



Performance Report

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Name of service:	Catholic Healthcare Gertrude Abbott Aged Care
Service address:	188 Albion Street Surry Hills NSW 2010
Commission ID:	2710
Approved provider:	Catholic Healthcare Limited
Activity type:	Site Audit
Activity date:	7 March 2023 to 9 March 2023
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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.

This performance report

This performance report for Catholic Healthcare Gertrude Abbott Aged Care (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)¹.

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

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

Material relied on

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

- the assessment team's report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
- the provider's response to the assessment team's report dated 20 March 2023 accepting the findings of the Assessment Team.
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¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

	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

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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) make connections with others and maintain relationships of choice, including intimate relationships. 	Compliant
Requirement 1(3)(d)	Each consumer is supported to take risks to enable them to live the best life they can.	Compliant
Requirement 1(3)(e)	Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.	Compliant
Requirement 1(3)(f)	Each consumer's privacy is respected and personal information is kept confidential.	Compliant


Findings

Consumers and representatives said consumers are treated with dignity and respect and confirmed that care delivery is consistent with their preferences. Consumers and representatives provided examples of how staff support consumers' diversity, including their sexuality and deliver care in a way that makes the consumer feel comfortable.

Language used in care documentation was respectful and included individualised information relating to the consumers' life stories and backgrounds and addressed areas including dignity and choice, pastoral and spiritual care and information to guide culturally safe care and services.

Staff demonstrated a sound understanding of consumers' backgrounds and preferences and could identify consumers from culturally and linguistically diverse backgrounds; their knowledge was consistent with information reflected in care documentation. Staff were observed to be treating consumers in a caring manner, demonstrating patience, and respecting the consumer's identity.

Consumers said they are supported by the service to live the life they choose and provided examples of occasions where they have chosen to take risks that included consuming food that was not aligned with the recommendations of a speech pathologist and using mobility aids. Documentation demonstrated that risk assessments had been completed, discussions had been held in relation to the identified risks and a dignity of risk register was maintained and



included details relating to food choices, smoking, bed rails, mobility scooters and alcohol consumption.

Consumers and representatives said the service provides them with adequate information to support decision making. They provided feedback that included 'the service maintains constant communication with them' and provides information to support decision making about risks associated with restrictive practices and to support choices relating to food and activities. Consumers said they received information from newsletters, meetings, activity schedules and menus. The consumer handbook provides information to consumers that includes the Charter of Aged Care Rights, risk and freedom of choice. Posters and flyers alerting consumers to activities and events, including the Site Audit were displayed on noticeboards, in lifts and in consumers' rooms.

Consumers are supported to make decisions and exercise choice about their care and service delivery and to nominate those people they would like to be involved in their care. Consumers provided examples of how staff support this process. Staff described the various ways consumers are supported to maintain relationships of choice through receiving visitors, undertaking outings to visit family and friends, and making choices about participation in communal activities held at the service.

Consumers and representatives were satisfied that consumers' privacy is respected and personal information is kept confidential; staff were familiar with privacy principles. Consumers described the ways staff supported their privacy including by suggesting locations where consumers can have private conversations with visitors.

The service has policies and information to guide staff in relation to Standard 1 that include advocacy, consultation, dignity of risk and consumer consultation.

Standard 2


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: <ul style="list-style-type: none"> (i) 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 (ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. 	Compliant
Requirement 2(3)(d)	The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.	Compliant
Requirement 2(3)(e)	Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.	Compliant

Findings

Consumers and representatives considered assessment and care planning supported the delivery of safe and effective care and services and that consumers' needs, goals and preferences are addressed. Care planning documentation reviewed considered potential risks to consumers health and wellbeing including, but not limited to, falls, diabetes management and skin integrity.

