Performance

Report

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| Name: | St Nicholas Seniors Care Centre |
| Commission ID: | 8242 |
| Address: | 13-23 Henry Street, PUNCHBOWL, New South Wales, 2196 |
| Activity type: | Site Audit |
| Activity date: | 23 April 2024 to 26 April 2024 |
| Performance report date: | 7 June 2024 |
| Service included in this assessment: | Provider: 8944 Antiochian Care Limited  Service: 28075 St Nicholas Seniors Care Centre |

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 Nicholas Seniors Care Centre (**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.

Overall consumers and representatives said staff treat consumers with dignity and respect and take the time to get to know them. Staff demonstrated knowledge of the consumers’ life journey and cultural backgrounds. Interactions between staff and consumers were observed to be dignified and respectful. Care planning documentation sampled was found to identify cultural needs, individual preferences, and considerations of consumers.

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

Representatives said consumers were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff were able to describe how they support consumers to make decisions about their care and maintain relationships of their choice.

Representatives 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 and service plans.

Representatives said information was provided in a timely and easy-to-understand manner. Staff described how they communicated information in an appropriate way to assist consumers in making informed choices and decisions, adapting their communication style to meet consumer needs and utilising staff who speak the same language as consumers to convey information. Lifestyle staff advised information such as activity schedules were provided in larger text to support consumers with visual impairments.

Consumers said their personal privacy was respected by staff. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained. 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 they were satisfied with the assessment and care planning processes. Staff could describe the assessment and care planning processes, including how they consider risks for individual consumers, and how these processes inform the delivery of safe and effective care and services. Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as diabetes. Clinical assessment tools were available on the electronic clinical care system and the service utilises an admission checklist for consumers upon their entry to the service. The Site Audit report contained information in Requirement 2(3)(a) in relation to environmental restraint, I have considered this further in my findings in Requirement 3(3)(a).

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life (EOL) wishes as appropriate. Overall 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 EOL care.

Representatives said themselves and consumers were involved in the assessment and care planning process, and they were aware of input of other providers such as allied health professionals. Clinical staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of multiple health professionals and services into consumer assessments and care planning.

Representatives reported the service regularly communicates changes relating to consumer care and a copy of the consumers care and services plan is available upon request. Staff described how the outcomes of assessment and planning were communicated to consumers and representatives, including face to face conversations, case conferences, telephone calls and via emails.

Review of care documentation evidenced consumer care and services were reviewed for effectiveness regularly and when incidents occur or when circumstances change. Representatives said they were satisfied with interventions put in place following incidents or changed behaviours that impacted consumers. Staff advised care and service plans were reviewed regularly for effectiveness, including when incidents occur or any changes in a consumer’s condition, and every 3 months as part of the care plan review process.

# 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. Consumers were supported by the service in their clinical care needs, such as pain management and changed behaviours. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The Site Audit report contained information raised with management in Requirement 3(3)(a) relation to environmental restraint as the service’s front entrance doors were secured, and consumers and representatives were required to press the green exit button at the service's front entrance to leave independently. Also, doors to an internal garden area of the service were secured between 8.00pm and 8.00am. Management advised the doors to the internal garden areas were secured during those times for consumers’ safety and security, not as restrictive practice. In response management acknowledged the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. I acknowledge the provider’s response to feedback and actions taken, the overall consumer and representative satisfaction with care and services provided and note there was no direct consumer impact reported in relation to consumers freely exiting the service or accessing internal garden areas.

Representatives said known risks were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. The Site Audit report contained information raised with management in Requirement 3(3)(a) in relation to inconsistencies in the recording of consumers’ neurological observations. In response management acknowledged the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement.

Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation evidenced EOL care was delivered in a way to support consumers’ comfort. A representative of a recently passed consumer was satisfied with the EOL care provided to their family member and said they felt well supported. Palliative and EOL care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

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. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Representatives were satisfied consumer needs and preferences were accurately communicated between staff and staff know consumers’ needs and preferences. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Care planning documentation reflected information about consumers was documented and shared with others as appropriate.

Representatives considered referrals were completed in a timely and appropriate manner and consumers had access to relevant health professionals such as allied health staff and specialists. Staff described how information was shared within the service including condition through daily staff meetings, during handover processes, and information on the service’s ECMS. Care planning documentation demonstrates the service collaborates and makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.

Representatives reported staff take precautions to minimise infection risks including wearing of personal protective equipment (PPE). Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. The service had an infection prevention and control lead, processes, and protocols to minimise infection related risks. Documentation and observations evidenced infection prevention and control measures were implemented.

# 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.

Representatives considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle staff said they consulted consumers and representatives during assessment and planning processes to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Needs, goals, and preferences were captured in care planning documentation.

Consumers and representatives reported consumers emotional well-being, religious and spiritual practices were supported. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support and spending one-to one time with consumers. Care planning documentation evidenced consumers’ emotional, religious, and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus trips, happy hour, exercise groups and supporting consumers to continue affiliations with community groups. Overall care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities.

Consumers and representative said staff know their preferences including personal needs, activities they wish to engage in and dietary preferences. Staff demonstrated knowledge of consumers needs and preferences and kitchen staff described how they are informed of consumers' dietary needs and preferences by clinical staff during staff handovers, and information on the service’s the electronic care management system. Overall care planning documentation demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated to those involved in their care.

Care planning documentation demonstrated that the consumers were offered support from volunteers, Priests, and community mental health programs. Consumers and representatives said, and documentation evidenced referrals were completed in a timely manner for various individuals, other organisations, and providers.

