**Performance**

**Report**

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| Name: | Southern Cross Care Community Services Brisbane North |
| Commission ID: | 700154 |
| Address: | 2078 Logan Rd, Upper Mt Gravatt, Queensland, 4122 |
| Activity type: | Quality Audit |
| Activity date: | 4 April 2024 to 5 April 2024 |
| Performance report date: | 10 May 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1102 Southern Cross Care (QLD) Ltd  
Service: 18392 SCCQ Inc BN Home Care  
Service: 25041 SCCQ Inc BSouth Home Care  
Service: 18219 SCCQ Inc DD Home Care  
Service: 23360 SCCQ Inc LRV Home Care  
Service: 26185 SCCQ Inc NC Home Care  
Service: 23361 SCCQ Inc Sth Coast Home Care  
Service: 18391 SCCQ Inc WM Home Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7966 Southern Cross Care (Qld) Ltd  
Service: 24345 Southern Cross Care (Qld) Inc - Care Relationships and Carer Support  
Service: 24344 Southern Cross Care (Qld) Inc - Community and Home Support

**This performance report**

This performance report for Southern Cross Care Community Services Brisbane North (**the service**) has been prepared by Sophie Leane, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others.
* the provider’s response to the assessment team’s report received 8 May 2024.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and their representatives said staff treat consumers with dignity and respect and support their cultural diversity by ensuring their care needs are met and by interacting with consumers in a respectful manner. Staff demonstrated knowledge of consumers’ cultural backgrounds. The service has an inclusion and diversity policy which establishes appropriate behaviour and conduct of staff when interacting with consumers.

Consumers said their individual identity, culture and diversity is recognised and valued and the service regularly seeks their feedback about services received. Staff demonstrated an in-depth knowledge of consumers backgrounds and identified strategies they employ to ensure the consumer feels valued and safe. Care documentation recorded consumers’ histories and preferences for care.

Independent consumer choice is facilitated within the service by staff and management including consumers in discussions about their care and services. Consumers said they felt supported to make decisions about the services they receive, and they are involved in ongoing decision making. The service has a Dignity and Choice Policy to guide staff in offering choice to consumers.

Consumers and representatives said the service supported consumers to take risks and worked with them to identify strategies to reduce the risk of harm. Management and staff demonstrated a shared understanding of how to support consumers to take risks and the service had processes to support informed decision making. Management described how consumers were supported to make informed choices through the provision of information and discussion of potential risks. Dignity of risk documentation identified individual consumer risks and the strategies employed to safely support consumers to live their best lives.

Consumers and their representatives said they receive information in a way they can understand enabling them to make informed choices. This includes financial statements and pricing structures. Consumers and representatives confirmed monthly statements are easy to understand with consumers advising financial arrangements were discussed with them from the beginning of their engagement with the service.

Consumers said their privacy is respected by staff of the service. Staff described methods of ensuring a consumer’s privacy and confidentiality is upheld such as seeking permission from consumers prior to entering their home and providing cares. Management described how the service’s Privacy Policy, Privacy Collection Statement and Guideline guides the collection, storage, and destruction of information, as well as dealing with information sharing and security breaches.

Following consideration of the above information, I have decided that Standard 1 is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

All consumers and representatives interviewed by the Assessment Team said care and services met the needs of consumers. Registered staff described the process for completing assessment and planning including the consideration of risks to consumers. Assessment tools are used to guide registered staff when completing assessments and to inform the delivery of effective care and services. Consumers’ care planning documentation included the outcomes of assessments.

Care coordinators said advance care directives and end of life planning is discussed when a consumer commences with the service and during care plan reviews. A review of consumers’ care documentation included information about consumers’ needs, goals, and preferences, including advance care and end of life planning.

Consumer representatives said the service involves them in planning and assessment activities, such as care plan reviews, when the consumer consents. Consumers said they can choose to have their representatives participate in care plan reviews and allied health professionals are involved in complex care management. Care Coordinators provided examples of consumers engaging with allied health professionals for clinical care.

Consumers and representatives said they are kept informed on the outcomes of consumer assessment and planning as they speak with care coordinators regularly. Consumers confirmed a hard copy of their care plan is stored in their home. Care coordinators said the outcomes of assessment and planning are recorded in the consumer’s care plan and is stored in the organisation’s electronic care management system with a hard copy stored in the consumer’s home. The Assessment Team reviewed samples of care documentation.

Consumers and representatives said staff regularly discuss the consumer’s needs with them and that care and services received are effective. Staff said care plan reviews are completed 6 monthly for HCP Level 3 and 4 consumers, and annually for HCP Level 1 and 2 consumers and CHSP consumers, or when there was an identified change in the consumer’s health and well-being or circumstances. Staff undertaking reviews described the process and the circumstances under which a review or reassessment may be required.