Consumers and representatives said staff discuss consumers' care needs and the information in the care plan with them. Consumers and representatives provided feedback including the care plan they had received was 'very comprehensive', 'if there's a change in anything I get a call' and that care plans are consistent with the consumer's needs. Staff said they have access to care related information through the electronic care management system, information shared at handover and via the daily 'huddle'. Staff advised and documentation confirmed case conferences are conducted with a copy of the care plan offered to consumers and representatives. Care planning documentation was observed to be readily available to visiting health professionals.

The organisation has policies and procedures available to guide staff practice in the assessment and care planning process. Management and staff described the assessment, care planning and review process that includes consultation with consumers and representatives (via telephone, face to face, or electronic messaging) and engagement with other health professionals and services including for example dementia advisory, older persons mental



health and palliative care. Care planning documentation demonstrated engagement with geriatricians, medical officers, physiotherapists, speech pathologists, occupational therapists, dietitians and clinical nurse consultants specialising in wound management.

Staff said there is a discussion about consumers' end of life preferences when a consumer enters the service, at care plan review and if there is a deterioration in the consumer's condition. The Assessment Team reviewed care documentation and identified that end of life preferences including pain management and pastoral care preferences were reflected.

The service demonstrated care plans are reviewed every four months by a registered nurse when circumstances change or following an incident; the electronic care management system triggers an alert when the care plan is due for review. Registered staff explained the referral processes they would follow if a consumer experienced a change such as a fall, weight loss or swallowing difficulties; they said that the consumers' care plans are updated to include specialist recommendations. The Assessment Team reviewed care documentation for consumers who had experienced unplanned weight loss, falls and a change in mobility and confirmed the consumers' care had been reviewed by medical officers and allied health and care planning documentation was updated.

Standard 3


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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. 	Compliant

Findings

Consumers and representatives confirmed consumers are receiving care that is safe and right for them and were satisfied with the way consumers' needs were communicated to those who provide care and services. The Assessment Team reviewed care planning documentation including for those consumers with complex needs such as wound care, falls, weight loss, skin integrity, changed behaviours and chronic disease and found care was individualised and was based on best practice. There was evidence of engagement with medical officers and specialists. Care plans, including behaviour support plans guided staff practice.

The service has policies and procedures to guide staff in relation to care delivery and the management of high impact and high prevalence risks to consumers; these are available via the electronic care management system.

The Assessment Team found that registered staff and care staff had an understanding of restrictive practices. A psychotropic register is maintained and where appropriate, there are signed consents and authorisations in place. For a consumer with changed behaviours who was receiving a psychotropic medication there was evidence of engagement with a medical officer, consultation with the representative and the cessation of the medication when it was determined



it was no longer required; the consumer's representative said they are informed of any changes in medication.

The service manages high impact and high prevalence risks to consumers and strategies are implemented to mitigate risks. Management staff review trends and analyse clinical incidents and quality indicator data, which is reported within the organisation. Management explained that monthly clinical risk meetings are held to discuss management of high risk consumers with discussion including behaviour management, falls, wounds, unplanned weight loss and pain. A daily 'huddle' which includes senior nursing staff and registered staff is held to discuss any emerging issues and clinical concerns. Staff could describe the main risks to the consumers and the strategies that needed to be implemented to minimise harm. For example, for a consumer with specialised nursing care needs and a chronic illness there was evidence of review by a medical officer and the involvement of a physiotherapist. Medical care directives were being followed by staff with the consumer reporting staff look after them 'very well'. Clinical equipment was being managed to the consumer's satisfaction and the electronic care management system included alerts to remind staff when equipment needed changing.

Staff demonstrated an understanding of how to care for consumers approaching end of life including through the provision of one on one support for the consumer and their family, and could describe ways to maintain the consumer's comfort. Management advised palliative care support is available when a consumer is assessed as approaching end of life and evidence of this was found in care documentation.

Care staff said they notify clinical staff if they have concerns about a consumer's condition. Clinical staff advised they assess the consumer, have discussions with the consumer and their representative, make referrals to the medical officer and allied health professionals and transfer the consumer to hospital if necessary. Care documentation demonstrated staff recognise, respond and report changes to a consumer's condition. The Assessment Team observed messaging in the electronic care management system with instructions regarding consumers to follow up in relation to changed care needs.

