**Performance**

**Report**

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| Name: | Vitalis Health & Home Care |
| Commission ID: | 201457 |
| Address: | Ground floor 2, 1 Chandos Street, ST LEONARDS, New South Wales, 2065 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9519 Vitalis Health and Home Care Pty Ltd  
Service: 27300 Vitalis Health & Home Care

**This performance report**

This performance report for Vitalis Health & Home Care (**the service**) has been prepared by M.Wyborn, 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 Quality 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 for Home Care Packages (HCP)

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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 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 | | HCP |
| 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

The service demonstrated that consumers are treated with dignity and respect and their identity, culture and diversity is valued. Consumers and representatives advised the Assessment Team that staff are respectful and upheld their dignity. Care workers explained that they are always respectful and caring of their consumer’s needs, and management and other key personnel consistently spoke respectfully of consumers throughout the Quality Review.

The service demonstrated that care and services are culturally safe, and consumers and representatives reinforced that their diversity is respected. Care workers explained how they ensured care and services are culturally safe for those the consumer that provide care. The service demonstrated an appropriate diversity and inclusion policy, and all staff have completed indigenous cultural awareness training.

The service demonstrated that consumers are supported to exercise choice and independence including making decisions about how their care is delivered. Care workers support the choice of the consumer and involve whoever the consumer decides in their care giving and care plans reflect this decision. The service’s consumer rights and responsibilities policy includes relevant information about communication, participation and respect and embodies the concepts of advocacy, choice, decision making and independence.

Consumers are routinely supported to engage in risk(s) to enable them to live the best life they can. Representatives highlighted that risk mitigation strategies are utilised by care workers, and the service demonstrated an effective management of risk including a risk domain included in all consumer care plans.

Management explained that consumers are provided with an agreement upon first introduction with new consumers and they and their family often communicate via email as well. The service provides regular newsletters to consumers and their representatives, and monthly financial statements are sent to consumers and families and consumers provided feedback that they found them clear and easy to understand.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

The service demonstrated that assessment and planning appropriately considers risks to each consumer and informs safe delivery of care. At the commencement of Home Care Package (HCP) services, a thorough assessment of the consumer care needs is completed, including the use of validated tools. Risk assessments include environmental, falls risk and skin assessments, and risks identified are included in each consumer’s care plan and their care plan summary.

Identified risks are appropriately reviewed and the service develops effective risk mitigation strategies. Consumer care plans are updated, and any changes are communicated to the team via notes and tasks within the electronic care management system. Staff are notified when a care plan is updated.

The service demonstrated that assessment and planning meets current needs, goals and preferences of the consumer. The initial assessment captures information about the needs of the consumers, and ongoing communication with staff and management ensures that individual consumer preferences are kept up to date. Advanced care planning is addressed at the initial assessment visit and when care plans are reviewed. Consumers are provided with information on advanced care planning if they do not yet have a plan in place. While end of life care is available, it is not provided on a regular basis. Staff demonstrated appropriate knowledge of consumer needs, goals and preferences in order to inform the services they receive.

The service demonstrated that assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. Care includes brokered services, private services and other organisations who provide services to meet the needs of each consumer.

The service demonstrated that outcomes of assessment and planning are communicated to the consumer at the time of assessment and available in the care plan. Regular care plan reviews are completed in person by the care manager with the consumer, and consumers are offered the summary care plan following initial assessment and on review, at least six-monthly or when changes occur. Staff receive emails when information is updated, as well as notes and tasks within the documentation system and via phone when changes occur.

The service demonstrated that care and services are reviewed regularly for effectiveness and when circumstances change. Care is reviewed at least every six months and also when circumstances change, including incidents.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

The service demonstrated that consumers receive safe and effective personal care that is best practice, tailored to their needs and optimises individual consumer health and well-being. Best practice is embedded into the service’s policies and procedures and when changes to legislation and information is received, the policies and procedures are updated. Care services are tailored to the needs of each consumer and optimise their health and well-being.

