Performance

Report

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| Name: | Salter Point Aged Care Facility |
| Commission ID: | 8262 |
| Address: | 25 Mount Henry Road, SALTER POINT, Western Australia, 6152 |
| Activity type: | Site Audit |
| Activity date: | 17 September 2024 to 19 September 2024 |
| Performance report date: | 25 October 2024 |
| Service included in this assessment: | Provider: 63 Retirees WA (Inc)  Service: 27534 Salter Point Aged Care Facility |

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 Salter Point Aged Care Facility (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

This Quality Standard is assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treat them with dignity and respect and understood their identity and cultural backgrounds. Staff described ways they respect consumers’ privacy and dignity when providing care and were observed interacting with consumers in a dignified and respectful manner. Care documentation reflected what is important to consumers to maintain their identity including consumers’ religious, spiritual, cultural needs and personal preferences.

Consumers considered staff were aware of their cultural backgrounds, delivered appropriate care, and supported celebration of customs and traditions. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences.

Consumers said they were provided with the opportunity to maintain relationships with people they choose and to communicate their preferences and decisions to the service. Staff explained how they offered choices, respected decisions, and took actions to support consumers decisions and preferences and how they supported consumers to maintain connections with relationships of choice. Care documentation reflected consumer choices and preferences and how these should be supported.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently, and confirmed risks associated with their choices and decisions were assessed and discussed with them, as evidenced in care planning documentation. Staff had knowledge of risks consumers take and explained the strategies in place to minimise possible harms and promote their safety. Care documentation evidenced risk assessments, with informed consent and strategies to promote consumers’ safety.

Staff described how they communicated information in an appropriate way to assist consumers to make informed choices and decisions, adapting communication style to meet consumer needs. For example, printing activity calendars and menus in larger text for consumers who were visually impaired. Consumers reported they received clear and timely information to support decision making including copy of meeting minutes, the service’s newsletter, activity calendars and staff let them know what is happening in the service daily. Information such as menus and activity calendars was observed to be displayed in prominent areas of the facility.

Consumers reported their privacy was respected. Staff explained processes in place to protect consumers’ privacy and confidentiality, including ensuring doors and curtains were closed during cares. Policies and procedures informed staff actions, including relating to the use of personal information and systems to protect confidentiality.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said assessment and care planning identified risks to them. Staff could describe the assessment and care planning processes, including how they consider risks for individual consumers, and how these processes inform the delivery of safe and effective care and services. Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as falls. Clinical assessment tools were available on the electronic clinical care system (ECMS) and the service utilises an admission flowchart for consumers upon their entry to the service.

Consumers said staff were aware of their needs, goals, preferences. Clinical staff described how assessment and planning identify and addresses the consumer’s current needs, goals, and preferences and how they undertake conversations in relation to advance care planning and end-of-life planning if the consumer and/or representative wishes. Care documentation reflected current needs, goals, and preferences of consumers and included advance care plans and end-of-life care wishes.

Representatives said, and documentation evidenced, assessment and planning were completed in partnership with themselves and consumers and included others such as allied health professionals. Care documentation reflected organisations, individuals, and providers of other care and services. Clinical staff described how assessment and care planning are completed in consultation with consumers and/or their representatives and verbal updates are provided to consumers and/or their representatives on an ongoing basis.

Representatives said they receive a copy of the consumers care plan and the service regularly updates them via phone calls or in person in relation to the outcomes of assessment and planning. Staff said they communicated changes to consumers care plan in various ways such as through personal meetings and over the telephone. The service has policies and procedures to guide staff practice in relation to assessment and planning including communicating the outcomes of these assessments to consumers and/or representatives. Care documentation reflected regular contact with consumers and representatives in relation to outcomes of assessment and planning and noted consumers and representatives were offered a copy of the consumers care plan.

Representatives said care and services were regularly reviewed for effectiveness including when circumstances changed, or incidents occurred such as falls. Management reported assessments and care plans are reviewed 6 monthly in consultation with consumers and/or representatives and any changes to care needs, or when incidents occur, care planning documentation is reviewed and updated accordingly, in line with the organisation’s policies and procedures. Care documentation evidenced care and services were reviewed for effectiveness, consistent with feedback.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers expressed their satisfaction with the personal and clinical care they receive. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood restrictive practices, pain management and wound management. Care documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences. Best practice was demonstrated through staff training and understanding, engagement of specialist practitioners for advice, and available policies and procedures.