The service has effective processes for the prevention and control of infection including the management of an infectious outbreak and there are practices in place to promote evidence based use antibiotics. Staff are guided by an outbreak management plan and relevant policies and procedures. The service has an infection prevention and control lead and is provided support from the organisation with planning and outbreak management. Clinical staff provided examples of practices to minimise the risk of infection and said that pathology results are obtained prior to commencing antibiotics. A vaccination program is provided to consumers with anti-virals available to consenting consumers who test positive to COVID-19. Infections and outbreaks are analysed and reviewed monthly via the service's clinical indicator reporting. The Assessment Team observed staff, contractors, and visitors undergoing entry screening; clinical and care staff were observed using personal protective equipment and practicing hand hygiene.

Clinical equipment was available to support care delivery; for example for a consumer with a chronic wound, pressure relieving equipment was available to support the consumer's skin integrity.

Management advised they monitor care delivery, make referrals as required, seek feedback from consumers about the care they receive, review care documentation and analyse incidents to identify any emerging concerns or care needs.


Standard 4

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: <ul style="list-style-type: none"> (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) do the things of interest to them. 	Compliant
Requirement 4(3)(d)	Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.	Compliant
Requirement 4(3)(e)	Timely and appropriate referrals to individuals, other organisations and providers of other care and services.	Compliant
Requirement 4(3)(f)	Where meals are provided, they are varied and of suitable quality and quantity.	Compliant
Requirement 4(3)(g)	Where equipment is provided, it is safe, suitable, clean and well maintained.	Compliant

Findings

Consumers and representatives said consumers are supported to engage in activities of interest to them, and are provided with relevant supports, such as equipment and resources to promote their well-being, independence and quality of life. Consumers provided examples of the types of activities they enjoy including playing board games, participating in quizzes, participating in art therapy and undertaking computer based study and said staff know their individual preferences. Lifestyle staff said they provide a monthly schedule of activities that includes weekends; activities include armchair travel, bus outings, concerts, happy hour and exercise classes. Consumers' care documentation reflected consumers' needs and goals and evidenced consumers' engagement in the pastimes and activities they enjoy. Staff were satisfied with their ability to access current consumer information. The Assessment Team observed consumers, including those in the memory support unit participating in activities and enjoying social gatherings.

Consumers and representatives said the service provides emotional, spiritual and psychological support. Staff described the processes for providing support to consumer and explained how consumers are able to attend church services and enjoy visits from pastoral care staff. Pastoral care staff said that if they identify a consumer requires additional support, they notify management who can make referrals to other services including counselling and psychological services.



Lifestyle staff said information about consumers is collected upon entry to the service and as part of the ongoing review process to ensure care plans are relevant, up to date and that appropriate lifestyle supports are in place. Referrals to other providers of care and services occurs as required. Lifestyle staff said they have engaged the Community Volunteer Service to meet with consumers and have asked consumers to express their interest in having a volunteer present during consumer and representative meetings. Consumers said they enjoyed the concerts, art therapy and the visiting therapy dogs.

Staff were familiar with those consumers who have developed friendships and have important relationships with other consumers. Consumers and representatives said consumers are supported to take part in community activities outside the service including going shopping and meeting with friends. Care planning documentation identified those people involved in providing care and who are of interest to the consumer. The service conducts a number of activities to encourage consumers to socialise within the service and engage with the external community. This includes monthly barbecues, coffee club held in the Glass House on the rooftop, regular bus outings and picnics. The Assessment Team observed a live music concert held in the courtyard connecting the service and the co-located service.