The service was able to demonstrate that high prevalence risks associated with the care of the consumers is effectively managed. While the acuity of the consumers is low, risks such as deterioration, dementia related behaviours, falls and skin tears are managed effectively by the service. Risks are identified within each consumer’s care plan with mitigating strategies outlined for each risk. Non-clinical staff are provided with education to improve their knowledge, including topics such as dementia care and skin integrity. All consumers with behaviours related to dementia and mental health conditions have a behaviour support plan to address their needs.

Wounds that occur during a service are escalated to management and clinical staff who complete an assessment and advise on initial wound management. Ongoing wound care is provided by nursing staff in the home if required, however following first aid staff refer the consumer to their medical officer for treatment. Consumers are supported by care workers to take medications using webster pack prompts and if needed, the service’s medical officer is available to complete medication reviews.

While the service does not currently or regularly manage consumers end of life care needs, the service communicates with the consumers and their representatives around their needs, goals and preferences regarding end of life care. The service has appropriate policies and procedures around care planning, care of consumers of different faiths, expected and unexpected death of a consumer, and an essential guide for high quality end of life care. The service’s policies and procedures promote discussion about end of life goals and preferences upon commencement of services. Advanced care directives and plans are discussed, and information is provided to the consumer and their representatives if they do not have a current plan in place.

The service demonstrated that deterioration of consumer’s health and condition is recognised and responded to in a timely manner. The service has a deterioration guide to support staff to recognise and manage deterioration. Changes observed by care workers and the consumer’s family are documented and escalated to the care manager. Weekly management meetings, involving clinical and medical staff, review consumer changes and deterioration to assist with further care planning.

The service demonstrated that information about the consumers’ condition, needs and preferences is documented and shared within the organisation where responsibility is shared. The services utilises an Electronic Care Management System (ECMS) and a corresponding online application available for staff to access while providing care services for the consumer. Staff have access to relevant information to ensure the needs and preference of each consumer is met. Staff advised the Assessment Team that they have clear direction on the tasks that they are to complete at each visit, and the management team hold weekly meetings to discuss care needs and ensure appropriate escalation when issues occur, including clinical risks and incidents. The organisation’s wider clinical team are available to provide advice when acute clinical changes occur.

The service brokers service providers such as speech therapist, dietician and physiotherapy and podiatry. The organisation also employs physiotherapists that may provide care to the consumers. Management ensure that new staff and staff visiting a consumer for the first time have a buddy shift with regular staff. They also receive a verbal handover of the care needs and preferences of the consumer prior to their visit.

The service demonstrated that referrals to other services are made in a timely manner, including referrals to medical specialists, dieticians, dementia services and occupational therapists.

The service demonstrated effective strategies to ensure minimisation of infection related risks to prevent and control infection. The service has policies and procedures for infection control and to minimise the spread of infections, including COVID-19. Staff effectively described how they implement strategies to prevent the spread of infection, including screening for COVID-19, recognising signs and symptoms and escalation to the care manager, registered nurse or in-house medical officer when screening is positive. While the service does not provide clinical services for HCP consumers, staff will escalate consumer changes including possible infections to the care manager if required, and consumers are encouraged to visit their medical officer for advice on treatment. In addition, there are clinical staff and the organisation’s medical officer available to provide advice to staff and consumers of the appropriate action if an infection is suspected.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service demonstrated that consumers are supported for daily living according to their needs and preferences, and appropriate consideration is provided in each consumer’s care documentation. Care workers effectively described how they take consumers shopping and provide social outings to support wellbeing and quality of life, and consumers and representatives advised of their satisfaction.

The service demonstrated that consumers are provided with appropriate emotional and spiritual support and their psychological wellbeing is effectively managed. Management advised that, in addition to supporting consumers, assistance is also provided to families when needed.

Care workers advised the Assessment Team that they routinely support consumers to do whatever interests them and maintain effective communication with spouses and families of the consumer.

Information about each consumers’ condition, needs and preferences are communicated within the organisation. Some consumers are supported to participate in outings, others are supported to prepare and cook nutritious meals Relevant tasks and actions are provided in each consumer’s care and services documentation and the care manager provides a handover to all workers commencing with a new consumer. The specific tasks are recorded in the ECMS, which are accessed by the care workers on their phones via a digital application.

