Performance

Report

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| Name: | Southern Cross Care North Turramurra Residential Aged Care |
| Commission ID: | 0173 |
| Address: | 402 Bobbin Head Road, NORTH TURRAMURRA, New South Wales, 2074 |
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| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 189 Southern Cross Care North Turramurra Residential Aged Care |

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 Southern Cross Care North Turramurra Residential Aged Care (**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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff respect their individual identity and diversity and treat them with dignity and respect. Staff demonstrated knowledge of the consumers’ life journey and cultural backgrounds. Care planning and assessment documentation sampled was found to identify cultural needs, individual preferences, and considerations of consumers.

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

Consumers reported they were supported to make and communicate decisions about their care, including who is involved in their care and decision making. Consumers said they were supported to maintain personal, social, and intimate relationships. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with. Care planning documentation identified consumers’ individual choices pertaining to how and when care is delivered, who participates in their care, and how the service supports them in maintaining the relationships that are important to them.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Consumers and representatives said they were updated on activities, menus, and any changes and up and coming events at the service on a regular basis. Information was observed to be available to consumers on noticeboards including activity schedules, menus, and meeting minutes. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs including using communication boards and cue cards.

Consumers said their personal privacy was respected by staff. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained including not discussing consumer needs in open areas and respecting consumers privacy by not interrupting consumers when they have visitors. Documentation reflected consumers’ preferences for privacy, and all information is stored in the locked nurses’ stations. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Representatives said assessment and care planning identified risks to consumers. 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. Staff described a range of risk assessments being completed in line with care documentation sampled and confirmed the service has policies, procedures, and checklists to guide them. Care planning 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 and pressure injuries.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate. Consumers and representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences of, and the service had discussed and documented their preferences for their end-of-life care.

Representatives said they were involved in the assessment and care planning process and aware of input of other providers. Clinical staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care planning documentation reviewed demonstrated the ongoing involvement of a diverse range of health professionals and specialists, with consultation and involvement of consumers and representatives in the assessment and planning of care and services.

Review of care planning documents and progress notes identified assessment and planning was communicated to consumers and representatives and a copy of consumers care and services plan was offered. Representatives reported they were involved in ongoing discussions regarding consumers care and services and were offered a copy of consumer’s care and services plan. The outcomes of assessment and planning were communicated to consumers and representatives, including face to face conversations, during consumer reviews, case conferences and assessments and at four-monthly care planning reviews.

Management provided evidence of a care plan allocation schedule for clinical staff, to support regular care plan reviews and the service had policies and procedures to guide staff in the review process. Care and service plans were reviewed regularly for effectiveness and every 4 months as part of the care plan review process. Care planning documentation evidenced regular reviewing of care plans for effectiveness and sooner if incidents occurred circumstances change which impact the needs, goals, or preferences of consumers.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise their health and well-being. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to restrictive practices, behaviour support, skin integrity, and pain management. Policies, procedures, and guides were in place to support personal and clinical care, and staff described how these were applied to ensure best practice.

Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management, pressure injuries, pain, stoma care, and diabetes management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Documentation for a recently deceased consumer evidenced palliative care was delivered in a way to support consumers’ comfort and end-of-life wishes and noted representatives were satisfied with the end-of-life care provided to their family member. Palliative and end-of-life care guidance and training was available to support staff.

Representatives expressed confidence that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Representatives reported they were kept updated and informed regarding consumers’ needs and the involvement of other health professionals. Care planning documentation identified correspondence from Medical Officers and health professionals was accessible to staff on the services electronic care management system.

Representatives said the service had referred consumers to the appropriate providers, organisations, or individuals to meet clinical and care needs, and they are satisfied with the care delivered by those they have been referred to. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Care planning documentation including progress notes evidenced the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers.

Staff were observed using personal protective equipment and practicing correct infection control processes. Management said the service completes an infection control form in the service’s incident management system for infections, and antibiotic usage from pharmacy reports are reviewed monthly as part of the service’s clinical indicator governance program. The service had an outbreak management plan and received support from 3 infection prevention control leads.

# 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 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 staff said they consult consumers and receive feedback to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Care planning documentation showed consumers’ individual needs and preferences.

Consumers said their emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as religious services, and spending one-to-one time with consumers. Lifestyle staff advised they spend additional one-on-one time with consumers who choose not to participate in group activities. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers and representatives said consumers they were supported to maintain community connections, friendships, personal relationships, and do things of interest. Lifestyle staff described the services and supports in place to promote consumers’ social interaction and relationships, such as happy hour. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and in the wider community.

Consumers said staff know their preferences. The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur, for example, the services chef explained how dietary information is provided and updated regularly by clinical staff and a weekly dietary summary report is provided to them to ensure the kitchen has up-to-date information about consumers’ changing dietary needs and preferences. Care staff said they are made aware of any changes to a consumer’s needs through the formal shift handover process and information on consumers stored in the services electronic care management system.