Overall, consumers said the meals are satisfying, varied and of suitable quality and quantity. Consumers provided feedback that the food is 'marvellous', the 'kitchen is fabulous' and the food 'tastes great'. Alternative meal options are offered to consumers if they do not choose to have any of the meals offered on the menu. Staff said they are informed of consumers' nutrition and hydration requirements and preferences and that the information is available via the electronic care management system. Hospitality staff said the service conducts a six monthly food focus group to provide feedback about meal satisfaction and menu changes.

The service has processes for purchasing, servicing and replacing equipment. Consumers and staff said the equipment is safe and they know how to report any concerns and issues. Equipment to support consumers in relation to their lifestyle was observed to be suitable, clean and well-maintained.

Standard 5

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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

The service is welcoming and easy to navigate with open corridors, natural lighting and clear signage. There are multiple areas where consumers can congregate and undertake activities including a chapel and the rooftop Glass House where consumers have a view of the city and can access a coffee machine. Consumers can freely access outdoor areas and gardens and can personalise and decorate their rooms to reflect individual tastes and styles.

Consumers generally expressed satisfaction with the living environment with feedback including 'its always clean' and that cleaning staff are in attendance every day. Cleaners were observed cleaning consumers' rooms and common areas. The balconies, rooftop and external garden areas were observed to be accessible with level paths suitable for consumers. The Assessment Team observed consumers moving freely around the service, participating in individual and shared activities or socialising.

The service equipment, fittings and furnishings were observed to be well-maintained, clean and safe for consumers and visitors. Cleaning and maintenance tasks are scheduled and monitored daily. Staff have processes in place to promptly attend to identified maintenance issues or hazards and when required, these can be escalated to management. Maintenance staff have reactive and preventative maintenance scheduled in place and provided evidence of regular pest control treatments.

Standard 6

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


Findings

Consumers and representatives said they are encouraged to give feedback and make a complaint and that they feel comfortable doing so. Consumers provided feedback that included the service is quick to resolve concerns and complaints and provided an example of this. Management and staff described the processes in place to encourage and support feedback and complaints. Staff said they assist consumers by using cue cards, offering to complete feedback forms and providing information that is included in the feedback and complaints register. The Assessment Team observed promotional material (including information about complaints mechanisms, advocacy and interpreter services), feedback forms and locked suggestion boxes in various areas throughout the service. One consumer provided an example of lodging a complaint after accessing information displayed on promotional posters displayed at the service.

Consumers and representatives said they are aware of advocacy and language services and staff were familiar with those consumers who experienced communication barriers and who may require additional support to bring forward concerns.

Consumers and representatives were confident in the service's ability to resolve any complaints they may have. One consumer provided an example of how hospitality services had significantly improved in response to complaints that they had made. The service completed an internal audit in mid-2022 that identified staff did not have a consistent understanding of their responsibilities associated with open disclosure; this was addressed through staff training and the use of promotional material. Staff interviewed by the Assessment Team demonstrated an understanding of the principles of open disclosure and explained they would apologise to the consumer in the event that something went wrong; management provided examples of occasions when open disclosure had been applied.

The service is guided by a feedback and complaints policy that includes a complaint classification scale, escalation process and open disclosure. Management demonstrated that there are processes in place to review feedback and complaints and how the information received is used to continuously improve the quality of care and services. Management said results from consumer surveys are displayed on noticeboards and discussed at consumer meetings to elicit further consumer feedback. They said consumers' feedback had resulted in changes to the menu, the implementation of a food focus group, improvements to laundry and the purchase of king single beds. The Assessment Team reviewed the feedback and complaints



handling systems and noted that the results were aligned with information in the service's plan for continuous improvement.

Standard 7

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 Assessment Team interviewed consumers and representatives who spoke highly of staff, said staff are available when needed and are mostly quick when responding to requests for assistance. Staff were generally satisfied with staffing and felt they could provide care and services in accordance with consumers' needs and preferences. Staff felt they had sufficient time to complete their allocated tasks and responsibilities.


