Performance

Report

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| Name: | Willoughby Retirement Community Hostel |
| Commission ID: | 0319 |
| Address: | 1 Warrah Street, CHATSWOOD, New South Wales, 2067 |
| Activity type: | Site Audit |
| Activity date: | 25 September 2024 to 27 September 2024 |
| Performance report date: | 27 October 2024 |
| Service included in this assessment: | Provider: 987 Willoughby Retirement Community Association  Service: 335 Willoughby Retirement Community 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 Willoughby Retirement Community Hostel (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received 17 October 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were respected by staff, and staff were aware of their needs and preferences. Staff demonstrated knowledge of consumers’ needs and preferences such as addressing them by their preferred name and described how they tailored care and services in a dignified and respectful manner. Care documentation included information about consumers’ needs and preferences including what is important to them.

Consumers and representatives confirmed the service recognises and respects consumers’ cultural background, and described how staff value their cultural preferences, individual backgrounds and how it influences the delivery of their care and services. Staff and management interviewed demonstrated an in-depth understanding of the consumer’s identity, cultural background, and individual life journey. Care documentation captured consumers cultural background and life experiences which enabled staff to provide more personalised care for consumers.

Representatives said consumers were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff described how they support consumers to make choices about their care and how they support consumers to sustain relationships of choice. Care documentation included information to inform staff of key relationships.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently, and confirmed risks associated with their choices and decisions were assessed and discussed with them, as evidenced in care planning documentation. Staff had knowledge of risks consumers take and explained the strategies in place to minimise possible harms and promote their safety. Care documentation evidenced risk assessments, with informed consent and strategies to promote consumers’ safety.

Staff described how they communicated information in an appropriate way to assist consumers to make informed choices and decisions, adapting communication style to meet consumer needs. For example, printing activity calendars and menus in larger text for consumers who were visually impaired. Consumers reported they received clear and timely information to support decision making including copy of meeting minutes, the service’s newsletter, activity calendars and daily menus. Information such as menus and activity calendars were observed to be displayed in prominent areas of the facility.

Consumers reported their privacy was respected. Staff explained processes in place to protect consumers’ privacy and confidentiality, including ensuring doors were closed during cares and how consumer information is kept confidential. Policies informed staff on how to maintain privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Representatives said assessment and care planning considered risks to consumers. Staff could describe the assessment and care planning processes, including how they consider risks for individual consumers, such as changed behaviours and how these processes inform the delivery of safe and effective care and services. Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as falls and changed behaviours. Clinical assessment tools were available on the electronic clinical care system (ECMS) and the service utilises an admission checklist for consumers upon their entry to the service.

Representatives said staff were aware of consumers, needs, goals, preferences and manage their care well. Clinical staff described how assessment and planning identify and addresses the consumer’s current needs, goals, and preferences and how they undertake conversations in relation to advance care planning upon consumers entry to the service and/or at a later date if the consumer and/or representative wishes. Care documentation reflected current needs, goals, and preferences of consumers and included advance care plans.

Consumers said, and documentation evidenced, assessment and planning were completed in partnership with themselves and included other health specialists. Care documentation reflected organisations, individuals, and providers of other care and services. Clinical staff described how assessment and care planning are completed in consultation with consumers and/or their representatives and verbal updates are provided to consumers and/or their representatives on an ongoing basis.

Representatives said they receive a copy of the consumers care plan and the service provides regular communication to them regarding the outcomes of assessment and planning or any changes that occur to consumers care needs. Staff said they communicated changes to consumers care plan in various ways such as through personal meetings and over the telephone. The service has policies and procedures to guide staff practice in relation to assessment and planning including communicating the outcomes of these assessments to consumers and/or representatives and offering a copy of consumers care plan. Care documentation reflected regular contact with consumers and representatives in relation to outcomes of assessment and planning and noted consumers and representatives were offered a copy of the consumers care plan.