Overall consumers and representatives expressed their satisfaction with the meals provided and their requests for alternative meals was accommodated. Feedback in relation to meals is provided by consumers to the service through direct and indirect feedback mechanisms including food focus meetings. The service's chef advised that menus are developed in consultation with a Dietician and based on consumer feedback, needs and preferences. Observations during meal services indicated mealtimes were timely and organised and that consumers in the dining area were receiving support with their meals as appropriate.

Consumers considered equipment used for lifestyle activities and their mobility equipment was safe, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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.

Representatives said consumers were encouraged to personalise their rooms how they choose, and the service environment is welcoming. Management and staff described how they support consumers to feel welcomed and at home by orientating them to the service and encouraging them to personalise their rooms upon entry to the service, in line with their preferences, using furniture, pictures, memorabilia and other items of interest to them. The service had sufficient lighting, handrails for consumers to move around, and clear signage throughout the service.

Representatives said the service was clean and consumers can move freely to outdoor garden areas. Whilst the service secures internal garden area doors between 8.00pm and 8.00am for consumer safety and security purposes, representatives confirmed staff are available to assist consumers if they wish to access the internal garden area between those hours. Consumers were observed moving freely indoors and outdoors. Cleaning and maintenance staff were guided by work schedules. Review of the service’s maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule. The Site Audit report contained information in relation to environmental restraint, I have considered this further in my findings in Requirement 3(3)(a).

Representatives reported the service is kept clean, and well maintained. 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. Hospitality staff reported that kitchen equipment was cleaned every day, and that scheduled equipment checks occurred, with any issues reported to and actioned by management promptly. 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 encouraged, safe, and supported to provide feedback and make complaints and advised that they feel comfortable raising concerns directly with management. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback including consumer and representative meetings, feedback forms, communication via email, surveys and speaking directly with staff.

Staff could explain the availability of external advocacy and language services to consumers, and management mentioned that multilingual staff were on hand to support consumers who spoke the same language. The service displayed brochures, newsletters, and posters about external complaint procedures, advocacy services, and translation services. The Site Audit report contained information raised with management in Requirement 6(3)(b) in relation to some consumers being unaware of external advocacy services available. In response management acknowledged the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement.

Representatives who had made a complaint to the service felt the service responded to their feedback appropriately and communicated with them to discuss their concerns. Clinical and care staff interviewed described the process in receiving and responding to complaints and feedback and described the principles of open disclosure which are practiced. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Representatives said improvements were made to care and services as a result of their complaints or feedback. Review of documentation such as consumer meeting minutes, surveys, and the complaints register evidenced feedback was used to drive improvement activities.

# 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.

Overall representatives reported there were enough staff at the service to meet consumers’ needs, and staff responded promptly to consumers requests for assistance. As a commencing service management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort, continuously recruiting staff, and having contingencies to account for unplanned leave. The service has a Registered nurse on each shift providing 24 hour coverage, and staff said they had enough time to complete their duties. Call bell response times are monitored, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

Representatives advised staff interacted with consumers in a kind and caring manner and deliver care according to their needs and preferences. Management has established a set of documented policies and procedures to guide staff practice. These policies cover areas such as assessment and care planning, dignity and respect, diversity, and privacy. This framework provides clear guidelines for staff to support consumers' identity, culture, and diversity. Staff were observed interacting with consumers in a kind, and respectful manner.

Representatives considered staff to be well skilled and competent and know consumers’ needs and preferences. Position descriptions for staff were established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Management described how current registration requirements, and criminal history checks 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.

Representatives reported staff were competent, well trained. The service provides training to staff to deliver the outcomes required within these standards. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation and buddy shifts, face to face training access to online training modules. Mandatory training records evidenced training is provided on a range of topics with high completion rates and all training was recorded and monitored.

The service has a suite of documented policies and procedures that guide the monitoring of staff performance and the performance management of staff when issues are identified. Management reported that all staff are required to complete a probation review after 3 months and 6 months of service, and an annual performance review thereafter. Documentation evidenced that the performance review completion rates at the service stood at 100 percent for 6-monthly appraisals.

# 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.

Representatives said the service is well managed, they are listened to and the service involves them in the delivery and evaluation of care and services. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as consumer and representative meetings, food focus meetings, surveys and feedback from consumers and representatives. Management report and documentation evidenced a consumer advisory board had been established with the first meeting scheduled to occur in May 2024.

Management described their organisational governance framework and how the governing body was involved and accountable for the delivery of safe, quality care and services through reporting processes, communications, and meetings. Documentation evidenced that the governing body maintained oversight of the service by reviewing reports covering various aspects related to the performance and delivery of care and services, such as clinical indicators, feedback and complaints, and incidents. Compliance with the Quality Standards is monitored at the site level and reported to the Board.

A reporting structure, policies, procedures, 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, and management advised the recent purchasing of new pressure relieving mattresses for consumers.

The service had a risk management plan, which identified current and emerging risks. Records demonstrated the service had implemented its risk-management frameworks, policies, and guidelines effectively. Management and staff could describe the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Management and staff said the high impact high risks to consumers including weight loss and falls and could describe strategies for managing these risks.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. The service maintains and monitors a restrictive practice register. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. 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. The Site Audit report contained information in Requirement 8(3)(e) in relation to environmental restraint, I have considered this further in my findings in Requirement 3(3)(a).

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)