Performance

Report

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| Name of service: | Yaraandoo Hostel |
| Service address: | 1A Cardigan Street SOMERSET TAS 7322 |
| Commission ID: | 8033 |
| Approved provider: | Southern Cross Care (Tas) Inc |
| Activity type: | Review Audit |
| Activity date: | 11 May 2023 to 19 May 2023 |
| Performance report date: | 19 June 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 Yaraandoo Hostel (**the service**) has been prepared by V Stephens, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* The assessment team’s report for the Review Audit; the Review 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 on 8 June 2023.

# 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report:

* Implement regular onsite religious services.
* Implement an activities schedule reflective of consumer needs and preferences.

# 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

The majority of sampled consumers stated they feel valued and respected by staff. Staff demonstrated comprehensive understanding of individual consumers, including their background, interests and preferences. The Assessment Team observed staff engaging with consumers respectfully, addressing consumers by their preferred names and respecting consumer choice.

All sampled consumers expressed satisfaction that the service provides care and services which are culturally safe and respect consumer values. Sampled care planning documents reviewed by the Assessment Team mostly identified events of cultural significance for individual consumers.

All sampled consumers stated they can exercise choice and make decisions about the care and services they receive. They also they feel supported to develop and maintain relationships. The majority of sampled consumer representatives stated they are mostly well informed and can contribute to care decisions. Staff provided examples of how consumers are supported to exercise choice and independence.

Sampled consumers stated they are supported by the service and staff to take risks, enabling them to live their best life. Care staff provided examples of when assessments are required to identify risks involved in various activities and how these are used to assist decision making by consumers and their representatives.

While most sampled consumers expressed satisfaction that information received from the service is accurate, communicated clearly, and is easy to understand, mixed feedback was received from sampled consumer representatives. Two representatives stated information was not always timely and that they were not updated about changes occurring within the service. Notice boards and smart screens are used to communicate events at the service. The Assessment Team observed weekly activity calendars in each consumer’s room and observed care staff providing menu options to consumers, both verbally and in writing.

The majority of sampled consumers are satisfied their privacy is respected and that their personal information remains confidential. Most consumers could describe ways in which staff demonstrate respect for their privacy and staff explained how consumer information is kept confidential through protection of files and not discussing consumer care in communal areas. The Assessment Team observed ‘care in progress’ signs in use throughout the facility and staff knocking on doors prior to entering a consumer’s room.

# 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

All sampled consumers and representatives expressed satisfaction with care planning and indicated confidence that consumer risks are identified and strategies to minimise harm are planned accordingly. Clinical staff demonstrated knowledge of assessment and care planning processes and how risk is assessed and minimised. Sampled care planning documents reviewed by the Assessment Team contained comprehensive multidisciplinary assessments and individualised care plans utilising a range of validated risk assessment tools to assess and plan consumer care with consideration of risks.

All sampled consumers and representatives are satisfied care and services identify what is important to consumers and that end of life preferences have been discussed. All sampled care planning documents reviewed by the Assessment Team reflected that the goals, needs and preferences of individual consumers are considered during the assessment and care planning process, including documenting advance care directives. Sampled clinical and care staff demonstrated sound knowledge of individual consumer needs and described individual consumer care preferences.

All sampled consumers and representatives expressed satisfaction with their involvement in care planning. Other providers that are involved in clinical care contribute effectively to the planning and review of care and services as evidenced in consumer care documentation. Staff described how consumers and representatives are always involved in assessment and planning. This was reflected in documentation reviewed by the Assessment Team.

Most sampled consumers and representatives stated they were well informed about the outcomes of care assessment and planning. Sampled care documentation reviewed by the Assessment Team demonstrated outcomes of assessment and planning were effectively communicated to the consumer and their representative in a timely manner. Outcomes were documented in an electronic document titled ‘care plan consultation record’ which was readily accessible to consumers and representatives.

The majority of sampled consumers and representatives expressed satisfaction with how the service reviews care and services following changes in care needs and incidents. All sampled clinical staff were able to identify the type of review required depending on the incident or change in circumstances. Documentation review for all sampled consumers evidenced timely and responsive review of care and services following incidents, deterioration in health, changes in clinical presentation and following hospital admission.

