Performance

Report

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| Name: | St Joseph's House |
| Commission ID: | 6961 |
| Address: | 22 Norman Street, PORT PIRIE, South Australia, 5540 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 1 August 2024 |
| Performance report date: | 21 August 2024 |
| Service included in this assessment: | Provider: 1318 The Catholic Diocese of Port Pirie Inc  Service: 4369 St Joseph's House |

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 St Joseph's House (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the assessment team’s report for the site audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* a performance report dated 17 May 2023 for a site audit undertaken from 14 March 2023 to 17 March 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said consumers are treated with dignity and respect and they feel accepted and valued. Consumers and representatives also said the service understands and respects consumers’ varying cultures, their cultural backgrounds, and beliefs, and staff are providing care and services in line with their preferences. Care files include information about each consumer’s background, personal preferences, identity, and cultural practices. Staff demonstrated an understanding of consumers’ backgrounds and their individual preferences, and were observed interacting with consumers in a respectful manner. Staff described what treating consumers with dignity and respect means, as well as actions they would take where they saw other staff treating a consumer in a disrespectful way.

Management and staff said consumers are at the centre of all decisions, and staff consult with consumers for all decisions relating to their care and services. Consumers said they are supported to make their own decisions, including who they would like to have involved with their care and decision making. On entry and ongoing, discussions with consumers identify important relationships which assists staff to understand how they can support consumers to maintain their relationships when transitioning from the community to the service.

Consumers and representatives said the service supports consumers’ choices, even when the choice may pose a risk to the consumer. Where consumers are identified as partaking in an activity which includes risk, risk assessments are conducted, in consultation with consumers, to discuss risks and strategies to minimise risk of harm. Consumers and representatives said risks associated activities have been discussed with them and they have signed dignity of risk forms.

All consumers interviewed said they receive the information they need to make informed choices, including in relation to meal selection, activities and information on changes occurring at the service. Information is provided to consumers through various avenues, including meeting forums and newsletters. Staff described how they provide information to consumers, including those who have difficulties with communication or cognitive decline. There are processes to ensure consumer’s privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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

**Requirement (3)(e)** was found non-compliant following a site audit undertaken in March 2023 as care and services were not effectively reviewed in response to incidents or changes in consumers’ care and service needs. In response to the non-compliance, the provider implemented a range of improvement actions, including providing training to staff on behaviour support strategies and recognising and responding to unmet needs; and incorporating strategies from external providers and specialist services into behaviour support, care and assessment plans.

At the site audit, **in relation to all requirements**, assessments, including validated risk assessment tools, are completed on entry and ongoing, and identify and address consumers’ current needs, goals and preferences. Information gathered through assessment processes, as well as consultation with consumers and representatives, is used to develop individualised care plans which include strategies to mitigate risks. Consumers’ goals, needs and preferences for end of life care are discussed with them and their representative during the palliative phase and included in care files to guide provision of care. Consumers and representatives are satisfied with assessment and planning processes, and are aware of strategies implemented in response to identified risks.

Care files evidence involvement of consumers, as well as others, such as medical officers and allied health professionals, in assessment and planning of consumers’ care. Care plans are reviewed in consultation with consumers and representatives monthly during resident of the day processes, every six months or more frequently where incidents occur or changes in consumers’ circumstances are identified. Staff are informed of changes to consumers’ care plans through handover processes, and staff said care plans contain up to date information to guide them in delivering consumers’ care. Consumers and representatives are satisfied with their level of involvement in assessment and planning; confirm they are informed of outcomes of assessment and planning; are made of incidents or changes in consumers’ circumstances; and receive a copy of the care plan.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(g)** were found non-compliant following a site audit undertaken in March 2023 as safe and effective personal and clinical care that was tailored and optimised consumers’ health and well-being was not provided; high impact or high prevalence risks, specifically wounds and pain, were not effectively managed; changes or deterioration in a consumer’s condition were not effectively recognised or responded to in a timely manner; information about consumers’ condition, needs and preferences was not effectively communicated; and staff practices did not effectively promote appropriate antibiotic use, and data was not used to monitor infections, resolution rates or effectiveness of the infection control and prevention program. In response to the non-compliance, the provider implemented a range of improvement actions, including, but not limited to, staff training on psychotropic medications, pain, bowel management, wounds and behaviour support; reviewing pain management assessment policies and procedures; initiating referrals to specialist services for consumers identified as high risk; and implementing a behaviour management flow chart.

