

**Performance Report**

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| Name: | Thomas Scott Hostel |
| Commission ID: | 7114 |
| Address: | 63 Ypres Road, CAMILLO, Western Australia, 6111 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 22 November 2024 |
| Service included in this assessment: | Provider: 701 Amana Living Incorporated  Service: 4642 Thomas Scott Hostel |

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 Thomas Scott Hostel (**the service**) has been prepared by L Glass, 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, older people/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

Consumers confirmed staff make them feel respected and valued. Feedback from consumers indicated staff know consumers’ personal histories and what is important to them. Information regarding consumers’ backgrounds and preferences are outlined within care planning documents, and information regarding consumer rights is on display at the service. Staff were observed by the Assessment Team to use consumers’ preferred names. There are policies in place outlining what it means to treat consumers with dignity and respect and the responsibilities of each staff member.

Consumer care documents contain information on consumer country of birth, primary language, and cultural background. Days of cultural significance are celebrated at the service, incorporating culinary traditions. Consumers are supported to maintain their spiritual practices.

Consumers are satisfied they are supported to make choices, decisions, and connections, and indicated their choices are respected. Staff support independence and choice by offering options, for example in relation to lifestyle and personal care, and support consumers to spend time with people of importance to them. Examples were provided of consumers being consulted about being seated together for meals or afforded privacy in order to support relationships.

Consumers are supported to take risks where this enables them to live their best lives. Risk assessments are completed where a consumer’s chosen activity poses risks, and risk mitigation strategies are implemented. The example of a consumer’s choice to eat a normal diet against speech pathologist recommendations, demonstrated support provided by staff for consumers to take informed risks and to be aware of consumer safety.

Consumers are satisfied they receive information, which is accurate, timely, and easy to understand. Communication is tailored to consumer needs. A range of notices are displayed within the service as well as the activities calendar and complaints and feedback information. Daily menus, written in large characters are on display.

Staff respect consumer privacy during care provision and when consumers wish to spend time alone in their rooms. Handover meetings are conducted within the nurses’ office to ensure confidentiality, and staff access only the information they need within the electronic management system. Staff offices are kept locked when empty, and consumer information is stored out of sight. The service has policies and procedures in place regarding confidentiality of personal information and disclosure of 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

Consumers and representatives confirmed the care received meets consumer needs and incorporates assessment of risk. The service’s initial and ongoing assessment process involves the use of standardised assessment tools, with consideration of consumers’ personal and clinical care needs and consideration of risk. Consumer files contain comprehensive assessments and detailed care plans which identify risks and risk minimisation strategies. The service has policies and processes in place to guide the admission process which incorporates assessment of risk.

Consumers confirmed needs, goals and preferences are discussed and documented when they enter the service and reviewed on a regular basis. The initial assessment incorporates discussion of advance care directives and end-of-life planning. Consumers who have end-of-life plans in place are invited to provide a copy to the service. The Assessment Team’s review of consumer care documentation evidenced individualised interventions are planned based on consumer preferences.

Consumers and representatives indicated assessment, review, and care plan development are undertaken in partnership with them. Representatives are informed of incidents, are involved in discussions regarding risk mitigation strategies, and consulted regarding referrals. General practitioners and other external providers record their assessments directly into the service’s electronic care management system, or alternatively the reports of external providers are electronically stored.

Consumers and representatives are involved in discussions regarding review of care and services. Most confirmed they are aware of the availability of care plans and there was evidence consumers are offered a copy. The outcomes of assessments such as continence and wound assessments are provided to consumers and representatives.

Consumers and representatives were satisfied the service reviews care and services regularly and when circumstances change. Reviews occur every 90 days via the ‘resident of the day’ process and include evaluation of all assessments, incidents, external provider consultations, medication reviews, and infections. Changes which prompt additional reviews include hospital discharge, incidents, deterioration and review from external providers. General practitioners and other health professionals are involved in reviews when indicated.

# 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

Consumers and representatives confirmed consumers receive personal and clinical care which is reflective of their needs, preferences and choices. Policies and procedures guide clinical staff and ensure the care provided is aligned with best practice principles. Skin assessments are undertaken when a consumer enters the service and skin is monitored thereafter. Concerns regarding skin integrity prompt a registered nurse assessment and development of a wound care plan. Physiotherapists advise about the use of pressure relieving equipment.

