Performance

Report

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| Name: | Aegis St Michael's |
| Commission ID: | 7757 |
| Address: | 53 Wasley Street, NORTH PERTH, Western Australia, 6006 |
| Activity type: | Site Audit |
| Activity date: | 10 July 2024 to 12 July 2024 |
| Performance report date: | 15 August 2024 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd  Service: 4811 Aegis St Michael's |

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 St Michael's (**the service**) has been prepared by Denise McDonald, 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 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 Site Audit received 29 July 2024
* other information and intelligence held by the Commission relating to the performance of the service.

# 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 assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and gave practical examples of how their cultures and identities were valued, such as being supported by gender specific staff when receiving personal care, as per their preferences. Staff explained they were trained in the Code of Conduct for Aged Care, and in providing care which respected consumers’ identities and cultural preferences. Staff were observed interacting with consumers in a dignified and respectful manner.

Consumers and representatives confirmed consumers received culturally safe care and gave practical examples of staff accompanying them to weekly religious services, particularly for those whose faith formed part of their cultural identity. Staff were knowledgeable of consumers’ cultural backgrounds and identities and explained how care was tailored to meet cultural needs. Care documentation evidenced consumers’ cultural backgrounds, identities and personal preferences.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections or maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ decision making, such as ensuring care is provided in line with their preferences. Care documentation evidenced consumers’ personal preferences and those who were involved in their care.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to exercise and visit local shops, though there was a falls risk. Staff explained how they and consumers were involved in discussions to understand the benefits and reduce the possible harm to consumers when taking risks. Care documentation evidenced risk assessments, with informed consent and strategies to promote consumers’ safety.

Consumers and representatives confirmed they received timely information through scheduled meetings, newsletters, phone calls, menus and an activities calendar, which enabled them to make informed choices about consumers’ care and daily living needs. Staff explained consumers received information in ways which met their assessed communication needs and supported decision-making. Noticeboards and posters were observed to promote current activities, advocacy services and complaints mechanisms, which were clear and supported consumers’ decision making.

Consumers gave practical examples of how consumers’ privacy was respected, such as staff ensured doors and curtains were closed when attending to their care. Staff explained consumers’ confidentiality was maintained by keeping their personal information secure in an electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their rooms.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, with care strategies planned to guide staff practice. Care documentation evidenced risks to consumers, such as falls and infections, were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment and planning of consumers’ care, particularly when there was an assessed need for specialised care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as medical officers, wound specialists and dementia support services.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and consumers and representatives were offered a copy of the consumer’s care plan following each review of their needs. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were addressed. Staff explained incidents and changed circumstances may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed annually and reassessment occurred when their health status, preferences or circumstances changed.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers confirmed they received the care they needed, which was individualised, safe and met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer were managed. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers gave positive feedback about how the service managed risks associated with their care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and were supported by their medical officer and representative. Clinical staff explained how consumers nearing end of life were monitored for changed conditions, which were documented and shared with staff during shift handovers. Staff understood how to care for consumers nearing end of life to ensure their comfort and preserve their dignity, and explained they were supported by clinical consultants and palliative care specialists, if needed.

Consumers confirmed staff recognised changes in their wellbeing and responses were timely. Staff explained consumers were monitored for changes in their mobility, appetite, changed behaviours and pain levels, with any changes documented and the consumer escalated to clinical staff or medical officers for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their requirements and delivered the care they needed. Staff explained changes in consumers’ care and services were documented and shared with health care providers with shared responsibility for their care, and communicated between staff during shift handovers, as needed throughout the day and they accessed information in the ECMS. Care documentation evidenced information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as dieticians, whose recommendations were included in their care plans.

Consumers gave positive feedback about how infection-related risks were prevented and managed, particularly as staff performed hand hygiene and wore personal protective equipment, if needed. Staff said they were trained in infection prevention and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them, such as exercise programs or solo pursuits, which optimised well-being. Staff had knowledge of consumers’ daily living preferences and explained individual leisure and lifestyle plans were developed and updated in consultation with consumers and representatives. Care documentation evidenced consumers’ life stories, likes and dislikes, social affiliations, spiritual needs and the supports required to pursue their activities of interest.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through participation in pastoral care and religious activities. Staff had knowledge of consumers’ emotional needs and were observed to have genuine relationships with consumers, which enhanced their ability to identify changed emotions or behaviours and provide one-to-one support, if needed. The activities calendar offered one-on-one visits and weekly Catholic, Anglican and Greek Orthodox church services, amongst others.

Consumers and representatives gave practical examples of how they were supported to participate in the service and wider communities, such as performing concerts for other consumers, and leaving the service independently, or with representatives, to spend time with people important to them. Staff explained, and the activities calendar evidenced, consumers were offered a range of activities, such as pamper sessions and pet therapy. Consumers were observed spending time with family and friends, enjoying meals and attending concerts together.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, allied health meetings, dietary lists, and with consent, to other service providers, from care documentation kept in the ECMS. Care documentation evidenced consistent, accurate information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers. Staff explained religious organisations and volunteer programs were engaged to offer a range of activities and to spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements, portion sizes were sufficient, and the menu was developed with consideration of their feedback. Staff had knowledge of consumers’ nutrition and hydration needs and preferences, and explained consumers had access to food and drinks between mealtimes. Meal service was observed as unhurried, consumers appeared to enjoy their meals and staff provided assistance in a dignified manner.