# 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

The service was found non-compliant with Requirement 3(3)(a) following an assessment contact conducted in February 2023. The service did not demonstrate safe and effective assessment and monitoring of a consumer’s deteriorating condition. Staff did not complete adequate clinical observations or assessments tailored to the needs of the consumer.

During this review audit, a review of sampled care documentation and feedback received from sampled consumers and representatives demonstrated the service is providing safe and effective personal and clinical care. Overall, sampled consumers and representatives expressed satisfaction with personal and clinical care. Consumers receiving clinical care including pain and wound management stated they are satisfied staff provide effective and timely administration of medication and non‑pharmacological pain relief measures. File review and feedback from staff demonstrated that wounds, pain, and the use of restrictive practices are assessed, managed, monitored and reviewed. Accordingly, I find the service compliant with Requirement 3(3)(a).

All sampled consumers and representatives expressed satisfaction with how the service identifies and manages high impact and high prevalence consumer risks. A review by the Assessment Team of sampled consumer care documentation demonstrated risks including changed behaviours, falls, unplanned weight loss, diabetes management, oxygen therapy and medication management are identified and actioned. Care documentation and feedback from clinical staff reflected risk mitigation strategies are planned and implemented to prevent and minimise risks to consumers.

All sampled consumers stated their end of life wishes had been discussed with them. All care files sampled by the Assessment Team contained an advance care plan detailing individual preferences. Clinical staff described the palliative care pathway, the resources available to them to support consumers nearing the end of life, and the comfort measures they provide such as skin care, oral care and pain relief.

Most sampled consumers and representatives said they are confident staff manage and respond promptly to consumer deterioration. Clinical staff described how deterioration or changes in consumer conditions such as changed behaviours, acute changes in care needs, and wounds are identified, actioned, and communicated. File review for sampled consumers reflected appropriate actions taken in response to deterioration or change in health status.

All sampled consumers stated they are satisfied staff understand their care needs. However some consumers expressed concern in relation to the level of communication provided by the service. Clinical care planning documentation demonstrated consumer information is up-to-date and available to others where responsibility for care is shared. The Assessment Team observed care and clinical staff sharing consumer information through daily huddles and verbal and printed handover information.

All sampled consumers expressed satisfaction with the access available to their general practitioner, allied health professionals, and other external specialist services when needed. A review of sampled care documentation by the Assessment Team reflected timely and appropriate referrals to individuals and providers of other care and services. Management and staff demonstrated the service’s referral processes and provided examples of completed referrals.

Clinical and care staff demonstrated a sound understanding of infection prevention and control practices and antimicrobial stewardship. The service maintains a COVID-19 outbreak management plan which provides overarching guidance and resources for the service to support their readiness, response, and recovery from a COVID-19 outbreak. The Assessment Team observed staff performing hand hygiene before providing consumer care, cleaning equipment before use and using personal protective equipment appropriately.

# 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. | Non-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. | Non-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

The Assessment Team recommended Requirement 4(3)(b) was not met. All sampled consumers expressed dissatisfaction with services and supports for daily living, citing an absence of church services and pastoral care at the service. Clinical and care staff stated no regular church services are provided at the service, nor is a pastoral care worker available. The Assessment Team found that staff demonstrated knowledge of the emotional and spiritual needs of consumers, and that while care planning documents effectively detail supports and services required for the emotional, spiritual and psychological well-being of consumers, delivery of these supports did not always occur.

In its response to the Assessment Team’s report, the approved provider acknowledges the emotional, spiritual and psychological well-being of consumers as being central to the services and supports the service provides. The approved provider also stated the service has recruited a pastoral carer who is expected to commence in June 2023. The pastoral carer will work with local services to re-establish catholic religious services on site and explore opportunities to access services for other denominations. The approved provider anticipates on site religious services will resume in July 2023.

While I note some consumers attend church services in the community, many consumers expressed a desire to access religious services on site. While I note the remedial action planned, on site religious services are yet to be re-established at the service. Therefore, I find not all consumers receive services and supports to promote their emotional and spiritual well‑being. Accordingly, I find the service non-compliant with Requirement 4(3)(b).

The Assessment Team recommended Requirement 4(3)(c) was not met as most sampled consumers stated they are not always supported and encouraged to do the things of interest to them, with many citing the service offers limited activities, or activities of little or no interest. Sampled consumers stated they are encouraged to participate in community activities outside the service and staff accommodate contact with family and friends through the use of emails and phone and video calls. The Assessment Team found that while care planning documents contain consumer information on important relationships, information regarding interests was incomplete and did not always accurately reflect activities of interest. The Assessment Team reviewed activity charts for the last four months, noting limited activities, with some listed activities reflective of routine daily service provision such as morning and afternoon tea.