Consumers are satisfied pain is identified and managed effectively. Pain assessments are undertaken when a consumer enters the service and as required, including following incidents such as falls.

Pharmacological and non-pharmacological pain management strategies are employed. Restrictive practice is used in accordance with legislative guidelines, involving informed consent, the development of behaviour support plans, and regular reviews. Pharmacological and non-pharmacological strategies are used to manage changed behaviours and there was evidence strategies are evaluated for effectiveness.

Resident medication management reviews are undertaken by external pharmacists. Medication management and administration of medications is timely, and the electronic management system prompts staff if medication doses are missed. Self-medication is considered, where assessed as safe.

Staff at the service understand consumer needs and provide care aimed at minimising and managing risk. Falls, medication management and wounds were identified by service management as the primary high-impact, high-prevalence risks associated with consumer care at the service. The example of a consumer at high risk of falls was provided and demonstrated the development of risk management strategies and the involvement of registered nurses, the general practitioner and a physiotherapist. Staff demonstrated awareness of relevant strategies such as ensuring the consumer’s room is free of clutter and prompting call bell use. There was evidence of the use of standardised risk assessment tools, mobility aids and a bed exit sensor. Incidents are reviewed at clinical staff meetings and preventative strategies discussed.

Consumers and representatives are confident consumer comfort and dignity will be maximised at the end of life. Staff are familiar with comfort care measures including repositioning and symptom management. The service has palliative care and end-of-life policies in place to guide staff.

Staff know consumers well and respond quickly when a change or deterioration is noted. Care staff report concerns regarding physical or mental state to a registered nurse who then provides assessment. Consultation with general practitioners occurs as required. The service has a policy on recognising and responding to deterioration.

Consumer information is effectively communicated between staff and others. Information is documented within progress notes, care plans, and handover sheets, and also shared verbally at staff meetings. Positive consumer feedback was provided regarding the sharing of information with external service providers. The Assessment Team’s review of consumer care documentation confirmed the communication and sharing of information is consistent with consumer feedback.

Consumers and representatives confirmed consumers have access to a range of external providers of care and services. Referrals are made to allied health professionals, counsellors, palliative care services, wound consultants and geriatricians as required. Referrals are made in a timely manner, as demonstrated by consumer examples involving referrals to a dermatologist for a non-healing wound and a dietitian for unplanned weight loss.

Infection-related risks are appropriately managed at the service. Staff avoid attending work if they have infectious symptoms, and ongoing training in relation to infection prevention is provided. Consumers are monitored for signs of illness and are isolated if symptomatic, and staff use personal protective equipment (PPE) to aid in infection control. Staff are encouraged to be fully vaccinated. Staff are familiar with the principles of safe antibiotic use and the service has policies on antimicrobial stewardship and outbreak management.

# 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 confirmed they feel encouraged to pursue activities of interest to them and are supported by staff in this. An occupational therapist develops a monthly activities calendar including group and individual activities, based on consumer preferences and interests. Consumers can contribute to activity planning by providing feedback at resident meetings and via consumer satisfaction surveys. Each consumer has a social, cultural and spiritual care plan outlining their life story, things of importance, and goals.

Consumers outlined a range of services and supports which promote their emotional, spiritual and psychological well-being. These included emotional support from care staff, staff taking the time to talk with them, staff assistance for consumers to attend local religious services, pastoral care, and group activities including a weekly music therapy session and happy hours. Staff are aware of consumers’ emotional and psychological vulnerabilities and provide a safe space for feelings to be shared when needed.

Consumers are supported to participate in the community and do things they enjoy, for example going out for coffee and to shop. Staff support consumer relationships by providing privacy and supporting time together. Important social and family connections are recorded within consumer support plans.

Staff at the service know the consumers and their needs and preferences. Consumer feedback confirmed consumers do not need to repeat their needs. Key issues in relation to consumers’ personal and clinical care are discussed each day in morning ‘huddles’, and communication also occurs during handover and staff meetings, within the electronic care system, and via targeted documents such as a dietary requirements list. The service also communicates information to representatives and other services as appropriate.