Timely and appropriate referrals are made to other organisations as required. Some consumers participate in walking groups and others are supported to attend gardening groups.

Care workers ensure equipment for consumers is safe, clean and well maintained. This includes walkers, walking sticks and wheelchairs are safe and well maintained. All equipment, whether it has been bought by the service or not, is routinely observed for cleanliness and safety by care workers. Management advised that the service purchased a portable electronic device for a consumer who required reminders for taking their medication and utilised a digital application for this, supported their representative.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 advised that they are aware of how to provide feedback or make complaints and confirmed they have received written information on these processes in their information packs and service agreement. They were aware of internal and external complaints processes and confirmed they were encouraged to provide feedback and complaints. They also confirmed they are asked to provide feedback through surveys. Staff and management demonstrated effective knowledge on how consumers, their representatives and others can provide feedback and complaints. Mechanisms for feedback and complaints include verbal feedback to care workers, calling coordination staff, feedback through reviews and consumer satisfaction surveys.

Consumers and representatives advised that they are made aware of advocacy services, language services and other methods for raising complaints. They confirmed this information is included in their service agreements and includes information on external complaint mechanisms such as the Aged Care Quality and Safety Commission (the Commission). Consumers also have nominated representatives established, who they can involve if they wish to raise a complaint. Management and coordination staff highlighted that if it is apparent a consumer does not appear to have family supports, lives alone or any other apparent vulnerabilities, they will encourage the consumer to contact or refer them to an advocacy service.

Consumer documentation demonstrated that representatives are involved in the assessment and care planning processes and the service’s complaints register demonstrated that representatives are involved in raising and resolving complaints on behalf of consumers.

Consumers and representatives advised of their satisfaction that appropriate action is taken by the service in response to their feedback and complaints, and that staff provide a suitable apology if something goes wrong. Staff, including care workers, demonstrated an understanding of open disclosure and how it is implemented in service delivery. All staff highlighted that if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability. Care workers explained that they would escalate to the care manager for action, but they would also make progress notes about it.

Consumer documentation demonstrated an effective open disclosure process and that appropriate action is taken in response to complaints. The organisation’s policies and procedures include policies on feedback and complaints and open disclosure, staff training records demonstrate that staff have received training in open disclosure as well as complaints. The organisation’s complaints register and report demonstrated each complaint had been appropriately investigated and the consumer and/or their representative had been involved in the process.

Consumers and representatives said the service regularly seeks their feedback and suggestions for improvement on the services they receive. Consumer and representatives are invited to provide feedback through satisfaction surveys and also verbally, through care workers or directly to coordination staff by phone, email or in person. Consumers and representatives who had made complaints advised appropriate action had been taken and improvements made to their individual services and no further issues had arisen.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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| Human resources | | HCP |
| 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 advised they feel they receive a quality service that delivers safe care, and the service demonstrated effective systems to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. Nursing and allied health services are arranged as needed through internal or external services at a day and time agreed with the consumers or representatives.

Consumers and representatives advised that staff treat them with kindness, respect, and dignity. Consumers highlighted that their preferences are respected regarding the choice of care worker and timing for their services, and consumer files indicated a use of respectful language to each consumer and their individual circumstances.

Mandatory training for all staff includes identifying and responding to elder abuse and neglect and cultural diversity. All staff confirmed they have received relevant training and care workers demonstrated an appropriate awareness of consumers’ individual circumstances and consistently spoke respectfully regarding consumers.

Consumers and representatives advised that care workers know what they are doing when they provide their services and feel safe in their care, and management described the recruitment process and noted an initial onboarding process to ensure that the workforce hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. All relevant qualifications for staff are recorded in their staff electronic system. Management advised they oversee the delivery of services by subcontracted agencies, and all subcontracted staff have relevant qualifications and knowledge to perform their roles. The service regularly seeks feedback from consumers about the performance of both internal and external staff and services and record this as a complaint if any issues arise.