Lifestyle staff advised they collaborate with other individuals and other providers of care and services to support consumers’ current and emerging needs. Consumers and representatives said consumers were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation demonstrated the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers including but not limited to volunteer organisations and Older Persons Emotional Well-Being services.

Consumers considered meals were of suitable quality, portion size, with a variety of options available. Consumers said special dietary needs and requests for alternative meals was accommodated. Management and kitchen staff reported meals are cooked fresh on-site, the menu is developed with a dietitian and consumers have input into the menu through food forums, and resident meetings. The dining experience was observed to include set tables and tablecloths. All tables were set with placements and cutlery for each meal service with consumers requiring assistance being supported in a dignified manner.

Consumers considered their mobility equipment was safe, clean, and well maintained. Staff said described the processes in place to maintain the safety and cleanliness of equipment. Lifestyle staff said equipment used for lifestyle activities is cleaned and sanitised after use. A range of equipment, such as walkers, wheelchairs, and leisure and lifestyle equipment, was observed to be suitable, clean and in good condition.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they were encouraged to personalise their rooms how they choose including bringing their own furnishings from their home. Consumer rooms were personalised with and a memory box with personal belongings, photographs and items of importance displayed on the entrance to consumers rooms. Staff said consumers are encouraged to make themselves feel comfortable at the service by bringing personal photos, decorations, items, and furniture into their rooms. The service environment had handrails, sufficient lighting and way finding signage in different languages to support consumers from a non-English speaking background.

Consumers said they can move freely indoors and outdoors. Consumers were observed walking to outside courtyard areas and exiting the service independently. Cleaning staff and maintenance staff were guided by work schedules. Documentation identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

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. Consumers reported furniture, equipment and fittings were safe and well maintained. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they felt comfortable raising complaints with staff directly or using feedback forms. Staff interviewed described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. These avenues included, speaking to staff directly, consumer meetings, food focus forums, surveys, and feedback forms.

Representatives advised they were provided with information on advocacy services and language services. Management said they regularly arrange advocacy services to provide information sessions for consumers. Staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information on how to raise external complaints and access to advocacy and translation services was displayed around the service and included in the service’s consumer handbook. Consumer meeting minutes demonstrated feedback and advocacy are a regular agenda item.

Consumers reported the service apologised and responded to and resolved their complaints in a timely manner. Management and staff described how they responded to complaints using an open disclosure process, such as communicating with those involved in a transparent manner and providing an apology. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Consumers said changes occur at the service as a result of their feedback and complaints, for example, the increased selection of fresh fruit on menus and bowls of fresh fruit available at all times. The service demonstrated feedback and complaints received via different avenues were recorded, reviewed, and used to improve the quality of care and services. The service’s plan for continuous improvement and meeting minutes evidenced various improvements in response to feedback and complaints.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers reported the service was adequately staffed, they receive care according to their needs and preferences, and 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. Management described the recent increases in registered staff and care staff hours at the service to align with benchmark requirements, and the recruitment of an additional lifestyle staff to support one-to-one activities for consumers residing in the services memory support unit. Documentation demonstrated the service had a Registered nurse on 24 hours and systems in place to regularly review the delivery and management of safe, quality care and services including daily monitoring of call bell response times.

Consumers and representatives said staff were obliging, caring, 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 reported staff were well skilled and they feel safe when staff are providing care. Management advised staff competency was determined through appropriate selection and recruitment processes, performance reviews, and through a buddy shift program. Management reported at the organisational level, current registration requirements, criminal history checks, and the Aged Care Banning Order Register are monitored. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Consumers said staff were well trained, patient, and diligent. 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 and completion of all training was recorded and monitored by management.

Management conducts staff performance reviews at the 6-month probation period and annually thereafter. Management also provided examples of completed performance reviews and advised the service provides feedback to staff immediately after any incidents, observations, complaints, or compliments, and further training, such as toolbox talks, is undertaken. Staff described the performance appraisal process and confirmed they receive feedback throughout the year at staff meetings or individually and documentation evidenced performance reviews were up to date.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported that the service is well run, and they were involved in the evaluation and delivery of care and services. The service has effective systems 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 recently formed Consumer Advisory Board (CAB) and advised some CAB consumers were selected to participate in the Quality Consumer Advisory Board, which meets monthly and is overseen by a clinician.

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. On a monthly basis the service submits reports to the executive management team 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. Financial governance procedures support the changing needs of consumers, for example, management advised an additional lifestyle member was recently recruited to support one-to-one activities for consumers residing in the services Memory Support Unit.

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. Management reported a high impact and high prevalence register is maintained by the clinical governance team, flagging any risks universally, and these risks are followed up with the service individually.

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)