Following consideration of the above information, I have decided Standard 2 is Compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers and representatives said clinical and personal care provided is safe, effective and optimises the health and well-being of the consumer. Staff demonstrated knowledge of consumer’s needs, goals and preferences and described how the service ensures care is best practice and tailored to the consumer’s needs. Care plans accurately described consumers’ personal and clinical care needs in sufficient detail to guide staff in the delivery of care and services. The service has policies, procedures to guide staff in delivering effective personal and clinical care.

The service demonstrated that high-impact and high-prevalence risks associated with the care of consumers are effectively managed. Risk assessments are undertaken to create strategies to minimise incidents. Risks for consumers identified included falls, changing behaviours and unplanned weight loss. Staff demonstrated knowledge of the risks associated with the care of the consumer and the strategies implemented to mitigate the risk.

Representatives of consumers on a palliative pathway said the consumers are getting the care and services they need. Staff described how they maximise the consumer’s dignity during end-of-life care. The service has policies and procedures to guide staff in supporting consumers nearing the end of life.

Consumers and representatives said staff know consumers and would recognise a change or deterioration in a consumer’s health or wellbeing. Staff described the process and importance of responding to deterioration in a timely manner. Care staff had a shared understanding of the process for responding to deterioration, which included contacting the care coordinator.

Consumers and representatives said staff provide consistent care and services. Information about care and services is provided in the electronic care management system (ECMS), a copy of the care plan is stored in the consumer’s home for quick access. Staff said they receive information about service delivery via the ECMS.

Referral processes are timely and appropriate. Consumers said they have access to a medical officer and other allied health professionals, when required. Review of care documentation indicates consumers are referred to allied health professionals for clinical care including medical officers, physiotherapists, occupational therapists, and podiatrists.

Staff described how they maintain appropriate infection control and review antibiotic prescribing to reduce the risk of resistance to antibiotics. Training records demonstrate staff are trained in infection control practices. The service has policies and procedures related to antimicrobial stewardship, infection prevention and control to guide staff practice.

Following consideration of the above information I have decided Standard 3 is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives said the services and supports provided help consumers to maintain their quality of life and independence. Staff had a shared understanding of what is important to consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference. Care planning documents were individualised and outlined the services and supports to be provided. Care staff described how they support consumers by understanding what is important to the consumer and conduct activities with consumers that align with their needs and goals.

Consumers who are at risk of social isolation described how they attend social support activities to promote their emotional and psychological well-being. Care coordinators said they refer consumers to specialist mental health services or allied health professionals if they identify a consumer is feeling low. For example, a Care Coordinator said, and a review of the consumer’s care documentation confirmed, an HCP Level 3 consumer receives psychology services monthly for their psychological well-being. Care staff described how they converse with and encourage consumers while providing cares and services.

Staff described how they support consumers to participate in the community and maintain relationships and are guided by the information contained in the consumer’s care documentation. Consumers said the service enables them to participate in the community and do things of interest. Care documentation provides information about each consumer, including what their interests are.

Consumers and representatives said staff have a good knowledge of consumer’s needs and preferences. Staff described how they access the consumer’s care plan to learn about the consumer’s needs and preferences before providing care and services. Care documentation included information about the consumer’s condition, needs and preferences and progress notes demonstrated information is shared with others where responsibility of care is shared.

Staff described the process for referrals to other organisations and individuals involved in the consumer’s care. Care coordinators said the service maintains a list of care and service providers consumers can access for daily living activities, including volunteer led transport services, men’s groups, and technology education providers. Consumers said if they need anything, they just ask, and the staff do what they can to provide the care and services they need. Care documentation evidenced consumers being referred to other organisations and providers of care and services, such as volunteers.

Consumers expressed satisfaction with the quality and quantity of the meals provided by external meal providers and the service’s support centre kitchens. Consumer meeting minutes indicate consumers are invited to provide input on the support centre’s menu and their dietary needs and preferences are accommodated.

Consumers who have received equipment through their funding package said the equipment was safe, suitable, clean and well maintained. Where relevant, allied health professionals conduct assessments of the consumer’s needs and recommend appropriate equipment. The service assists with sourcing and maintaining equipment.

Following consideration of the above information, I have decided that Standard 4 is Compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service has social support centres located in Meandarra, Tara and Jandowae. The support centres have commercial kitchens and consumers are transported to the support centres via the service’s vehicles. Consumers said the support centres offer a warm and welcoming environment where they are encouraged to participate in activities and share meals with other consumers. Staff described how they transport consumers from remote areas to attend the support centres. Staff described how the support centres are furnished to facilitate activities of interest to the consumers including cards and trivia. The service’s self-assessment against the quality standards notes each centre is equipped with appropriate décor, furniture, floor plans and equipment to effectively support consumers who attend these locations to participate in social group activities.

Consumers who attend the support centres said the service environments are clean and well maintained. The service was able to demonstrate effective processes, including maintenance procedures and registers and internal audits, to ensure the support centres are safe, clean, well maintained and enable consumers to move freely between indoor and outdoor spaces.

