Performance

Report

**1800 951 822**

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| Name of service: | Sunhaven Hostel |
| Service address: | 10-14 Kneipp Street ASHFORD NSW 2361 |
| Commission ID: | 0346 |
| Approved provider: | Ashford Ageing Care Facility Inc |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 15 May 2023 |

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 Sunhaven Hostel (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, 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 six of the six Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and respect, and their individual preferences and needs were being recognised and valued. Care planning documentation reflected each consumer’s identity and preferences are captured during admission and through routine assessment and care planning review. Staff described how they access consumer information and provide culturally appropriate care to consumers. Staff were observed interacting with consumers respectfully.

The service had documentation regarding consumer’s religious preferences, celebrations that are important to them, and any cultural. Staff demonstrated understanding of consumers’ religious and cultural preferences to ensure consumers’ choices were respected.

Consumers said they are supported to make decisions about the care they wish to receive, and staff discuss decisions affecting their health and well-being and make changes during the care delivery process. Care planning documentation reflected how consumers were involved in the planning of their care, and are supported to make decisions about their care, including others whom they wished to be involved. Staff said consumers were encouraged to exercise choice and independence and maintain relationships.

Consumers said they were supported by the service to exercise choice and independence that involves risk and works with them to minimise the potential harm associated with taking risks. Care planning documentation evidenced the completion of risk assessments for consumers and reflected mitigation strategies to support the decisions chosen by consumers that may involve risk. All decisions regarding risk and mitigating strategies are discussed with consumers and or their representatives and documented in the consumers’ care plans.

Consumers and representatives receive current, accurate and timely information. The Assessment Team observed the service’s consumer newsletter, menu, and daily activities program calendar are available to provide information to consumers and was easy to understand. Information is also provided to consumers during the bimonthly resident meetings.

Consumers said their privacy is respected by staff and they are satisfied that the care and services are undertaken in a way that respects their privacy. Staff said they support and respect consumers’ choice of personal space and privacy, including when consumers have visitors. Staff provided examples of how they maintain the privacy of consumers and consumer information is kept on an electronic care planning system, which requires a password to access. The services privacy policy outlined how the service maintains and respects the privacy 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 five of the five Requirements have been assessed as Compliant.

The service was able to explain how the results of assessments are used to inform the delivery of safe and effective care for consumers, including consideration of individual consumer risks and preferences. Consumers interviewed were able to confirm that they have been involved in assessments for their care. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Staff described they use assessments to ensure safe and effective care is delivered.

Consumer care planning documentation identified consumer’s current needs, goals, and preferences, including advance care directives and end of life wishes. Consumers and representatives said staff involve them in regular assessments and planning for the delivery of consumers care. Staff described how assessment and planning are completed to meet the consumer’s needs, goals, and preferences.

Consumers and representatives said they were actively involved in the assessment, planning and review of their care and services. Staff described their role in partnering with consumers and their representatives to assess, plan and review care and services for consumers. Care plans included integrated and coordinated assessment and planning involving all relevant organisations, individuals, and other health professionals.

Consumers’ assessment outcomes are communicated through case conferences and documented in consumers’ care plans. Consumers and representatives said the service maintains good communication with them, particularly around changes in care and health status. Management explained how they update families who regularly visit and contact families who are not able to visit over the telephone. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their and updated with any changes in care needs and referrals.

Consumers and representatives said they are notified when there are changes or when incidents occur. Staff said the service is guided by policies and procedures for recording and reporting incidents; including charting tools, as well as care and service plans that are regularly reviewed for effectiveness every 3 months and when circumstances change or when incidents impact the needs, goals, and preferences of consumers. Care planning documents evidenced they are updated when circumstances change, such as a change in health or when incidents occur.

# 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 seven of the seven Requirements have been assessed as Compliant.

Consumers said they are receiving care that is safe and right for them and meets their needs and preferences. The service has documented policies and procedures in place to manage key areas of care including, wound management, restrictive practices, falls prevention, skin integrity and pain management, which are in line with best practice. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

The service demonstrated that identified high impact and high prevalence risks are effectively managed through monthly clinical indicator monitoring of falls, pressure injury, skin integrity issues, weight loss and medication incidents. The service captured trends and implemented suitable risk mitigation strategies for individual consumers and were documented in care plans. Staff were able to describe high impact and high prevalence risks for consumers at the service. Consumers and representatives said the service provided safe and effective care, and managed risks to consumers’ health, particularly for falls, wounds, and COVID-19.

Documented advance care directives were regularly conducted and, where appropriate, end of life plans was in place, in line with consumer’s end of life care needs, goals, and preferences. Staff described how they have supported consumers who were approaching end of life and the importance of attending to consumers care, comfort and dignity, and how the service would support consumers to be as pain free as possible and to have those important with them.

The service demonstrated how changes in a consumer’s capacity or condition are recognised and responded to in a timely manner. Consumers and representatives said staff are responsive when they report any changes in consumers’ conditions. Care planning documentation reflected evidence of identification of, and response to, deterioration or changes in consumers’ conditions. Management said changes in consumers’ conditions were discussed during handovers, daily morning management meetings, which prompted a GP review and a subsequent review of care planning documentation.

