Performance

Report

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| Name of service: | Uniting Wontama Orange |
| Service address: | 30-38 Byng Street ORANGE NSW 2800 |
| Commission ID: | 0126 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 17 April 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 Uniting Wontama Orange (**the service**) has been prepared by P Sherin, 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; 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;
* other information and intelligence held by the Commission.

# 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 said they are treated with dignity and respect and feel accepted and valued at the service. Care planning documentation reflects information regarding each consumer’s background, identity, and culture to guide staff in supporting them. Staff receive annual mandatory training on privacy and dignity. The assessment team observed staff treating consumers with kindness and respect during the Site Audit.

Consumers confirmed the service provides culturally safe care and services catering to their needs, including access to church services held within the service, and support to attend external church services via video conference. Staff provided examples of how they adapt the individual care of each consumer in line with the consumer’s specific cultural needs. Information about consumers’ life history including cultural and spiritual needs is captured in care planning documentation. A full-time pastor is available to conduct one-on-one visits with consumers. The service provides staff training on cultural diversity and inclusion.

Consumers said they are supported to maintain independence, make choices about the care and services they receive and who to involve in planning of their care, and to maintain their connections and relationships. Staff described strategies for supporting consumers to exercise choice and independence including offering choice regarding times for waking up, showering, food, and activities. Care planning documentation reflects information about consumers’ individual preferences and involvement of people important to them.

Consumers and representatives expressed satisfaction with how the service supports consumers to make decisions that involve taking risks. Care planning documentation identifies risk mitigation strategies are captured to ensure safety for consumers who have chosen to take risks. Staff demonstrated an awareness of these strategies and described how they support consumers to continue in their risk-taking activity of choice whilst managing risks.

Consumers and representatives expressed satisfaction with how the service communicates with them and how they are provided with information enabling consumers to make informed choices. Consumers said the information they are provided with is clear and easy to understand. Representatives confirmed they are kept up to date via regular phone calls and emails. Management and staff advised information regarding any changes at the service are included in the service’s newsletter and consumer meeting minutes. The assessment team observed a variety of information available and accessible for consumers including activities calendars, menus and other information displayed on noticeboards throughout the service.

Consumers and representatives said consumers’ privacy is respected by staff and felt consumers’ personal information is kept secure. Staff described how they ensure confidentiality of consumers’ personal information, such as by ensuring consumer information under the electronic care management system is password protected, and not leaving consumer documents unsecure in open areas. The service has policies and procedures on consumer privacy and confidentiality and provides mandatory training for staff on these topics.

# 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 stated they are involved in the care planning process and receive the care and services they need. Clinical staff described the assessment and care planning process, including the identification of risks, and how this informs the delivery of care and services. Care planning documentation demonstrates consideration of potential risks to consumers’ health and wellbeing. The service follows an established assessment schedule. Policies and procedures are available to guide staff practice in the assessment and planning process.

Consumers and representatives said they feel supported to discuss consumers’ care needs and preferences, including developing plans for advance care and end of life wishes. Care planning documentation reflects the needs, goals, and preferences of consumers, including advance care plans and end of life wishes where consumers and representatives have chosen to do this. Clinical staff described how advance care planning is conducted in partnership with the consumer and their representative when they are comfortable discussing this, and the conversation is revisited at care plan reviews. The service has a palliative care policy to guide staff practice and access to external palliative care services for support.

Consumers and representatives said they are involved in the assessment and planning process and have access to other health professionals and providers. Clinical staff provided examples of how they access and engage with external providers to support consumer care. Care planning documentation evidenced an ongoing partnership with the consumer and others the consumer wishes to be involved in their care. Care documentation reflects the inclusion of multiple health disciplines and services into consumers’ assessment and planning. The service has referral policies to guide staff practice when accessing and engaging with other health professionals and providers.

Consumers and representatives were aware they can request an electronic or hard copy of the consumer’s care plan. This was confirmed by staff who advised consumers and representatives are offered a copy of the care plan during care reviews. The outcomes of assessment and planning were observed to be documented in the electronic care management system, and accessible to staff and visiting health professionals.