In its response to the Assessment Team report, the approved provider acknowledged the absence of lifestyle staff and said the service is currently seeking to recruit a leisure and lifestyle officer. The service is also reviewing all consumer profiles to develop a comprehensive activities calendar, will establish a consumer focus group for activities and has introduced a men’s group. In addition, the service continues to provide a range of activities including bus trips.

While I note the remedial action taken or planned by the service, these actions are yet to be fully implemented. I am not satisfied the service currently provides sufficient services and supports for consumers to participate in activities of interest. Accordingly, I find the service non‑compliant with Requirement 4(3)(c).

I am satisfied the remaining requirements of Standard 4 are compliant.

Most sampled consumers are satisfied they are supported to meet their goals, needs and preferences and that the service provides support to optimise their independence, well-being and quality of life. However, some sampled consumers advised requests for supports for daily living had been denied or remain unactioned. Nursing and care staff demonstrated a comprehensive knowledge of consumer needs and preferred activities.

Most sampled consumers and representatives expressed satisfaction that care staff are aware of consumer care needs and preferences, including when needs and preferences change. However some consumers were not satisfied that their care information was always effectively communicated within the service. Sampled staff stated they are informed of changes to consumer needs through the electronic information management system, progress notes, emails, handovers and meetings. The Assessment Team observed a white board in the kitchen which provided dietary details for consumers including preferences, allergies and modified texture requirements.

All sampled consumers stated they can access other services when desired. Clinical and care staff identified the involvement of others in the provision of support and services, including from allied health professionals, family and friends, and specialist organisations. The Assessment Team reviewed a communication book in the nurses station evidencing external consumer appointments.

Most sampled consumers stated the meals provided by the service are good. The service demonstrated that a variety of food options are available to consumers and meals are prepared on site. The chef and management encourage feedback from consumers via food focus group meetings and surveys. The chef stated this feedback informs menu changes.

Sampled consumers, representatives and staff were satisfied equipment was suitable and well‑maintained. The Assessment Team mostly observed equipment to be clean and well‑maintained, however cleaning schedules for personal equipment such as mobility aids was unclear. In response to feedback from the Assessment Team, management revised the cleaning schedule to include personal mobility aids.

# 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

All sampled consumers stated they feel at home in the service. Consumers and staff said the environment is easy to navigate and consumers can move freely. The Assessment Team observed the memory support unit which featured wayfinding cues such as coloured door panels and memory boxes. The wing has dedicated kitchen and laundry areas designed for consumer use with the aim of promoting a sense of independence.

Consumers reported satisfaction with the service environment and their ability to move freely, both indoors and outdoors. The Assessment Team observed the service to be clean and well‑maintained with both preventative and reactive maintenance schedules available. The service has cleaning schedules, a white board and sign off sheets to ensure routine and cleaning by exception is completed. The Assessment Team observed unobstructed corridors and consumers moving about feely.

All sampled consumers reported furniture, fittings and equipment in their rooms as working and well-maintained. Staff described maintenance and cleaning schedules for equipment and fittings and detailed preventative maintenance and cleaning schedules are evident. The Assessment Team observed a range of equipment was available to meet the care and clinical needs of 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

All sampled consumers and representatives stated they have opportunities to provide feedback or discuss concerns with staff and management. Staff described how they provide feedback when they identify concerns in consumer care and services. Management demonstrated how the service prioritises appropriate receipt and management of complaints. The service maintains a complaints register that informs the service’s plan for continuous improvement.

All sampled consumers and representatives stated they were aware of avenues to raise complaints and how to access advocates if needed. Staff described advocacy services available to consumers and how they support consumers or representatives in accessing advocacy and language services. The Assessment Team observed information on advocacy and language services displayed in the service and in the consumer handbook.

While most consumers and representatives stated they were not satisfied with the response to their complaint or that the service was slow to respond to feedback provided, most stated appropriate action was generally taken. They described how staff apologise when something goes wrong such as following an incident or a complaint. Management and staff described the open disclosure process they apply when handling complaints or following incidents.

