement 5(3)(b), as staff were prohibiting the free movement of some consumers by routinely locking doors to consumers rooms and balcony doors, an external balcony, its furniture and fittings were observed to be covered in bird faeces and secondary smoke was drifting into the dining rooms from the designated outdoor smoking area.

The evidence within this Site Audit report supports the service has returned to compliance as all door locks had been replaced with locking mechanisms which did not lock, dignity of risk documentation had been completed for those consumers who wished to have their door locked and the consumer smoking area had been relocated to an area away from the building.

The service environment was observed to be well-lit, easy to navigate, clean and corridors were fitted with handrails, and spacious to enable consumers who required a wheelchair, specialised nursing chair or motorised scooter, to move freely throughout the service. Consumers were encouraged to personalise their rooms by bringing personal items from their homes. Consumers and representatives advised they felt welcome in the service and said the staff were friendly and made them feel at home, however the memory support unit was observed to be stark, with little decoration or furnishings that promoted a home-like environment, as environmental specialists have been engaged to improve the appearance and dementia friendly design of the area but had been prohibited to do so due to COVID-19 outbreaks.

The service environment was observed to be clean, well-maintained and consumers were observed moving freely within the service including being able to access their rooms without staff assistance. Maintenance documentation supported preventative maintenance was scheduled, had been completed and reactive maintenance was attended promptly. While the smoking area had been relocated, due to the COVID-19 outbreak, a balcony had been set up as a temporary smoking area, however, consumers were observed smoking on the balcony, with the door open and other consumers complained of the smell of smoke; management immediately directed all consumers to access the external area and shut down the temporary smoking area as the outbreak had been closed.

Consumers and representatives said the equipment used in the service was clean, well-maintained, and suitable for them. Furniture, fittings, and equipment were observed to be safe, well-maintained, and suitable for the needs of the consumers. Maintenance staff said preventative maintenance tasks are scheduled and monthly audits are undertaken to monitor furniture, fittings and equipment within consumer’s rooms.

# 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 felt supported and encouraged to provide feedback and make complaints. Staff spoke about how feedback and complaints could be made, and said they attempt to resolve issues if it was within the scope of their role. Feedback forms and lodgement boxes were observed on each level of the service.

Consumers and representatives advised they were aware of advocacy and language services if required. Staff demonstrated knowledge of advocacy and language services, but also used cue cards and translating applications. Posters promoting the availability of advocacy, interpreter services and external complaints services had been translated into a variety of languages.

Consumers and representatives said management addressed or resolved their complaints promptly and apologised when things went wrong. Staff demonstrated knowledge of open disclosure and the complaints register evidenced an apology was given, investigations and follow up occurred as part of the resolution process.

Consumers and representatives said their feedback was used to improve the quality of care and services. Staff described how trending and analysing of feedback and complaints had resulted in noise reduction works being undertaken on doors, as they were disturbing consumers. Consumer meeting minutes and the plan for continuous improvement, confirmed the success of the improvement was evaluated with consumers.

# 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 advised they felt there was enough staff at the service and stated they did not have to wait long for assistance. Staff said they felt there was enough staff and confirmed during recent COVID-19 outbreaks, agency staff had been used to fill vacant shifts. Rostering documentation evidenced strategies are used to replace staff on planned or unplanned leave and call bell reports evidenced staff were generally responding to calls for assistance promptly.

Consumers and representatives said staff were kind, respectful, and caring when providing care. Staff described the consumers, who they were, what they liked, and what they required assistance with. Staff were observed, to be respectful, when assisting consumers with their meals and were calling consumers by their preferred name.

Consumers and representatives said the staff, were capable and had the knowledge to provide care and support. Management ensured all staff met the required qualifications for their roles including having a current police check. Staff said they were supported by management to complete an orientation program and competency assessments. Personnel files evidenced staff qualifications and fulfilment of mandatory requirements, were current.

Staff confirmed receiving education, ongoing training including annual mandatory training, and said they felt comfortable requesting additional training they required to perform their roles. An electronic system was used to monitor the completion of staff training and consumers said staff were appropriately trained in manual handling.

Staff confirmed their performance is formally assessed on an annual basis, with the performance appraisal register evidencing most staff had completed their appraisal. Management confirmed staff performance was also monitored informally through supervision and consumer feedback.

# 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 considered the service was well run, they have ongoing input into how their care is delivered and confirmed they were aware of engagement opportunities to inform the design, delivery, and evaluation of services through meetings, feedback forms and consumer surveys. Management said consumers and representatives were encouraged to be involved in the various meetings held at the service around meals, activities, and the service environment including choosing paint colours.

Consumers said they felt safe at the service and lived in an inclusive environment with access to quality care and services. Staff described how critical indicators, quality initiatives, and incidents were discussed at relevant meetings. The governance structure included the direct feeding of information upstream to the organisation’s executive team from the front-line managers at each service to ensure the Board was able to oversee the performance of all aspects of the service. Members of the governing body meet with consumers of the service annually.

Effective governance systems and processes were in place to ensure the right care was being provided in accordance with the Quality Standards as staff confirmed they were able to access information when needed, various methods are used to obtain feedback or complaints which drive continuous improvement, when additional funding was required to increase the workforce through engaging agency staff it was available and changes to regulations are monitored, implemented and communicated.

A risk management system was in place to monitor and assess the high impact or high prevalence risk associated with the care of consumers. Management confirmed they analysed incidents to identify issues or trends, and these were reported to various committees with the final data going to the Board leading to improvements to care and services for the consumers. Staff demonstrated an understanding of dignity of risk and described how they supported consumers to take risks.

Staff and management described how clinical care practice was governed by policies about antimicrobial stewardship, restrictive practice, and open disclosure. The organisation has a clinical governance framework supporting clinical care practice within the service. Care documentation for consumers demonstrated compliance with the service’s policies for antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)