Performance

Report

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| Name of service: | Aegis Banksia Park |
| Service address: | 20 Bright Road CALISTA WA 6167 |
| Commission ID: | 7901 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 July 2023 to 19 July 2023 |
| Performance report date: | 23 August 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 Aegis Banksia Park (**the service**) has been prepared by K Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Assessment Team’s report.

# 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 and representatives said staff treated consumers with dignity and respect and they valued their identity and culture. Staff described how they used their knowledge of consumers’ backgrounds and identity when delivering their care and services. Staff demonstrated respect and understanding of consumers’ personal circumstances, life experiences and cultural backgrounds and this was in line with their care documentation. The consumer handbook detailed consumers’ rights to dignity, freedom of choice and maintaining their identity, culture, and diversity.

Consumers and representatives said the service provided culturally safe care and that staff adjusted their care in line with consumers’ culture and personal values and diversity. Staff identified consumer’s individual preferences and care needs and explained how their background, values and culture was respected. Care planning documents reflected consumers’ backgrounds, cultural needs and preferences.

Consumer and representatives felt supported to make choices about the delivery of their care, communicate their decisions, and involve others they wanted to involve. Consumers said they could make connections and maintain relationships of choice. Staff described how they supported consumers to make connections and maintain important relationships such as through encouraging regular visits from family and friends. Care planning documents included contact information for family, representatives and enduring power of attorney. Documented policies, procedures, and training records confirmed the service supported consumers to make choices and live their lives according to their preferences.

Consumers and representatives said consumers were supported to take risks to live the best life they could. Staff gave examples of consumers who took risks and explained how they conducted a risk assessment, explaining the benefits and possible harms to consumers and representatives considering engaging in activities involving risks. Staff described how risk mitigation measures were put in place in line with the service’s dignity of risk policy. Care planning documents identified the risks chosen by consumers and the strategies in place to mitigate them.

Consumers and representatives advised they received accurate and up-to-date information about activities, issues, and events. Staff said the service provided regular hard copy and electronic communications to consumers and representatives and translating and interpreting services were available if required. Management advised there was a monthly Resident and representative meeting which helped inform consumers.

Consumers said the service respected their privacy and kept their personal information confidential. Staff described how they maintained consumers’ privacy when providing care and described keeping computers locked and using passwords to access personal information. Staff were observed knocking on bedroom doors and waiting for a response before entering and closing doors when providing care. All nurses’ stations were observed to be secured with keypad code. The service had a written privacy policy to guide staff practice which was included in the Resident admission pack.

# 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.

Consumers and representatives said they were involved in the assessment and planning process which identified risks to consumers. Staff and management described the service’s admission pathway checklist and how assessment and planning informed the delivery of safe and effective care, including identifying risks to individual consumers. Staff identified risks to specific consumers and described the relevant management interventions, which were consistent with the care plans. Care planning documents evidenced a range of assessments completed on entry to the service and on an ongoing basis.

Staff described how assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care plans if the consumer wished. Consumers and representatives said they were consulted in relation to their needs, goals and preferences, and staff had spoken with them about their advance care directives and end of life plans. Care planning documents detailed the individual’s current needs, goals, and preferences and included advance care planning.

Consumers and representatives confirmed they partnered with the service in the assessment and care planning processes and were frequently contacted. Consumers stated they could make choices and decisions including which other organisations and services were involved in their care. Staff reported regularly liaising with consumers, representatives, and multidisciplinary team members to assess and plan care and service needs. Care planning documents reflected the ongoing involvement of consumers, representatives, and various disciplines in the assessment and care planning process.

Consumers and representatives expressed confidence that information about the outcomes of assessments and their care delivery was timely and accurate, and they could access a copy of the care plan if they wished. Management explained how consumers and representatives were engaged in communication regarding the outcomes of assessments and care planning. Staff confirmed they provided updates to consumers and representatives about assessments and planning in person or via a phone call. Care documents contained frequent entries reflecting communication with consumers and representatives about the outcomes of assessment and changes to care planning.

Management and staff described how the service reviewed the effectiveness of care and services 12 monthly, and when circumstances changed, or incidents impacted on the needs, goals, and preferences of consumers. Consumers and representatives said they were involved in reviewing consumer’s care needs regularly or when an incident occurred. Care planning documents showed review on a regular basis and when circumstances changed, or incidents occurred.

# 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.

Consumer and representatives stated they received personal and clinical care, that was safe and effective, tailored to their needs, and optimised their health and well-being. Staff described individual consumer’s personal and clinical care and how this was tailored to their needs and delivered in line with their care plans. Care documents confirmed staff followed documented strategies and policies to deliver individualised care to consumers which aligned with consumers and representatives stated preferences. The service had policies and procedures in place to direct personal and clinical care that was consistent with best practice.

Consumers and representatives felt high impact and high prevalence risks to consumer health were effectively managed by the service. Staff could identify individual consumer’s risks and the strategies in place to mitigate these. Management described how the service effectively managed high impact and high prevalence risks, and this was reflected in care documentation. The service had a suite of policies and procedures to guide staff practice in relation to high impact or high prevalence risks such as falls, weight loss, skin integrity, wounds, diabetes, and pain.