Representatives said care and services were regularly reviewed for effectiveness including when circumstances changed, or incidents occur. Clinical staff described how a change in consumer care needs, circumstances or incidents triggers a review of assessments and care plans, which may include referrals and reviews by other health professionals and specialists. Care documentation evidence review on regular basis and when circumstances changed, or incidents occurred and reflected changes were made in response to changing needs.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood restrictive practices, pain management and wound management. Care documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences. Best practice was demonstrated through staff training and understanding, engagement of specialist practitioners for advice, and available policies and procedures.

Consumers gave positive feedback about how the service managed risks associated with their personal and clinical care. Staff identified the high-impact and high-prevalence risks for consumers, such as falls, catheters and diabetes and described the risk minimisation strategies. Care documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place.

Staff described the way care delivery changes for consumers nearing end-of-life and practical ways in which consumers’ comfort is maximised and their dignity preserved. Care documentation evidenced advance care planning and the needs, goals, and preferences of consumers for palliative and end-of-life care, including comfort care. The service has policies and procedures related to palliative care and end-of-life pathway to guide staff and staff explained how they have access to specialist palliative care services to support consumers during end-of-life -care and to assist staff.

Consumers reported changes in their health were promptly recognised and appropriately responded to. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Management described how the service partners with a local geriatric team to assist in managing consumer deterioration. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

The service had systems and processes to ensure information about consumers’ care is documented and effectively communicated. Representatives expressed their satisfaction how information was shared relating to consumers’ conditions and that any changes were effectively communicated to them. Staff described processes to ensure information regarding consumers or any changes to consumers’ condition or care needs is consistently shared and understood including during hand over processes and at various daily and weekly meetings with key staff members. Care documentation identified correspondence from Medical Officer’s and health professionals was accessible to staff on the services electronic care management system.

Representatives confirmed consumers had access to other health care providers, such as allied health professionals and referrals were timely. Staff explained the internal process for referring consumers to other health professionals and providers of care. Care documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives

Consumer expressed their satisfaction with the services infection control measures. Staff in different roles described how they lessened infection related risks and promoted practices to minimise the use of antibiotics. The service had policies and procedures to support staff to minimise the risk of infection and promote practices to minimise the use of antibiotics. Staff were observed using personal protective equipment and practicing correct infection control processes and COVID-19 screening processes were in place. The service maintained records of consumer and staff vaccinations, including for influenza and COVID-19. The Site Audit report contains information in Requirement 3(3)(g) in relation to the last outbreak at the service was in August 2021, where 10 consumers were identified as COVID-19 positive. The Approved Provider in the response to the Assessment Team report received on 17 October 2024 advised the first and last COVID outbreak at the service was in December 2022.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle said they get to know consumers and gather information to understand their needs, goals, and preferences, enabling them to develop appropriate supports for daily living. Consumer individual needs, goals, and preferences were captured in care documentation.

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

Consumers reported they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and maintain relationships, such as arranging singalongs and visits from volunteers. Consumers were observed engaged in various group activities such as exercise classes and happy hour. Care documentation identified consumers preferred activities, including those within the community and outside the service environment.

Consumers said information was effectively shared, and their needs and preferences were known. Staff explained communication channels to ensure timely sharing of information, for example, through daily handover processes with lifestyle and kitchen staff reporting they receive daily information on changes to consumer care needs from clinical staff.

The service demonstrated timely and appropriate consumer referrals to other organisations, individuals and providers of care and services. Consumer care documentation confirmed that the service works in partnership with external providers to support the diverse needs of consumers. The service has policies and procedures to support its consumer referral process to other health professionals, organisations, and volunteers. Lifestyle staff were able to describe how they refer and link consumers to the community supporting their needs.

Consumers expressed their satisfaction with the meals at the service and said they have input into the menus and their preferences were accommodated. All meals are cooked, chilled, and delivered to the service second daily. There is a seasonal menu on a 4-week rotation. Consumers have input into the menu through the resident meeting, Quality Consumer Advisory Board (QCAB) menu planning meetings held twice a year, feedback forms and directly through management and staff. The service’s dining area and servery station was set up with snacks, drinks, fresh fruit and desserts for consumers to access.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Suitable and well-maintained equipment was observed throughout the service environment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers reflected they felt at home at the service and were able to bring personal items and furnishings for their rooms. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms. Consumers’ rooms were personalised to their preferences with furnishings and photos such as family photographs.