Timely referrals are made to providers of other care and services when appropriate. There was evidence of referrals to allied health professionals including optometrists and physiotherapists, psychology services, and a visiting chaplain.

Consumers confirmed the meals provided are of good quality and quantity with a variety of options available. Pre-cooked meals are delivered daily by an external catering service, based on a seasonal menu overseen by a dietitian. Staff are knowledgeable about consumer preferences and dietary requirements and consumers receive the correct meals. International standards are utilised to ensure texture-modified food and drinks are properly prepared for consumers who require them.

The equipment provided at the service is safe, clean, and appropriate for consumer needs. Allied health assessments are undertaken when necessary, for example a wheelchair use assessment. Shared equipment is sanitised after each use, and staff submit maintenance request as needed. Preventative routine maintenance is scheduled according to priority.

# 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

Consumers indicated they feel welcome and at home at the service. Consumer rooms can be personalised. Signs within the service assist with wayfinding, and there are multiple areas in which consumers can mix with others and participate in activities. Consumer rooms provide direct access to the outdoor area.

Consumers were satisfied with the cleanliness and maintenance of the indoor spaces, and their ability to access both indoor and outdoor areas. Handrails are installed in hallways. However, consumer feedback was mixed regarding the presentation of the outdoor areas, some describing them as neglected. The Assessment Team observed gardens to be overgrown and outdoor furniture needed cleaning and maintenance. In response to feedback management explained the service had already commenced a process to change the gardening provider and had engaged additional gardening support to implement immediate improvements to the outdoor space. In response to feedback regarding some consumers’ doors to the garden being locked, management outlined recent security issues, and a range of significant security enhancements underway. Consumers confirmed they feel safe and can unlock their external facing door if they choose to do so.

Consumers confirmed they feel safe when using equipment at the service and, were satisfied equipment and furniture are clean. Staff confirmed shared equipment is cleaned after each use. All consumers have a working call bell, and staff report any faults with equipment or hazards. Fixtures in consumer rooms are cleaned or replaced when rooms are vacated. Carpets in communal areas are steam cleaned.

# 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 confirmed they are encouraged and assisted to provide feedback and make complaints, indicating they could also request assistance from staff. Feedback can be provided via feedback forms, email, consumer and representative meetings or in-person to management. Feedback forms can be produced in other languages if required, and secure boxes for feedback forms are located throughout the service.

Information regarding the Aged Care Quality and Safety Commission, advocacy services, and interpreter services is displayed at the service and consumers and representatives confirmed their awareness of these resources.

Consumers and representatives indicated they are satisfied with the process followed by management to resolve complaints and address feedback. Open disclosure principles are used in the handling of complaints, and management work collaboratively with consumers and representatives, apologising when necessary. An example of a representative complaint demonstrated the service’s acknowledgement and actions to address the concerns raised, which were resolved to the complainant’s satisfaction.

Feedback and complaints are collected and reviewed to assist in improving care and services. Review of documentation including meeting minutes and the service’s plan for continuous improvement (PCI) demonstrated feedback obtained during consumer meetings have resulted in improvements for consumers.

# 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

Consumers and representatives were satisfied with staffing levels, call bell response times, and the care received by consumers at the service. Consumer feedback confirmed those requiring assistance from more than one staff member do not wait long, and daily care such as wound dressings are completed as directed. Vacant shifts are managed with the use of agency, casual and fulltime staff, and the reallocation of staff. Staff can also extend their rostered shifts. The service is maintaining a continuous recruitment drive for clinical and care staff and has recruited an additional registered nurse. Management monitors call bell reports, and the Assessment Team’s review of the call bell analysis report for September 2024 indicated 87% of calls were answered within the service’s threshold of 5 minutes, with no adverse incidents related to a delay in call bell response. Trends in responses of longer than 5 minutes are investigated and analysed by management. The service uses an electronic rostering system to ensure the workload is supported by adequate staffing level and skill mix.