Consumers said equipment provided by the service was safe and well maintained, they understood how to report an issue, and maintenance staff regularly checked equipment to ensure it was safe for consumers’ use, with faulty items promptly repaired or replaced. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned, inspected and serviced. Equipment used for activities of daily living, such as mobility aids, were observed to be safe, suitable, clean, well maintained and suitable for consumers’ use.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was open and welcoming, consumers were encouraged to personalise their rooms and receive visits from loved ones, which made it feel like home. Staff explained they encouraged consumers’ sense of belonging by helping them to maintain their surroundings, as the service was their home. The environment was observed to facilitate consumers’ independence and interaction through wayfinding signs to assist navigation of the service, with communal areas for socialising with each other and visitors.

Consumers gave positive feedback about comfortability and cleanliness of the service and confirmed consumers had access to all areas, including the outdoors. Staff described the cleaning schedule, including how it increased during infectious outbreaks to ensure high touch points were regularly cleaned. Consumers were observed moving freely around the service and had access to gardens, courtyards and lounge areas, whilst others left the service independently to spend time in the community.

Consumers confirmed fittings and equipment were clean, well maintained and they felt safe when staff used equipment during the delivery of care. Staff explained, and maintenance documentation confirmed, maintenance was attended to promptly, with furniture, fittings and equipment assessed prior to purchase to ensure consumers’ personal and clinical needs could be met. Furniture, fittings and equipment were observed to be safe, 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they were encouraged and supported to provide feedback and make complaints. Staff explained consumers and representatives could also make complaints and provide feedback directly to staff, during care plan reviews, participation in surveys, use of the online system and by completing a feedback form, with assistance provided if needed. Complaints documentation, survey results and meeting minutes evidenced consumers were encouraged to provide feedback and raise issues of concern.

Consumers and representatives were aware of how to raise an external complaint or seek support from an advocacy service. Staff described the service’s complaints process and understood how to assist consumers to access advocacy and language services, if needed. Posters, brochures and the consumer handbook promoted access to the Commission, advocacy and language services.

Consumers and representatives gave practical examples of improved laundry processes, as appropriate action taken in response to their complaints of clothing items not being returned after being washed. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers said they were engaged in finding solutions to issues raised and gave practical examples of how their feedback resulted in sauces being served in jugs and placed on dining tables, so consumers could choose the amount of sauce they wanted on their meals. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the plan for continuous improvement for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and confirmed consumers’ needs were promptly met. Management explained the roster was planned according to consumers’ care needs and matched staff competencies with those needs. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers said staff were kind, caring, gentle and respectful of their cultures and diversity when providing care. Staff were familiar with consumers’ needs and preferences and were observed to be kind, attentive and respectful when caring for consumers. Staff were guided by policies, procedures and training which promoted treating consumers with dignity and showing respect for their identities and cultures.

Consumers and representatives confirmed staff were suitably skilled and competent in meeting consumers’ care needs. Management explained staff competency was initially determined through the recruitment process and ongoing through performance reviews and training programs, incident monitoring and ensuring professional registrations and criminal history checks were current. Personnel records evidenced staff had position descriptions and held qualifications, experience and clinical registrations relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained, and staff confirmed, mandatory training was completed in topics which reflected the Quality Standards, with additional training arranged at the request of staff or in response to identified trends and audit findings. Training records evidenced high rates of completion in mandatory training topics, such as the Code of Conduct for Aged Care, infection control, the Quality Standards, restrictive practices and the Serious Incident Response Scheme (SIRS).

Management advised, and staff confirmed, staff performance was assessed and monitored through annual performance reviews, informal appraisals through competency assessments, team meetings, feedback processes, regular catchups and observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and described it as an opportunity to receive feedback and request training relevant to their roles. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they participated in the development, delivery and evaluation of care and services, particularly through regular meetings, surveys and speaking with staff. Management advised their open-door approach meant consumers and representatives often spoke with them, whilst other service evaluation opportunities occurred through scheduled meetings, the feedback process and participation in surveys. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was newly constituted to meet legislated responsibilities and was developing policies and processes which promoted consumer safety and inclusivity in all aspects of care provision. The board was accountable for service delivery and satisfied itself the Quality Standards were being met through bi-monthly meetings with executive management, and it received regular reports on clinical indicators, operational updates, routine audit results and clinical incidents.

The organisation had effective governance systems which involved the board, senior management and staff, and supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework included organisational leadership, consumer safety and quality care, delivery of consumer-centred care, accountability and continuous improvement. The framework included policies and procedures on antimicrobial stewardship, restrictive practice and open disclosure. Management and staff understood the need to reduce antimicrobial resistance, use of restrictive practice as a last resort and how open disclosure was used when things went wrong.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)