Consumers gave positive feedback about how the service managed risks associated with their personal and clinical care. Staff identified the high-impact and high-prevalence risks for consumers, such as catheters and diabetes and described the risk minimisation strategies. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. The service has policies and procedures in relation to high impact or high prevalence risks to guide staff practice.

Staff described the way care delivery changes for consumers nearing end-of-life and practical ways in which consumers’ comfort is maximised and their dignity preserved. Care documentation evidenced advance care planning and the needs, goals, and preferences of consumers for palliative and end-of-life care, including comfort care. The service has policies and procedures related to palliative care and end-of-life pathway to guide staff.

Consumers reported changes in their health were promptly recognised and appropriately responded to. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

The service had systems and processes to ensure information about consumers’ care is documented and effectively communicated. Representatives expressed their satisfaction how information was shared relating to consumers’ conditions and that any changes were effectively communicated to them. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes, information shared during meetings and accessed information in the electronic care management system. Care documentation identified correspondence from Medical Officer’s and health professionals was accessible to staff on the services electronic care management system.

Consumers and representatives confirmed consumers had access to other health care providers, such as allied health professionals and referrals were timely. Staff explained the internal process for referring consumers to other health professionals and providers of care. Care documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives. The service has policies and flowcharts to guide staff in the referrals process.

Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. The service’s Infection Prevention Control Lead described how they provide additional training and support to staff when required, such as during a COVID-19 outbreak. The service had policies and procedures to support staff to minimise the risk of infection and promote practices to minimise the use of antibiotics. Staff were observed using personal protective equipment and practicing correct infection control processes and COVID-19 screening processes were in place. The service maintained records of consumer and staff vaccinations, including for influenza and COVID-19.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle said they get to know consumers and gather information to understand their needs, goals, and preferences, enabling them to develop appropriate supports for daily living. Consumer individual needs, goals, and preferences were captured in care documentation.

Consumers reported the services and activities provided by the service support their emotional, spiritual, and psychological wellbeing. Staff described how they supported consumers’ emotional, spiritual and psychological well-being such as spending one-to-one time with consumers who choose not to engage in activities, arranging religious services or via referrals to specialist services such as psychologists for counselling services. Care documentation included spiritual and emotional needs of consumers and detailed supportive strategies.

Consumers reported they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as happy hour and barbeque days. Consumers were observed engaged in various group activities and interacting with other consumers and family members. Care planning documentation identified consumers preferred activities, including those within the community and outside the service environment.

Consumers said information was effectively shared, and their needs and preferences were known. Staff explained communication channels to ensure timely sharing of information, for example, through daily handover processes and how consumer dietary preferences were shared and any changes were updated and captured in dietary folders and dietary cards.

Management explained, as a new service with a gradual increase in consumers, referrals to other organisations, individuals and providers of care and services has only recently been required. Care planning documentation shows the service has commenced collaboration with external providers to support the diverse needs of consumers. Consumers said if the service were unable to provide the support they needed, they were confident they would be referred to an appropriate provider.

Overall, most consumers expressed their satisfaction with the meals at the service with some consumers stating meal services were continuing to improve. The service uses an external contractor to provide readymade meals which are cooked in a central kitchen, chilled, delivered daily to site and reheated onsite. Menus are provided by the contractor on a seasonal basis and on a 4-week rotation. Snacks are available for consumers 24 hours a day. All menus are reviewed and checked by a dietitian in the contractor’s kitchen.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Suitable and well-maintained equipment was observed throughout the service environment.

# 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

This Quality Standard is assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers reflected they felt at home at the service and were able to bring personal items and furnishings for their rooms. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms. The service environment incorporated dementia friendly design principles including bright pastel colours on the walls with a different colour scheme for each wing, other doors in a light contrasting colour to the walls, a figure of eight design and memory boxes outside of consumer rooms.