Consumers and representatives said staff discuss consumers’ care needs with them and ensure any changes are communicated in a timely manner. Staff described the 3-monthly care plan review schedule and how incidents or clinical deterioration prompt a review. Care planning documentation evidenced regular review occurs, including when consumers’ circumstances change, or 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

Consumers and representatives said consumers receive care that is tailored to consumers’ needs and preferences. Staff provided examples of how they deliver care in line with each consumer’s personal and clinical needs and preferences. Care planning documentation reflects individualised care that is safe, effective, and tailored to the specific needs of the consumer. For consumers subject to restrictive practices, care documentation identified appropriate authorisations, behaviour support plans and ongoing monitoring and review in place. The service has policies and procedures to guide staff practice in the delivery of care including but not limited to skin integrity and wound management, falls prevention and management, and restrictive practices.

Consumers and representatives expressed their satisfaction with how the service effectively manages high impact and high prevalence risks specific to consumers’ health and wellbeing. Staff described risks specific to consumers including falls, restrictive practices, and complex care needs, and provided examples of strategies in place to manage these risks. Care planning documentation reflects risks are identified via assessments and information is captured to guide staff with managing risks. Clinical risks and incidents are reviewed regularly via weekly clinical meetings and monthly reporting.

Consumers and representatives said they feel supported to discuss the consumer’s care needs and preferences with staff, including developing plans for advance care and end-of-life wishes. Care planning documentation identifies needs, goals, and preferences of consumers are captured. Review of care plans and progress notes for one consumer who was identified as palliative during the Site Audit identified the provision of comfort care, regular pastoral visits and referrals to the palliative care team.

Consumers and representatives said the service recognises and responds to changes or deterioration in a consumer’s health or condition in a timely manner. Staff provided recent examples of when deterioration or change in a consumer’s condition was recognised and responded to. Care staff were aware of their responsibility to report any changes in a consumer’s condition to registered staff and advised registered staff are responsive. Review of documentation such as care plans, progress notes and charts demonstrate deterioration in a consumer’s health, capacity, and function are recognised and responded to appropriately.

Staff described how changes in consumers’ care and services are communicated through verbal handover processes, staff meetings, and accessing care plans and other documents through the electronic care management system. External health professionals and providers such as physiotherapists confirmed they have access to consumer information via the electronic system. The assessment team observed staff communicating updates and information about consumers via handover.

Consumers and representatives confirmed consumers have access to other health professionals and providers as required. Registered staff described the process for referring consumers to allied health services and other health professionals and providers. Review of care planning documentation identifies referrals to and input from a range of other providers including but not limited to physiotherapists, occupational therapists, podiatrists, speech pathologists and dieticians.

The service has policies to guide infection control practices and provides staff training on infection control, donning and doffing of personal protective equipment and hand hygiene. The service has appointed a trained infection prevention and control lead and a vaccination program for influenza and COVID-19 is in place for staff and consumers. Staff Registered staff demonstrated an understanding of how to minimise the need for antibiotics and ensure appropriate use. The service monitors infections as part of clinical trending and analysis to inform improvements. The assessment team observed screening measures in place at the service and staff adhering to appropriate infection control protocol.

# 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 sampled said the service supports them to do the things they want to do and provided examples of how services and supports for daily living have improved their independence and quality of life. Consumers said they feel safe in the way services and supports are delivered and staff are flexible in modifying services and supports so they can continue to do things of interest to them. Care planning documentation reflects strategies to guide staff in delivering daily living services in accordance with individual consumers’ needs and interests.

Consumers reported their emotional, spiritual, and psychological needs are supported, and they can stay in touch with family or friends for comfort and emotional support. Staff described how they assist consumers with maintaining connections with people important to them and attending religious services via technology which helps consumers’ emotional, psychological, and spiritual wellbeing. The service employs a full-time pastor who is available to conduct one-on-one visits with consumers. Consumers have access to church services within and outside the service.