Management advised the service employs both registered and care staff and rosters are developed to ensure the right mix of staff are available. The service commenced a recruitment drive in late 2022 that resulted in the employment of staff across various service areas including care staff, catering staff and registered nurses. The service can also access staff from the co-located service. The need for agency staff has decreased and the Assessment Team found all shifts from the previous month had been filled.

Consumers said staff are caring and respectful when engaging with them. Feedback included staff are 'gentle', '100% kind' and that consumers feel comfortable with them. Staff knowledge of consumers' needs and preferences aligned with information in the consumers' care plans and with information provided by consumers.

The service has a suite of policies and procedures to guide staff in person-centred care and service delivery. Information on the Aged Care Quality Standards and the Charter of Aged Care Rights is displayed within the service and included in the staff handbook.

Management said they monitor staff behaviour through consumer and representative feedback obtained through complaints, consumer meetings and surveys. Call bell response times are reviewed by management on a daily basis; this information is discussed at consumer and staff meetings and reported on at Board meetings. Management demonstrated that most calls are responded to promptly. The Assessment Team observed interactions between staff, management and consumers to be kind, caring and respectful.

Consumers and representatives said that staff perform their duties effectively and they are confident staff are trained appropriately and have the skills required to meet their care needs. Consumers provided feedback that staff are trained in manual handling, work well together and



are knowledgeable. One consumer said that experienced staff guide new staff. Management advised staff competency is monitored through feedback from consumers and representatives and through observation by registered nurses and management staff. There are processes for monitoring criminal record checks and professional registrations; review of the service's criminal record check register demonstrated these are current.

Staff said they are provided with education and training including an orientation and onboarding process which includes 'buddy' shifts. They said the service provides ongoing professional development, supervision and competency testing. Staff said they are able to request further training and education and that this is supported by management. The Assessment Team reviewed training documentation and found the mandatory training program includes the Serious Incident Response Scheme, open disclosure, infection control, manual handling and fire safety.

Management said and staff confirmed that regular performance reviews are completed. Management said if issues in staff performance were identified this would immediately trigger a performance review. Where issues are identified with the performance of agency staff, management engage with the agency to provide feedback and if necessary, request alternative staff.


Standard 8

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: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant

Findings

Consumers considered the service to be well run and felt they could provide feedback and make suggestions. Management described the various ways consumers are encouraged and supported to provide feedback and make improvement suggestions by speaking directly to management, via feedback and complaints forms, through monthly consumer meetings and menu review meetings and through the annual survey.

There is a governing body that consists of a number of Directors who constitute the Board; monthly Board meetings are attended by executives, regional managers, and service managers. The Board receives reports that provide information about incident data and trend analysis, operational and financial information, results of audits and surveys, and complaints data. Organisational information including minutes from Risk Governance Meetings, Quality and Risk Reports and the Risk Register is used to monitor the service's compliance with the Aged



Care Quality Standards and to enhance performance and minimise risk. Examples of improvements and changes made in response to feedback and incidents were provided.

The site audit report includes evidence of effective systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The service demonstrated effective risk management systems and practices including organisational policies associated with incident management and reporting (including incidents captured under the Serious Incident Response Scheme), responding to abuse and neglect, and supporting consumer choice and decision making. Staff were aware of these policies and could describe what they meant to them in a practical way. Management described the incident management system and how management are notified when an incident is reported; management said they review incidents daily to ensure they are actioned and rated in a timely manner and escalated accordingly.

The organisation has a clinical governance framework that includes policies relating to antimicrobial stewardship, restrictive practices and open disclosure. Staff described the mandatory training they receive and it included the Aged Care Quality Standards, infection prevention and control, antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Antimicrobial stewardship is discussed at monthly Clinical Risk Meetings where infections rates are reviewed. Management described how they minimise the use of restrictive practices by employing non-pharmacological strategies that are aligned with the consumer's behaviour support plan. The clinical governance team monitor trends on the use of chemical restraint and there is a notification system to review and decrease medication use where able in collaboration with medical officers and representatives.