At the site audit, **in relation to all requirements**, staff provided examples of how they ensure care and services are delivered safely and effectively and are tailored to each consumer’s needs and preferences. Care files show appropriate, best practice care provision relating to hygiene needs, behaviour management and restrictive practices. There are processes to identify, assess, plan for and manage high impact or high prevalence risks related to consumers’ care. Care files show effective management of risks relating to weight loss, falls, skin integrity, and wounds. Care files also evidence involvement of allied health professionals in the management of identified risks, with resulting recommendations incorporated into consumers’ care plans. Consumers and representatives said consumers receive the care and services they need and which are right for them, and risks, including those relating to behaviours, wounds and falls management, are effectively managed.

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and dignity preserved. Care is tailored to the palliative consumer’s needs, including management of skin integrity and pain. The consumer’s comfort is prioritised during this time and family members’ needs are also considered. A care file for a consumer who had recently passed away at the service shows staff recognised and addressed their end of life needs and preferences, including pain, comfort, nutrition, hydration and personal care. Progress notes show a pastoral carer visited the consumer to provide a blessing and emotional support to the family.

Care files demonstrate deterioration or a change in consumers’ condition is recognised and responded to in a timely manner. Staff described how they monitor and respond to deterioration in a consumer’s condition, including initiating timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives said staff are competent and would recognise a change or deterioration in consumers’ condition. Staff are informed of changes to consumers’ condition, care and service needs through handover processes and access to care files and care plans. An allied health professional described how the service communicates with them through the electronic system, enabling them to access the information they need about the consumer. There are processes to communicate changes made to consumers’ care plans by allied health professionals to staff. Clinical staff meet fortnightly to discuss clinical issues that may impact consumers.

There are processes to support the minimisation of infection related risks, monitor infections and promote appropriate antibiotic prescribing. An infection prevention control lead is in place and is responsible for ensuring preparedness for an outbreak and monitoring of staff practice. Staff described how they minimise the risk and spread of infection, and said they have undertaken infection control training. As noted in Standard 8 requirement (3)(e), an infection register is maintained within the service and the organisation. Infections are reported in clinical indicator data and evidence the use of pathology prior to commencement of antimicrobials.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers are supported to undertake activities which improve their quality of life, health, well-being and independence, both within and outside of the service. Consumers and representatives said staff know consumers well, can pick up when they are not themselves or are feeling low and they provide appropriate support. Consumers can access support from staff and a chaplain, as necessary, to meet their individual emotional, spiritual, and psychological needs. Where required, timely and appropriate referrals to individuals, other organisations and providers of other care and services are initiated.

Consumers and representatives said services and supports are consistent and staff know consumers’ individual preferences and other organisations involved in their care. Care files show appropriate information is available to staff and visiting care providers. Staff are kept informed of changes to consumers’ care and service needs, including through handovers and electronic alerts.

Consumers said they enjoy the meals and snacks offered, and can access food between meals. Kitchen staff have access to individual consumer’s dietary requirements, including allergies, likes, dislikes and intolerances to guide meal preparation, and there are processes to communicate consumers’ dietary changes. Consumers were observed enjoying their meals in a relaxed and comfortable environment, with staff offering more food, drinks, and alternate options, as required.

Consumers and representatives said consumers have access to equipment, which is fit for purpose, well maintained and clean. Equipment is maintained through established preventative and reactive maintenance, as well as cleaning processes.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# 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

The service environment is welcoming and easy to navigate, optimising each consumer’s sense of belonging, independence, interaction and function. The service has multiple common areas and a large activities area decorated in line with a theme for the month. Consumers said they are encouraged to decorate their rooms how they want to and to bring in possessions from home to make their rooms feel more homely. Consumers and representatives said the service environment is comfortable, and they are satisfied with the cleanliness of consumer rooms and common areas, including outdoor areas.

The service environment is safe, clean, well maintained and comfortable, and consumers are able to move freely both indoors and outdoors. Additionally, furniture, fittings and equipment are safe, clean, well maintained and suitable. Cleaning of the service environment and consumer rooms is undertaken in line with a daily cleaning schedule, with care staff undertaking spot and out of hours cleans as needed to maintain a clean environment. Preventative and reactive maintenance processes, supported by external contracted services, are in place, with ongoing monitoring of the service environment, furniture, fittings and equipment undertaken, including through audit processes.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives are happy with the feedback mechanisms available to them, and are comfortable raising concerns. Consumers and others are encouraged and supported to provide feedback and complaints through a range of avenues, including feedback forms, meeting forums, surveys, the consumer advisory group or directly with staff. Management maintain an open-door policy to encourage consumers and visitors to raise concerns with them. Consumers and representatives are also aware of external complaints and advocacy avenues available to them. An admission pack provided to consumers includes methods for providing feedback and complaints, including internal and external avenues, advocacy and language services. This information, as well as key management contact details are displayed throughout the service. Consumers are regularly reminded of these mechanisms at consumer meetings and through newsletters.