Overall, feedback from consumers and representatives demonstrates the service reviews feedback and complaints to ensure satisfactory resolution for consumers. Staff explained how feedback received is escalated to management for follow-up. Management advised feedback is logged in the feedback and continuous improvement system. Complaint documentation, incident reports, meeting minutes, and the plan for continuous improvement were reviewed by the Assessment Team and demonstrated prompt action is taken by management and that feedback is used to improve services.

# 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

The service was found non-compliant with Requirement 7(3)(a) following an assessment contact conducted in February 2023. The service did not demonstrate there were sufficient staff numbers impacting consumer care.

During this review audit sampled consumers provided mixed feedback regarding staff numbers at the service. While some sampled consumers described occasions of delayed personal care and inadequate lifestyle activities due to staff shortages, overall consumers stated they receive the care they need, with most expressing satisfaction with the improved staffing level and skill mix at the service. Staff communicate, prioritise and plan tasks to ensure consumer care needs are met. The Assessment Team reviewed the staff roster for April 2023 and noted a number of shift vacancies. However call bell analysis demonstrates most call bells are answered promptly.

While I note instances of delayed personal care with concern, the service continues to monitor and review staffing levels and skill mix, and recruit and deploy staff in line with consumer needs. On balance, the service demonstrated effective systems are in place to determine staff numbers and the skill mix required to meet consumer needs and enable the delivery of safe and quality care and services. Accordingly, I find the service compliant with Requirement 7(3)(a).

Overall sampled consumers stated staff treat them with kindness and respect. Staff gave examples of providing respectful care. Management described how the organisation promotes a culture of respect and courtesy for consumers in line with organisational values. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

All sampled consumers expressed satisfaction that staff are trained, competent and skilled, including in the skills and competency of staff managing complex mental health conditions. Staff described the ongoing and mandatory training available. Education records and feedback from management demonstrate the service monitors staff to ensure they have the right knowledge, qualifications, competencies and mix of skills. The Assessment Team observed qualified nursing staff administering medications and attending to the clinical needs of consumers during the review audit.

All sampled consumers and representatives expressed satisfaction that staff are recruited, trained, equipped, and supported to provide consumer care. Staff described how they complete annual mandatory education and refresher courses. The education and training calendar demonstrates a range of scheduled education and training is completed by staff.

All sampled consumers and representatives expressed satisfaction with staff performance. Sampled staff are satisfied with the support they receive from senior staff and management. Performance appraisal records reviewed by the Assessment Team demonstrate processes for monitoring and reviewing staff performance.

# 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

All sampled consumers expressed satisfaction with their involvement in broader service improvement through meetings, forums, and care plan consultations. The service demonstrated consumers and their representatives are engaged through various feedback mechanisms and feedback from consumers is collated and analysed to identify trends for inclusion in the service’s improvement plan. Minutes reviewed by the Assessment Team demonstrate consumers and representatives are involved and contribute to planning, delivery, and evaluation of care and services.

Most sampled consumers stated they live in an inclusive environment and receive quality care and services. Management described how the board promotes a culture of safe, inclusive and quality care through the ongoing monitoring of key performance indicators and the continuous improvement system. The Assessment Team sighted a variety of reports in relation to clinical indicators and analysis, feedback and complaints resolution and risk incident evaluation that promotes a culture of safe and inclusive care.

The service demonstrated effective governance systems relating to a number of areas including information management, continuous improvement, feedback and complaints and regulatory compliance. Management described how information from the governing body is communicated to service managers through regular operational meetings and the service manager distributes information to staff through daily handover meetings, memoranda, noticeboards, emails and staff meetings. Information includes new or updated policies and procedures, legislation, service protocols, human resources and education opportunities. The service’s updated continuous improvement plan identified recent improvements made at the service.

The service demonstrated its risk management framework which illustrates the identification and management of high impact or high prevalence risks and abuse or neglect of consumers. Risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management, including the board through the clinical governance committee. There are organisational processes in place to ensure action is taken and consumers are supported to live the best life they can. The organisation has an incident management system and risks are escalated as required.

Management demonstrated how the service’s clinical governance framework provides an overarching monitoring system for clinical care. The framework addresses key clinical governance areas such as antimicrobial stewardship, minimising the use of restraint and open disclosure.

1. The preparation of the performance report is in accordance with section 76A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)