Consumers described how staff support them to participate in the community within and outside the service and to do things of interest to them, such as connecting them to a local bridge club and encouraging them to visit friends and family. Staff described how the service is the consumer’s home and how they support consumers to do things of interest to them. The service’s activity calendar is developed based on input from consumers via consumer meetings and reflects a varied program including but not limited to, music, morning and afternoon teas, visiting entertainers, bingo, art and craft, and bus trips. The assessment team observed consumers engaging in activities and socialising amongst themselves and with their visitors during the Site Audit.

Staff described how they communicate information about consumers’ condition, needs and preferences amongst each other and with others where responsibility of care is shared. This includes via handover, staff meetings, hard copy documentation, care plans and progress notes in the electronic care management system. Staff advised shift handover occurs regularly and they can easily access consumer information via the electronic care management system.

Staff described how they make referrals to community support and other providers and services for consumers where a need is identified and provided examples of this. The service has established links with individuals and providers for consumers to access, and information about various services consumers can be referred to is displayed around the service.

Consumers said they like the food, mealtimes are an enjoyable experience, the service accommodates their preferences, and alternative choices are available to them. Staff described various ways they meet consumers’ dietary needs and preferences. The menu is designed in consultation with consumers and processes are in place for consumers to provide feedback on meals. A weekly menu is displayed on noticeboards and dining areas around the service.

Consumers said they feel safe when using the service’s equipment which is easily accessible and suitable to their needs. Consumers confirmed maintenance staff attend to any issues with equipment promptly. Staff explained how mobility equipment is maintained onsite or through external contractors. Equipment used for activities for daily living was observed to be safe, 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

Consumers said they feel comfortable and have a sense of belonging and independence at the service. The service environment was observed to be calm and welcoming, with adequate lighting, a café, outdoor gardens and areas for consumers and their visitors to use. There are wide corridors with handrails and signage in large lettering to assist consumers with finding their way around the service. Consumer rooms are personalised, and there is a laundry space in each residential area for consumers to use with staff assistance. The assessment team observed consumers and their visitors socialising in communal and outdoor areas of the service during the Site Audit.

Consumers confirmed they feel safe at the service, their rooms are cleaned regularly, and the service environment is kept clean and well-maintained. Communal areas were observed to be tidy and outdoor spaces were free of hazards with clear and safe pathways, adequate shade, and safe furnishings. Consumers were observed moving freely inside and outside the service. Staff demonstrated their awareness of the service’s processes regarding identification and reporting of hazards or safety issues. Maintenance staff advised the service has access to external contractors for preventative maintenance including for pest control and servicing of equipment.

Consumers said equipment is kept clean and any maintenance requests are attended to promptly. The service has a schedule in place for regular servicing and maintenance of furniture and equipment using specialist external contractors where required. Review of the service’s reactive maintenance logs identified maintenance requests are attended to in a timely manner. The assessment team observed consumers using a range of equipment, including walking frames, wheelchairs and comfort chairs. Furniture in the communal areas was observed to be clean and generally in good condition. The call bell system was observed to be operating effectively and equipment was stored appropriately in storage areas.

# 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 said they are encouraged and supported to make complaints and provide feedback and said they would have no concerns speaking with staff or management if they wish to make a complaint. Feedback forms and boxes are available at reception and around the service and consumers can raise concerns via consumer meetings, in writing or by approaching staff and management directly. Information on how to submit feedback and complaints was observed displayed on noticeboards and included under the consumer handbook.

Consumers and representatives said they are comfortable raising concerns and know how to escalate their complaint if it is not resolved to their satisfaction, such as externally through the Aged Care Quality and Safety Commission or an advocacy service. Staff were aware of external complaints and feedback mechanisms and how to access advocacy and translation services. Information on external complaints mechanisms, advocacy and translation services is provided to consumers via the service’s welcome pack for consumers on entry to the service, and via noticeboards around the service.

Consumers and representatives said management promptly respond and seek to resolve their concerns following a complaint. Staff advised they have undertaken education on complaints management and open disclosure, and described the process followed when a complaint or feedback is received. Review of the service’s feedback and complaints register demonstrates feedback and complaints from various sources are documented and responded to appropriately and in a timely manner. The service has policies on complaints management and open disclosure to guide staff practice.