Consumers and representatives said while they have not had to raise concerns, they are confident the service will be responsive to any concerns, and described open and transparent communication from the service when things go wrong. Policies and procedures guide staff and management practice in responding to feedback and complaints. A complaint summary form is attached to all complaints identifying the date received, the concern, the date acknowledged and closed, and the outcome. Feedback and complaints are collated and analysed to identify trends and opportunities for improvement to the quality of care and services provided. Staff are aware of open disclosure principles, and said they receive regular training in open disclosure and responding to feedback and complaints.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(c), (3)(d) and (3)(e)** were found non-compliant following a site audit undertaken in March 2023 as monitoring processes did not identify deficits in staff skills and knowledge; processes to ensure the workforce was trained, equipped and supported to deliver the outcomes required by these Standards were not adequately demonstrated; and ongoing monitoring of the performance of each member of the workforce was not demonstrated. In response to the non-compliance, the provider implemented a range of improvement actions, including, but not limited to, training to staff on recognising and responding to unmet needs, psychotropic medications, pain management and reviewing workforce performance; reviewing and updating local work instructions and clinical staff competency assessments based on recommendations of external and specialist services; and updating performance appraisal templates.

At the site audit, **in relation to all requirements**, a roster was found to be maintained and regularly reviewed to ensure consumers’ needs are met. A range of sources are considered when creating the roster, including consumers’ acuity and preferences and incident data, with changes to staff shifts initiated where need is identified. There are processes to manage planned and unplanned leave requirements. Staff are satisfied there are enough staff to enable them to undertake their daily roles, and consumers and representatives are satisfied with staffing levels, stating staff are always available to attend to consumers’ needs.

Consumers and representatives are satisfied with staff conduct, stating staff are kind, respectful and understand what is important to consumers. There are processes to monitor consumer satisfaction with staff interactions, and staff are encouraged and regularly reminded to provide feedback if they observe misconduct towards a consumer. Expectations of staff interactions are included in the organisation’s code of conduct and position descriptions, and staff interviewed said they would escalate any concerning interactions to management.

Consumers and representatives are satisfised with staff skills and knowledge, and feel staff are competent and understand the care and services consumers require. Recruitment, selection processes and appropriate checks are undertaken for all new members of staff. Registration checks are undertaken for clinical staff, and the banning order register is regularly monitored. An induction process for all new staff includes onboarding, online training, and buddy shifts. Position descriptions and duty statements outline requirements for each role and guide staff in tasks which should be undertaken. Staff are required to complete mandatory training modules in various areas of care and services, and there are processes for monitoring and following up to ensure training is completed within the required timeframe. Staff competency is monitored and training needs identified through various avenues, including review of quality indicators, quizzes, incident data, feedback, audits, and regular competencies. Staff said they are supported by management and have adequate opportunity to raise requests for additional training.

There are processes to ensure staff performance is regularly assessed, monitored and reviewed. Staff performance reviews are conducted annually, with staff performance monitored on an ongoing basis through complaint data, auditing processes, and observation of practice. A performance management framework guides management in addressing concerns relating to staff practice. Staff described their involvement in performance reviews, stating they can discuss additional training and support needs, and they receive feedback on their performance.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(b), (3)(c), (3)(d) and (3)(e)** were found non-compliant following a site audit undertaken in March 2023 as the governing body did not effectively demonstrate a culture of safe, inclusive and quality care and services or accountability for their delivery; organisational governance systems, specifically information management, continuous improvement and workforce governance were not effective; risk management systems and practices relating to managing high impact or high prevalence risks, identifying abuse and neglect and managing and preventing incidents were not effective; and the clinical governance framework, specifically systems relating to antimicrobial stewardship were not effective. In response to the non-compliance, the provider implemented a range of improvement actions, including, but not limited to, reviewing quality indicators and clinical trends at a strategic level to identify areas of improvement; increasing reporting to the governing body; engaging specialist services for consumers identified as high risk; increasing clinical audits; and implementing a behaviour management flowchart and supporting documentation.

At the site audit, **in relation to all requirements**, consumers were found to be supported to engage in the development, delivery and evaluation of care and services through meeting forums, feedback and complaints avenues, surveys, audits and a consumer advisory group, with feedback gathered used to drive continuous improvement. The continuous improvement log includes a significant number of action items resulting from the consumer advisory group.

The organisation has an overarching code of conduct, value statement, and policies and procedures which describe responsibilities, accountabilities, and service expectations to promote safe, quality and inclusive care and services. The organisation is governed by a board who receive updates on the compliance of each service within the organisation against the Quality Standards. A range of reporting mechanisms to the board and sub-committees ensure awareness and accountability for the delivery of care and services. Information on a range of topics is communicated to the board, including serious incidents, clinical indicators and trends, feedback and complaints, including internal and external complaints, and continuous improvement.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is compliant.

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)