Consumers and representatives said the service coordinates consumer updates and or clinical care well and kept informed. Staff described how changes in consumers’ care and services are communicated through various communication methods at the service. Management described how accurate, up-to-date, and relevant information is shared with other health care professionals as consumers move between care settings and receive care from external service providers such as the GP, allied health professionals and the hospital.

The service demonstrated referrals to other providers or organisations are timely and appropriate. Care planning documentation confirmed referral and consultation of other service providers, such as allied health professionals and medical specialists. Consumers and representatives said that the service has referred consumers to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they are satisfied with the referral processes.

The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, hand hygiene and infection control management such as the Antimicrobial Stewardship policy and Infection Control procedure. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff were able to demonstrate an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 seven of the seven Requirements have been assessed as Compliant.

Consumers said they felt supported to pursue activities that are of interest to them and optimise their independence and are provided with appropriate supports to do so. Staff explained how they involved consumers and their representatives when they conducted lifestyle and leisure assessments, which outlines consumer’s individual needs, goals and preferences and optimise their independence. Staff could explain what was important to consumers and what their preferences were, which aligned with the information documented in consumer care plans.

Consumers said they felt connected and engaged in meaningful activities that were satisfying to them and celebrate days that were meaningful to them. Consumers said the service supported them to stay in touch with those important to them. Staff described how they support consumer’s emotional, psychological, and spiritual well-being by facilitating connections with people important to them, religious leaders and services and local community. Care planning documented information about consumers’ emotional, spiritual, psychological needs, goals, and preferences.

Consumers said the service supported them to maintain a social life, continue to follow their interests, take part in community and social activities, and were supported to maintain personal relationships. Staff could describe how they have worked with other organisations, community members and groups which enabled consumers to follow their interests, social activities and maintain their community connections. There was evidence of how the organisation has maintained social supports for consumers.

Consumers and representatives said consumer’s condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff were able to describe how information is shared and are kept informed of any changes, needs and preferences for each consumer. Care planning documentation for consumers reflected adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they are supported by other organisations, support services and providers of other care and services. Consumer care planning documentation identified referrals to other organisations and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Care planning documents reflected how the service assisted consumers to access these.

Consumers expressed satisfaction with the variety, quality and quantity of meals, snacks, and drinks provided at the service. The service enables consumers to request alternate food options as well as the daily menu. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences and how to support consumers’ independence, including preferred meal size, dietary or cultural needs, special cutlery, and any support they required. The service demonstrated that it had processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences, and documentation that supported consumers were consulted in developing menus.

Consumers reported having access to equipment, including mobility aids and equipment to assist them with daily living activities. Consumers said they knew how to report any concerns about the safety of equipment and the equipment the service provided was suitable and meets their needs. Staff said they had access to equipment when they need it and could describe how equipment is kept safe, clean, and well maintained. The service provided training to staff to ensure the safe use of equipment when assisting consumers. Staff explained how they would identify any potential risks to the safe use of equipment, and responsibilities they shared for the safety, cleanliness, and maintenance of equipment. Equipment is maintained by the maintenance officer or external contractors and is monitored using a preventive maintenance schedule.

# 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 three of the three Requirements have been assessed as Compliant.

Consumers said the service enabled them to personalise their rooms, with their own furniture and possessions of choice. Consumers said they utilised garden areas and could move freely around the service. Staff described how consumers are supported to make the service feel like home, and how they support consumers to maintain independence. Wayfinding was observed at the service, and the building had fittings such as handrails, ramps, and bathroom fittings to promote mobility and independence, and furniture available in a variety of sizes and heights.

Consumers and representatives reported the service is clean and well maintained, and maintenance requests are completed in a timely manner. Consumers were observed moving freely around the service in seated in common areas, and gardens. The service was observed to be clean, well maintained, and documented maintenance reports that were up to date. Passageways were clear, with adequate storage areas for equipment. Gardens were well maintained with pathways throughout.

A range of furniture and equipment were observed at the service. Consumers said equipment are well maintained and clean. Staff said equipment are easily accessible for consumer care. Furniture and equipment are maintained under a scheduled maintenance plan, with specialist contractors in place where required.

# 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 four of the four Requirements have been assessed as Compliant.

The service demonstrated that consumers, representatives, and others are encouraged and supported to make complaints and provide feedback. Consumers said they were encouraged and supported to make complaints and provide feedback and said they would have no concerns talking with staff or management if they wanted to make a complaint. There was information available on noticeboards and in service publications, including the resident handbook and staff handbook about the services internal complaints system and how to access an external complaints system. The service had multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, raising issues at meetings, or speaking directly with the manager.