Consumers and representatives provided positive feedback about their care workers and their skills. They advised that care workers know what they are doing when providing care. Management advised that all staff must complete mandatory training during onboarding and induction, and every 12 months thereafter. Ongoing training and support are offered to all staff where it is required. The organisation’s induction checklist for all staff demonstrates a robust recruitment and induction procedure for onboarding staff. Staff training includes, cultural awareness, elder abuse and neglect, infection control, Serious Incident Response Scheme (SIRS) and Work Health and Safety (WHS). The organisation has an educator who is a registered nurse and able to sign off on staff competencies, including for their higher level hospital and rehabilitation in the home programs. Management advised regular online meetings are conducted with care workers involved in an individual consumer’s care and care workers are afforded an opportunity to discuss training, feedback and concerns and any other issues.

The service demonstrated an effective performance appraisal system for ongoing monitoring and review of the performance of each staff member. Staff advised that they are supported in the performance appraisal and review process and have regular meetings with their supervisor. Staff also advised that they receive feedback from management and have appraisals as required.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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

The organisation demonstrated that consumers and representatives are engaged in the development, delivery and evaluation of care and services. Management explained that consumer feedback and suggestions are collated and trended and used to inform continuous improvement. The organisation delivers a survey regarding all home care package consumers and their representatives, as well as provides a consumer advisory group that meets regularly and provides an opportunity for consumers to become involved in reviewing and commenting on overall practices at the service and to provide feedback and suggestions that can inform continuous improvement at the service.

Management demonstrated the service has effective organisation-wide governance systems and processes that promote the provision of safe, inclusive and quality care. This is done through the organisation’s suite of policies and procedures, effective orientation and ongoing training for staff, newsletters provided to staff regularly outlining best practice and changes to processes or documentation. In addition, consumer documentation effectively captures the individual risks of consumers, the organisation’s risk register captures overall organisational risks, effective referrals are facilitated to external agencies, including allied health to ensure safe and best practice care to consumers. The Assessment Team also reported effective internal reporting mechanisms to directors from the various division managers at regular divisional managers’ meetings, and regular board of director meetings where senior management review information, decide on changes to processes as needed and inform key directions for the organisation.

The governing body remains accountable for the delivery of quality care and services by remaining informed of services delivered, as well as key risk areas and reviewing systems and processes as needed based on their consumer cohort.

The service has a centralised information management system for consumer information and staff advised that the system is easy to navigate and includes all relevant information they need to access to perform their day-to-day duties. Consumer documentation such as care plans, risk assessments and agreements are attached to the system. The service demonstrated an effective continuous improvement plan, that is monitored by division managers as well as the directors for progress and is organised by relevant quality standard requirement, and all have issues identified, planned actions/dates and outcomes included. Organisational management maintain oversight of the service’s income and expenditure, and provide regular review as well as discussion with the governing body. The service monitors staff compliance with regulations such as relevant qualifications, driving licences, police checks, first aid certificates, vaccinations, and insurances.

The organisation demonstrated effective processes to identify and manage risks associated with the care of consumers, including high impact and high prevalent risks. These include comprehensive assessment of consumers, including any risks at an initial assessment., falls risk assessments and risks associated with provision of clinical care. The service maintains a robust risk register, which includes an inbuilt risk matrix, and the service’s incidents register is reviewed on a regular basis and demonstrated that all incidents are being actively monitored by managers and coordination staff. Care workers demonstrated appropriate knowledge of policies and procedures around identifying and responding to abuse and neglect of consumers and training records are up to date and relevant. Each division manages its own dashboard and this includes reminders regarding audits but are also tracked through weekly meetings. Directors are able to access these dashboards and monitor when risks are identified and oversee their management. Information on the dashboard includes compliance audit, risk & non-conformance, Indicators (including clinical, incidents, quality logs, risks, and surveys).

The organisation demonstrated an effective clinical governance framework that appropriately captures ways the service uses consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The framework includes a range of policies and procedures and ensures the workforce is supported with qualified clinical staff advice when needed, ensuring adequate supervision and advice is provided to operational staff when clinical or personal care is being provided. The organisation’s range of policies and procedures ensure coverage of all aspects of clinical care and provide relevant guidance for staff. Policies and practices are available that cover antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)