Staff and management described how consumers nearing the end of life had their dignity and comfort preserved in accordance with their needs and preferences. Staff described working with medical officers, palliative care specialists, and representatives to initiate and manage palliative care pathways. The service had written policies in place to guide staff with regards to end of life and palliative care.

Consumers and representatives said the service responded appropriately to a change or deterioration in the condition, health, or ability of consumers. Staff and management explained the effective processes for identifying and responding to changes or deterioration in consumers’ condition. Care planning documentation, charting, and progress notes reflect the timely identification of, and response to, changes to consumer condition. The service had policies and procedures to guide staff in recognising and responding to a change or deterioration in a consumer’s condition.

Consumers and representatives said information about consumers’ current condition was well documented and shared between staff and others responsible for providing care and services. Staff advised current information about consumers’ condition, needs and preferences was documented in the electronic system and communicated effectively between staff within handover processes. Staff were observed updating each other at shift handover and accessing the service’s electronic system to ensure they updated and reviewed current information related to consumers’ condition, needs and preferences.

Consumers and representatives confirmed timely and appropriate referrals occurred and they had access to their medical officer and other relevant health care providers. Staff described various options they had for the timely referral of consumers to other medical providers. Staff said they spoke with the registered nurse or clinical manager for further guidance and approval prior to referring a consumer. Care documents reflected appropriate referrals to a range of health care providers including medical officers, dementia services, palliative care specialists, and allied health professionals. The service had policies and procedures in place to guide staff practice in relation to referrals.

The service had documented policies and procedures to guide staff practice in relation to infection prevention and control, appropriate antibiotic use and an outbreak management plan. The service kept vaccination records of staff and consumers for COVID-19 and influenza. Consumers and representatives said staff consistently wore personal protective equipment (PPE) and washed their hands when appropriate. Staff understood the precautions for preventing and controlling infections and the steps they could take to minimise the need for antimicrobials. Staff were observed adhering to infection control practices including wearing masks and gloves.

**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 said they received the services and supports needed to optimise their health, wellbeing and quality of life and do the things of interest to them. Staff said they asked consumers about their needs, goals and preferences, and they received feedback from Resident and representative meetings to develop the lifestyle program, including a dementia specific activities program for consumers residing in the memory support unit. Care planning documents identified the lifestyle needs and preferences of each consumer. Consumers were observed engaging in various group and independent activities.

Consumers described being supported to maintain social, emotional, and spiritual connections of importance to them. Staff said they knew consumers well and they could provide the necessary support if they were feeling emotional, unwell or agitated. Care planning documents included information about how to best support consumer's individual emotional, spiritual, or psychological well-being. The service had policy documents and referral procedures in place to guide staff in supporting consumers emotional, spiritual, and psychological well-being.

Consumers felt supported to participate in activities within and outside the service, have personal relationships and do things of interest to them. Lifestyle staff described the wide range of activities available to consumers and provided examples of how they adapted the services and supports to suit changing consumer needs and preferences. Staff explained how consumers were encouraged to participate in activities of interest and described strong connections to the external community and regular visits from volunteers. Care planning documents identified important relationships and activities of interest within and outside the service.

Consumers and representatives said information about their condition, needs and preferences was effectively communicated within the organisation and staff understood their current care needs. Staff described how consumers’ current condition, needs and preferences was communicated through shift handover and care documentation, with updated fluid and dietary needs available in all food service areas. Care planning documents identified the current condition, needs and preferences of consumers and included sufficient information to support the delivery of safe and effective care.

Consumers and representatives confirmed they could access other organisations and service providers and referrals were made in a timely manner. Lifestyle staff described the other organisations, services and supports available in the community and how the referred consumers to them. Care planning documents showed the timely referral of consumers to other providers of care and services.

Most consumers and representatives said they were satisfied with the variety and quantity of food provided by the service, with management engaging in discussions with consumers who sought improvements. The dietitian-approved menu was developed in consultation with consumers and representatives and featured a rotating seasonal menu with vegan and vegetarian options. Staff said consumers could request alternative meals, sandwiches or salads, if they wished. Consumers’ dietary requirements and preferences were documented, and staff advised they always referred to the dietary list prior to serving meals. The menu was observed to offer a choice of 2 options for both lunch and dinner and kitchenettes were always topped up with cereals, biscuits, and fruit for consumers who wanted to eat outside of regular hours.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Equipment used to support consumers engagement with activities of daily living and lifestyle activities was observed to be safe, suitable, clean, and well maintained. Staff demonstrated they knew how to report faulty equipment and the daily logs confirmed repairs had been attended to promptly.

# 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 and representatives said the service environment was open and welcoming and they felt at home. Consumers’ rooms were decorated with their personal belongings and the service was well illuminated with wayfinding signage to guide movement through the greater environment. Consumers were observed sitting in various common areas, either on their own or in groups.