Consumers who attend the support centres said the furniture is suitable, clean and well maintained. For example, one consumer said while the furniture is somewhat dated, it is clean and fit for purpose. The service has documented procedures for guiding staff in maintaining a suitable safe and clean environment. Procedures included a cleaning and preventative maintenance schedule. Care coordinators said, and a review of internal audit reports confirmed, audits are conducted regularly to identify maintenance and cleaning issues. Audit reports reviewed by the Assessment Team indicated furniture, fittings and equipment, are safe, clean and maintained.

Following consideration of the above information, I have decided that Standard 5 is Compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The service demonstrated that consumers and representatives are encouraged and supported to make complaints and provide feedback. Consumers said they could make complaints and provide feedback and would have no concerns talking with staff or management, including those of brokered services, if they wanted to make a complaint.

Consumers and representatives said they were aware of external complaints and advocacy services, however, most consumers said they would prefer to manage any concerns or complaints directly with the service. Management advised consumers and representatives are made aware of the complaints process, the Commission and external advocacy networks, on commencement with the service and in the consumer handbook and consumer service agreements. The Assessment Team reviewed documentation from an advocacy service on behalf of a consumer and the service’s response to these concerns. The documentation indicated the issues were settled to the satisfaction of the consumer, their representative and the advocacy service.

Consumers and representatives advised staff and management are responsive when they raise concerns. Staff and management demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process. The service has policies and procedures in place to guide staff in responding to complaints which references open disclosure. Management and staff were able to describe the process for reporting, escalating, investigating, and addressing feedback and complaints from consumers and representatives, including the use of an open disclosure process, where required.

The service documents feedback and complaints and reviews this information to identify improvement opportunities. Consumers and representatives are confident the service uses feedback and complaints to improve the quality of care and services. There is a procedure to guide management in the evaluation of feedback and complaints. A register of feedback and complaints is maintained. The service uses the continuous improvement register to record improvement activities.

Following consideration of the above information, I have decided that Standard 6 is Compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service demonstrated the workforce is planned to enable the delivery of safe and quality care and services. Consumers said staffing is consistent and the service notifies them of any changes to their scheduled care and services. Management has contingency plans in place to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Consumers and representatives said staff are kind and caring and are respectful to consumers. Staff were able to describe consumers’ backgrounds, culture, and identity and those important to the consumer.

Consumers and representatives expressed confidence in the workforce and said services are delivered in accordance with their individual needs and preferences. Management said each role has a position description including the qualifications and knowledge requirements and this guides the recruitment process. The Assessment Team reviewed position descriptions outlining the necessary skills and capabilities required to ensure the appropriate level of care and service are delivered to consumers. Management advised, and review of information identified, brokerage contracts are monitored including the required documentation and qualifications of brokered staff delivering services. Management said they have monitoring processes to ensure the competency and currency of qualifications for staff.

The service demonstrated it has processes for the recruitment, induction, and onboarding of staff. The service provides online and face-to-face education for staff, including education about key elements of the Quality Standards, and Serious Incident Response Scheme. Staff documentation is kept on the electronic management system, with management regularly reviewing and monitoring staff training.

The service demonstrated performance of staff is regularly assessed and monitored in line with the service’s policy and procedures. Staff described how their performance is reviewed and management described how they maintain regular monitoring of staff’s performance through an informal performance review and management.

Following consideration of the above information, I have decided that Standard 7 is Compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Management engages with consumers and representatives in the development, delivery and evaluation of care and services. Consumer feedback is actively sought by management and is used to develop and improve the service. Consumers and representatives are satisfied with the quality of care and services provided by the service.

A culture of safe, inclusive and quality care and services is promoted by management and is incorporated into the organisation’s procedures to guide staff and consumers. The organisation’s governance structure is designed to ensure accountability, with the designated governing body being the Board of Directors. The management team and the Board meet regularly to review the service’s performance and to plan actions to improve performance.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. For example, the organisation has a plan for continuous improvement to monitor critical areas for improvement and includes planned completion dates and progress notes. The Assessment Team reviewed the service’s plan for continuous improvement which identifies planned and completed improvement actions in relation to various areas of care and service delivery and includes the issue identified for improvement, the responsible staff member, and the estimated completion dates for implementing, monitoring, and reviewing the improvement.

The service has frameworks and policies to manage risk and respond to incidents. The service was able to demonstrate the effective management of high impact or high prevalence risks and identification of abuse and neglect of consumers. Staff and management were able to provide examples of identified risks and how they were managed within the service. Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the consumers of the service. The service identified vulnerable clients including consumers who are at risk of falls, living alone or in isolation and consumers living with dementia.

The organisation has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Whilst the service has these policies in place, there are no consumers currently subject to restrictive practices and the prescribing of antibiotics is completed by consumers’ respective medical officers. Management described the clinical governance framework in place to ensure safe and quality care to consumers, including reporting process, monitoring systems, analysing clinical indicators, and training provided to staff.

Following consideration of the above information, I have decided that Standard 8 is Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)