Consumers advised they can move freely indoors and outdoors of the service, the service is kept clean, and garden areas were well maintained. Staff described the processes in place to maintain the service environment and explained how consumers are supported to access indoor and outdoor areas, including consumers subject to environmental restrictive practices. Documentation demonstrated preventative and reactive maintenance was up to date. The service environment was observed to be clean and consumers moving freely throughout the service and to outdoor areas.

Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Consumers advised equipment and fittings were clean and well maintained Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers reported they felt supported and encouraged to provide feedback and complaints and the service is receptive to their feedback. Staff explained the internal and external complaints process and demonstrated how they assist consumers in raising concerns and providing feedback.

Consumers said they were aware of external agencies, and other ways to raise and resolve complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Additionally, the service has a multicultural staff base with staff who speak various languages. Management said staff are rostered accordingly to assist consumers. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Representatives considered complaints were responded to in an appropriate manner. Staff members confirmed they received open disclosure training as part of their annual mandatory training program. Documentation demonstrated complaints are investigated, action is taken when a complaint is received, and an open disclosure process is implemented when things go wrong. The service has an open disclosure policy that supports and guides the process.

Consumers were satisfied improvements were made as a result of their feedback for example, the purchase of a toasted sandwich maker and toasted sandwiches being added to the menu options. Management described how feedback and complaints were reviewed to inform improvements, and these are captured in the services continuous improvement plan.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported the service was adequately staffed, and consumer call bells requests were responded to promptly. Staff advised there is adequate staff to meet consumers’ needs and preferences and complete their duties. In relation to workforce responsibilities management advised and documentation evidenced the service had a Registered nurse on 24 hours, was exceeding mandated care minute requirements and had systems in place to regularly review the delivery and management of safe, quality care and services including monitoring of call bell response times.

Consumers said staff were gentle, kind caring and understand their needs and preferences. Staff demonstrated they were familiar with each consumer's individual needs, cultural background, and identity. Staff were observed interacting with consumers in a kind, and respectful manner. The service has policies on diversity, respect and dignity which outline the service’s commitment to respecting and supporting diversity and inclusion.

Consumers and representatives reported staff were capable, knowledge and consumers receive continuity of care. Management advised staff competency was determined through appropriate selection and recruitment processes, and through a buddy shift program. Management reported recruitment processes including verification of registration requirements, criminal history checks, and the Aged Care Banning Order Register was checked and monitored. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions.

Consumers considered staff to be well trained. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis and said they felt comfortable requesting additional training. Management advised various training and development opportunities provided to staff including orientation processes, buddy shifts, on-line training, and additional training to meet the changing needs of consumers such as catheter care. Review of mandatory training records identified training was provided on a range of topics relevant to these standards with high completion rates.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Staff confirmed they receive feedback regarding their performance throughout the year at staff meetings or individually. Management described and documentation evidenced how workforce performance was regularly assessed, monitored, and reviewed through performance appraisals, surveys, and feedback.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The service demonstrated effective systems were in place to monitor and action consumer feedback on aspects of care and service delivery. Consumers reported that the service is well run, they were involved in the evaluation and delivery of care and services, and they reported things change due to their engagement and feedback. Management described the mechanisms in place to engage and support consumers including the Quality Consumer Advisory Board (QCAB), feedback forms, resident meetings and consumer surveys. They also advised the service has offered and advertised a ‘Consumer Advisory Body’ (CAB) since July 2023, however consumers prefer to share ideas and give feedback through the QCAB.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Reports were submitted to the Board monthly including committee reports covering all aspects of care and services. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services such as clinical indicators and incidents. The service demonstrated compliance with the Quality Standards is monitored at site level and reported to the Board. The Chief Executive Officer (CEO) is a member of the Board and is permanently based at the service. Additionally, the Board schedules ‘meet and greets’ at the service and takes this opportunity to speak to consumers and staff and seek their input.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and described how they would apply these as relevant to their roles. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)