Consumers and representatives said they were comfortable raising concerns with management and staff, and they would escalate their complaint if not resolved to their satisfaction. Consumers were aware of other avenues for raising a complaint, including external services. Staff understood internal and external complaints and feedback systems and were aware of advocacy and translation services available for consumers and/or representatives. Staff were able to describe how they would assist consumers to raise a complaint or provide feedback. Policy and procedures outlined information and processes in relation to feedback and complaints and open disclosure. Noticeboards throughout the service and in staffrooms provided information on advocacy groups and external services.

Consumers and representatives said management promptly responds to and seeks to resolve their concerns after they had made a complaint and staff have always offered an apology and explanation of what happened. Staff had received education on the management of complaints and were able to describe the process that is followed when a complaint or feedback is received. Staff said that if consumers and representatives raise an issue with them directly, they would direct all complaints to management for investigation and follow-up. Staff said they had received training on open disclosure and demonstrated an understanding of the principles of open disclosure that were in line with the services open disclosure policy.

Consumers reported that complaints and feedback are used to improve how care and services are provided and were able to describe the changes implemented at the service because of feedback and complaints. There are systems in place to record and trend complaints, feedback, compliments, and suggestions. The manager was able to demonstrate that all feedback and complaints are reviewed and used to improve the quality of care and services and are linked to the continuous improvement plan. Trending data were discussed at staff meetings to ensure all staff were up to date with any quality improvement issues or actions being implemented.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers said there are enough staff to meet their care needs and call bells are answered promptly. Care delivery was observed to be calm, professional, and planned. Rosters were developed and published weeks in advance based on consumers’ needs; and rosters contained a mix of staff, including allied health staff to meet the care needs of consumers. Recorded rosters demonstrated the service ensures that there are enough staff to provide continuously safe and quality care. Staff said they were happy with the staffing levels at the service, staff were observed taking time to interact with consumers and call bells were answered promptly during the Site Audit.

Consumers said staff were kind and caring, and staff respect their identity, culture, heritage, and diversity. Staff could demonstrate how they provided care that was respectful to consumers identity, culture, and diversity. Staff interactions with consumers were observed to be caring and respectful, with staff taking time to interact with consumers. Care planning documents reflected the consumer’s story, needs and preferences. Staff received training and support to deliver care that is respectful of each consumer’s identity, culture, and diversity.

Consumers said staff are skilled and have been referred to specialist services when needed. Staff said they have the necessary skills to perform their role and are supported by senior staff. The service demonstrated that the workforce is competent, and members of the workforce have the qualifications and knowledge to perform their roles effectively. The service maintains an up-to-date register of staff qualifications and reviews this register regularly. Position descriptions, specify qualifications and skills required for each role.

The service demonstrated that it had implemented appropriate systems and processes to ensure that appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Staff were recruited using formal recruitment process that included interviews, referee checks and qualification checks. Management said ongoing training and development is provided for all staff and is monitored and recorded. Management described the organisation’s training program and relevant processes for identifying staff training needs. Staff said they received training during their orientation and induction and regularly throughout the year. Staff said they also receive informal training during handover meetings. Consumers and representatives said staff know what they are doing, and they were well trained.

The service demonstrated they have implemented processes to regularly assess, monitor, and review the performance of staff at the service. Management said the performance of staff is reviewed annually using a formal performance appraisal process. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals that included documented discussions of their performance and areas where they would like to develop their skills and knowledge. The documentation outlined the services staff performance framework, including annual performance appraisals and mandatory education.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers and representatives said they have provided ongoing input into how care and services are delivered. The service collated consumer input in a variety of ways, such as resident meetings, regular surveys, and face-to-face discussions. Consumers said that they felt included in the discussions around care planning and management. Management said feedback and suggestions made by consumers and representatives were included in the service’s continuous improvement register.

Management demonstrated that the organisation’s governing body promoted a culture of safe and inclusive care. The management team use information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and to monitor care and service delivery. The organisation has made improvements and innovations using data from internal audits, clinical indicator reports, incidents or near misses, consumer, representatives, and staff feedback. Management said they ensure care at the service is safe and inclusive and that they were accountable for its delivery by referring and implementing changes, including recommendations from the Board.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to information management, the service had a controlled documentation system including policies and procedures that are reviewed and updated regularly to ensure best practice and guidance. Staff had individual security verification applications to access electronic records and paper-based records were stored in locked cabinets and secure.

The service had an effective risk management system in place to identify and manage risks to the safety and well-being of consumers. The service had policies and procedures in relation to the management of risks in response to incidents. Staff provided examples of how high impact or high prevalence risks are managed at the service. Management described how incidents are analysed and trends used to identify risks to consumers and inform improvement actions. The organisation had systems in place to collect and record incident data, which is then analysed and trended. Information from the incident management system is used to guide management risk reduction activities and benchmarks mandatory quality indicators.

The organisation had a clinical governance framework that includes policies and procedures that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisations clinical governance framework describes the organisations approach to ensuring the quality and safety of clinical care for all consumers. Management explained how the service collects and uses data to inform safe and quality care. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework in relation to antimicrobial stewardship, the use of restrictive practices, and open disclosure process.

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-2)