Consumers and representatives said the service environment was clean, well maintained, and comfortable, and they could move freely indoors and outdoors. Staff described how consumers could move freely throughout the service, and consumers were observed moving freely between their rooms and other areas for meals and daily activities. The service’s cleaning operates 7 days a week according to documented cleaning schedules. The maintenance officer attends to reactive and preventative maintenance activities and accredited contractors were available for urgent and out-of-hours issues. The service environment appeared clean and well-maintained.

Consumers and representatives said equipment and furniture was well maintained, safe, and clean. Management and staff described how equipment was assessed for suitability for consumers prior to purchasing. Furniture, fittings and equipment appeared safe, suitable, clean and well maintained.

# 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 and representatives described different options for making a complaint or providing feedback and reported they were supported to provide feedback and make complaints. Management and staff described how consumers were supported to provide feedback and make complaints through various systems such as the service’s feedback form, at meetings, and verbally to staff. The service had a documented feedback and complaints policy and feedback forms, lodgement boxes, brochures, and posters were observed around the service.

Consumers and representatives said they felt comfortable raising complaints with management or staff but were aware of external complaint avenues and advocacy supports such as the Commission. Information on complaints and advocacy services was available to consumers in languages other than English. Staff understood the internal complaints process and how to support consumers to access external mechanisms for providing feedback and making complaints, if needed. Information on external complaint avenues, advocacy, and translation and interpreter services was observed on display and in the consumer handbook.

Consumers and representatives said the service responded to complaints appropriately and promptly, and when things went wrong the service apologised and acted transparently and quickly to resolve the issue. Management demonstrated that appropriate and timely action was taken in response to complaints, and an open disclosure process was applied when things went wrong. Staff expressed confidence that action would be taken if they raised concerns on behalf of consumers. The service had a documented feedback and complaints policy, and the feedback and complaints register confirmed complaints were actioned appropriately and open disclosure was used.

Consumers and representatives said their feedback and complaints was used to improve the quality of care and services. Management described how consumers’ feedback from various sources was always recorded in the feedback register and used to inform service improvements. The organisation’s complaints resolution process provided guidance on the use of feedback and complaints to improve the quality of care and 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

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

Management explained how the service planned their workforce and maintained an adequate number and mix of staff to meet the needs of consumers. Management said they used agency staff familiar with the service as a last resort. Consumers and representatives said the service had sufficient staff to meet their needs. Staff stated they generally had sufficient time to complete their duties and while they felt rushed at times, this did not impact consumer care. There were 2 unfilled shifts on the previous fortnight roster due to staff taking unplanned leave.

Consumers and representatives said staff were respectful, kind, caring, and gentle when providing care. Staff were seen engaging with consumers and their family members in a respectful and personable manner. Staff said they received training on privacy, dignity and respect, and cultural safety as part of their induction.

Consumers and representatives said staff performed their duties effectively, and they were confident staff were sufficiently skilled to meet their care needs. Staff said they were supported by management through orientation, ongoing and annual training. Management stated all staff must meet the minimum qualification and registration requirements for their respective roles and have current national police checks. Documentation showed staff were recruited, onboarded, supported, and their performance was monitored in line with organisational policies and procedures.

Consumer and representatives described staff as capable in the delivery of safe care and services. Management explained the support provided by head office in recruiting and training suitably qualified staff. Management was alerted to any training deficits and if any training was overdue. Staff said they were supported by management to further their career through education and described the mandatory training and additional training they could access. Training records showed mandatory training was 95% complete with some staff still being onboarded.

Management explained how the service conducted performance reviews after the probationary period and then annually. Management advised they also used other methods for monitoring and reviewing the performance of staff such as continuous assessment, peer review and consumer feedback. Management provided direct feedback to staff following any incidents, complaints or observations and did not wait for an annual performance review to address any concerns. The service had a suite of documented policies and procedures guiding the monitoring and management of staff performance. Staff confirmed participating in probationary and annual performance reviews.

# 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.

Consumers and representatives said the service was well run and they had ongoing input in the development, delivery and evaluation of care and services. Consumers and representatives were aware of different engagement opportunities including the newly formed consumer committee. Management described how consumers were involved in the design and delivery of services and provided examples of improvements, which have taken place in response to consumer feedback. Staff said it is an expectation and policy for them to advocate on behalf of consumers and assist them to be engaged in issues related to their care and services.

Management described how the governing body promotes a culture of safe, inclusive and quality care and services through monitoring and reporting systems and regular updates and communications. Management said they reported on internal audits and clinical data and worked closely with the executive leadership team to identify trends and gaps in the provision of safe care and quality services. Consumers and representatives said they felt safe at the service, and they received quality care and services.

Management detailed the effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The executive leadership team satisfies itself governance systems and processes were in place to ensure safe and quality care was being provided in accordance with the Quality Standards. Documented policies and procedures supported the governance systems and staff confirmed they had access to these policies and systems.

Management detailed the effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Management and staff were aware of these policies and could demonstrate how they were applied in the service. Risks relating to each Quality Standard were identified and actions included in the Continuous Improvement Plan.

The service had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and clinical staff described how they followed procedures to prevent and control infections and reduce antimicrobial resistance and seek non-pharmacological alternatives to chemical restraint. Staff confirmed they had received training on these policies and could describe how they applied them in their work.

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)