Consumers provided examples of how changes have been implemented following their complaints and feedback. Management described the service’s processes for recording all feedback and complaints and using this to complete monthly trending and analysis to inform improvements to care and service delivery as captured under the service’s continuous improvement plan. Trending data is discussed at staff meetings to ensure staff are aware of quality improvement issues and 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

Consumers generally said staff are available to provide care and services they need, and call bells are attended to promptly. Most staff were satisfied with staffing levels at the service and said they have enough time to complete their allocated duties. Review of the service’s roster identifies the service employs a mix of staff including registered and enrolled nursing staff, care staff and hospitality services staff, and consumers have regular access to allied health professionals. The service has access to agency staff to fill vacant shifts if required. Review of monthly call bell reports identified majority call bells are responded to under 10 minutes. The assessment team observed staff responding to call bells promptly and attending to consumer care in a calm and professional manner during the Site Audit.

Consumers and representatives said staff are kind, caring and respectful and provided examples of this. Staff described how they provide care that is respectful to each consumer’s identity, culture, and diversity. Staff were observed interacting with consumers in a caring and respectful manner. Staff receive training on code of conduct, diversity, inclusion, and provision of care in line with the organisation’s person-centred framework.

Consumers said staff are competent, well trained, and know what they are doing. The service monitors and maintains a register for staff qualifications. Position descriptions are available listing key duties and outlining the skills, qualifications and experience required for each role. Staff complete annual competencies, and said they have access to regular training, ongoing supervision, and support from senior clinical staff. The assessment team observed staff confidently and competently providing care and services for consumers.

Management advised staff are recruited using a formal recruitment process that includes interviews, referee checks and qualification checks. Staff are provided ongoing training and professional development opportunities. The service monitors completion of mandatory training modules by all staff which include topics such as infection prevention and control, antimicrobial stewardship, serious incident response scheme, food safety and dementia essentials training. Staff confirmed they receive orientation and training on commencement, and access to regular training including via toolbox sessions during handover meetings.

Management said the service reviews the performance of staff annually using the organisation’s ‘continuous conversations’ process for formal performance appraisals. Staff demonstrated an awareness of the service’s performance appraisal process which includes discussions with supervisors on their performance and areas where they would like to develop their skills and knowledge. Review of documentation identifies performance appraisals and competency assessments are scheduled and conducted every year. The service has performance development and management policies and procedures in place.

# 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 and representatives said they can provide input into care and service delivery via consumer meetings, food focus meetings, surveys, and face to face discussions, which is considered by management. Review of the service’s consumer and representative meeting minutes, food focus meeting minutes and continuous improvement plan demonstrates the service actively seeks feedback from consumers and representatives and acts on this to initiate improvements.

The service demonstrated it has central policies, procedures, and tools in place, with the organisation’s governing body promoting a culture of safe, inclusive, and quality care and services and being accountable for their delivery. The organisation’s governing body is supported by several committees, including on clinical governance and risk. Members of the governing body visit the service monthly and conduct regular meetings with service management across the organisation. Reporting to the governing body captures information including but not limited to clinical indicators, incidents, feedback and complaints and internal audits. The organisation’s governing body uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to monitor care and service delivery.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management.

Management advised the continuous improvement process is drawn from a variety of sources, including consumer and representative feedback and complaints mechanisms, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits. The organisation’s quality business partner oversees quality and compliance activities and conducts regular visits.

The organisation has a risk management framework in place outlining its approach to managing, monitoring, and reviewing risk. Management described how various high impact and high prevalence risks at the service are being managed. Weekly risk management meetings are conducted at an organisational level to ensure services are proactively managing risk. Management described the service’s incident reporting processes and how incidents are reported, analysed, escalated, and used to inform improvement actions. Staff receive training on the serious incident response scheme and incident management.

The service demonstrated a clinical governance framework and supporting polices which address antimicrobial stewardship, minimising the use of restrictive practice and open disclosure. Staff demonstrated a shared understanding of these policies and were able to describe how they apply these as relevant to their roles. Management described the areas of responsibility for clinical leadership and how clinical audits and incident data are collected and used to drive safety and quality improvements in care and service delivery.

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