Consumers said the service was kept clean, they can access outdoor areas and maintenance requests were attended to promptly. Consumers were observed moving freely throughout the service and to outdoor areas. Staff could describe how they report potential hazards or maintenance issues. Cleaning and maintenance staff were guided by work schedules and documentation identified reactive maintenance requests were attended to in a timely manner and preventative maintenance was completed as per an established schedule. Whilst consumers were observed having free access to external areas such as courtyards, terraces and doors to balconies were unlocked, the Site Audit report contained information in Requirement 5(3)(b) in relation to the service not identifying some consumers may be potentially subject to environmental restrictive practice due to not being assessed for their capacity to a operate the keycode pad at the entry/exit doors to the service. I am satisfied with the service’s immediate response to the Assessment Team feedback and future planned actions to improve performance under this Requirement, and place weight that no negative impact on consumers was observed or reported during the Site Audit in relation to consumers being able to freely exit/re-enter the service.

Consumers said the furniture including the dining room chairs are comfortable and suitable for their use and maintain requests have been actioned promptly. Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# 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

This Quality Standard is assessed as compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt supported and comfortable to provide feedback and complaints and they receive prompt responses to their feedback. Staff explained available verbal and written feedback methods and described how they provided encouragement to raise concerns through meeting agenda items. Feedback forms and collection boxes were displayed, and meeting minutes included feedback and complaints as a standing item.

Representatives said they were aware of external agencies, and other ways to raise and resolve complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Consumers and representatives considered complaints were responded to in an appropriate manner. Management and staff described how they responded to complaints using an open disclosure process, including providing an apology. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Consumers were satisfied improvements were made as a result of their feedback for example, improvements in the quality of meals provided. Management described how improvements had resulted from actions taken in response to feedback and complaints and were evaluated in consultation with consumers and representatives at the monthly resident and relative meetings, consumer advisory body meetings and through monthly audits and surveys. Review of documentation such as consumer and representative meeting minutes and the service’s Continuous Improvement Plan (CIP) demonstrated activities were created to improve care and services for example, recent improvements to the dining experience for consumers and requests by consumers to be involved in the design of the communal outdoor furniture.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported the service was adequately staffed, and consumer call bells requests were responded to promptly. Staff advised there is adequate staff to meet consumers’ needs and preferences and they buddy with agency staff to ensure care is being delivered in line with consumers’ preferences. In relation to workforce responsibilities management advised and documentation evidenced the service had a Registered nurse on 24 hours, was meeting mandated care minute requirements and had systems in place to regularly review the delivery and management of safe, quality care and services including monitoring of call bell response times.

Consumers and representatives said staff were gentle when providing consumer care needs and were, kind and respectful. Staff demonstrated they were familiar with each consumer's individual needs, cultural background, and identity. Staff were observed interacting with consumers in a kind, and respectful manner. The service has policies on diversity, respect and dignity which outline the service’s commitment to respecting and supporting diversity and inclusion.

Consumers and representatives reported staff were competent and knew consumer needs and preferences. Management advised staff competency was determined through appropriate selection and recruitment processes, and through a buddy shift program. Management reported recruitment processes including verification of registration requirements, criminal history checks, and the Aged Care Banning Order Register was checked and monitored. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions.

Consumers said staff were well trained and knowledgeable. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis and said they felt comfortable requesting additional training. Management advised various training and development opportunities provided to staff including orientation processes, buddy shifts, on-line training, and additional training. Review of mandatory training records identified training was provided on a range of topics relevant to these standards with high completion rates.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management advised as a commencing service staff were not due for an annual performance appraisal however staff performance was assessed and monitored during probationary reviews, through analysing of clinical data including incidents, via informal processes and review of feedback and complaints. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers reported that the service is well run, and they were involved in the evaluation and delivery of care and services. The service demonstrated effective systems were in place to monitor and action consumer feedback on aspects of care and service delivery. Management described the mechanisms in place to engage and support consumers including the Consumer Advisory Board (CAB).

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Reports were submitted to the Board monthly including clinical governance committee reports covering all aspects of care and services. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators and audits. The service demonstrated compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example;

* in relation workforce governance management advised said they were supported by a human resources consultant as required.
* management utilises feedback from consumers and the outcomes of internal and external reports and audits to inform purchase decisions and explained they have recently purchased a recumbent bicycle for consumers to support them in maintaining a healthy exercise regime.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and described how they would apply these as relevant to their roles. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)