Staff are kind, caring and gentle when providing care and are familiar with consumers’ identities and individual needs. There was evidence staff know consumers’ particular preferences in relation to issues such as privacy and daily habits. One consumer stated that the staff cannot be faulted. The service has policies and other guidance material for staff regarding duty of care and diversity.

Consumers and representatives are satisfied staff perform their roles effectively and are confident in staff skill levels. Consumers provided examples of staff correctly administering time-sensitive medications and assisting with personal care in such a way as to avoid causing pain. Position descriptions specify the responsibilities of each workforce role. Competency is assessed at recruitment via interviews and reference and registration checks. Once recruited all staff are required to complete mandatory training as well as regular refresher training, and completion is monitored. Staff complete orientation and are partnered with more experienced staff for their initial shifts. There is ongoing monitoring of staff skills via competency testing, and qualifications and professional registrations are monitored.

Consumers and representatives were of the view staff are adequately trained. Management proactively identifies training needs, providing additional training in medication administration following a medication incident, and providing training in the prevention of urinary tract infections following a high number of infections in one month. Mandatory staff training includes key topics such as infection control, medication management, the Code of Conduct for Aged Care, and elder abuse.

Staff performance appraisals are conducted within the first 6 months of a staff member’s employment and annually thereafter. During appraisals areas for improvement and educational needs are discussed. If there are delays in completing formal appraisals management monitors staff performance using feedback from consumers, representatives and other staff, clinical trends and analysis, audits, and observations.

# 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**

Consumers can have input into the evaluation and development of care and services through attendance at consumer and representative meetings, care plan review consultations, and submission of feedback using feedback forms. Consumers confirmed they feel comfortable to provide feedback and raise concerns.

The organisation has a clinical governance committee which provides oversight of clinical issues. The Board satisfies itself the service is complying with the Aged Care Quality Standards via review of quality indicators, clinical audits, feedback and complaints data, and outcomes of regulatory activities. The organisation communicates legislative, policy and procedural changes to consumers, representatives and staff via the organisation’s website, newsletters, team forums and meetings.

The service has effective governance systems. Regarding information management, staff can access the information they require to perform their roles, including consumer care planning documentation, policies and procedures, and other service-related information. Information is disseminated to staff through a range of meetings and memoranda. The electronic management system is password-protected and staff have individual logins. Regarding continuous improvement, the service’s PCI is informed by consumer, representative and staff feedback, audit and survey results, incidents, and observations. Recent improvements at the service were evident. The service’s financial structure is led by a chief financial officer responsible for overseeing finance, assets, facilities and information and communications technology. A finance committee reports to the Board, and there are hierarchical levels of authority for approval of expenditure. The service is supported by an organisational people and culture department to recruit qualified staff. Position descriptions outline key performance indicators, and police and other checks are completed prior to recruitment. The organisation informs the service of legislative changes and information is communicated to consumers, representatives and staff as required. Serious incidents are reported via the Serious Incident Response Scheme (SIRS) in accordance with legislative requirements. Feedback is monitored at a service and organisational level and informs the service’s PCI.

There is a risk framework in place which supports the identification, management, and reporting of high-impact and high-prevalence risks. Organisational processes ensure action is taken and consumers are supported to live their best lives. An effective incident management system ensures incidents are identified, recorded, managed and reported, including those reportable via SIRS and reportable to law enforcement. Clinical incident data is reported to the organisation’s clinical governance team. Areas of risk are identified and addressed in policy and procedure, with strategies implemented to rectify deficits and mitigate risk. For the risks identified as most prevalent and high-impact for the service, namely falls, medication management and skin integrity, strategies implemented include in-house physiotherapist reviews, updated assessment forms, the introduction of room sensors, the use of an external pharmacist for medication incident reviews, and referrals for wound specialist recommendations.

There is a documented clinical governance framework in place which provides an overarching monitoring system for the effective clinical care of consumers. The service has policies on antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure and staff undergo training in all 3 areas. Antimicrobial stewardship is monitored through the organisation’s infection prevention and control governance committee, which reports to the organisation’s clinical governance committee. The use of restrictive practice is documented and reported and monitored by the aged care services and comprehensive care governance committee. Staff implement the principles of open disclosure.

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)