Performance

Report

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| Name: | AnglicareSA Elizabeth - Dutton Court |
| Commission ID: | 6162 |
| Address: | 33 Catalina Road, ELIZABETH EAST, South Australia, 5112 |
| Activity type: | Site Audit |
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| Service included in this assessment: | Provider: 1197 Anglicare SA Ltd  Service: 4179 AnglicareSA Elizabeth - Dutton Court |

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 AnglicareSA Elizabeth - Dutton Court (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information held by the Commission.

# 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 assessed as Compliant.

Consumers and representatives confirmed consumers’ identity, culture and diversity was respected and they were treated with dignity and respect by all staff at the service. Staff were observed treating consumers with dignity and respect, and confirmed they received training on dignity, choice, inclusiveness, and respecting consumers’ cultural preferences, diversity, and identity. Care planning documents reflected consumers’ identity, culture, and diversity. The service had written policies and procedures to guide staff in supporting consumers’ culture and diversity.

Consumers and representatives said the service recognised and respected consumers’ cultural background, and provided care that met their cultural needs and preferences. Staff and management knew consumers’ culture and background and described how they provided culturally safe care to suit their individual needs and preferences. Care plans detailed consumer’s cultural backgrounds, and their cultural needs and preferences. The service had policies and cultural awareness training to guide staff in providing culturally safe care.

Consumers and representatives said they were supported to exercise choice about their care and services, and to maintain important relationships. Staff and management described how they supported consumers to maintain their independence, make decisions about their care, and maintain relationships with the people important to them. Care planning documents clearly documented consumer’s care delivery choices, who else they wanted involved in their care decisions, and the relationships they wished to maintain.

Consumers said the service supported them to make choices involving risks, to live the best life they could. Staff described how they supported consumers to make choices involving risks to enhance their independence and quality of life. Care planning documents confirmed risks were identified, assessed, and appropriate risk mitigation strategies taken, in consultation with consumers and representatives, in line with the service’s dignity of choice policy.

Consumers and representatives confirmed the service provided timely, accurate and current information which enabled them to make informed decisions about their care and service choices. Staff described different ways current and easy to understand information was made accessible to consumers, including those with sensory or cognitive deficits. Information such as the activities calendar, and posters about upcoming events, church services, and advocacy services was observed around the service.

Consumers said their privacy was respected and personal information kept confidential. Staff described ways they respected the privacy of consumers and protected their personal information, such as by knocking before entering consumers’ rooms, logging off password protected computers when unattended, and conducting handover discussions in private areas. Care planning documents recorded consumers’ privacy preferences, and the service had policies and procedures to guide staff in maintaining privacy and confidentiality.

# Standard 2

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

Findings

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

Consumers and representatives said they were involved, and had a say, in the care planning process, which considered risks to consumers’ health and well-being. The Assessment Team found not all consumers had been assessed for their ability to operate the keypad operated entry/exit door however, management advised staff were always on hand to assist and all consumers would be reviewed to determine if there were any consumers subject to environmental restraint that had not already been identified. Staff detailed the care planning process and how it informed the delivery of safe and effective care. Care planning documents showed a suite of assessment forms and risk assessments built into the electronic care management system which guide staff through the assessment and care planning process. The service had documented policies and procedures aligned to best practice principles, to guide assessment and care planning.

Consumers and representatives described how the assessment and planning of care captured consumers’ needs, goals, and preferences, including advance care and end of life plans. Management and staff described how assessment and planning reflected each consumer’s current and advance care preferences and how they approached conversations around advance care planning sensitively. Care planning documents included advance care directives for those consumers that had consented to provide one.

Consumers and representatives described how they were actively partners in the assessment, planning and review of consumers’ care and services. Clinical staff described the processes in place to engage with consumers, representatives and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives and other health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives described how outcomes of assessment and planning were communicated to them regularly in person and by phone, and they were offered a copy of the consumer’s care plan. Clinical staff described the processes for documenting and communicating the outcomes of assessments to consumers and representatives. Care planning documents showed outcomes of assessment and care planning were regularly communicated to consumers and representatives, and a copy of the care plan was offered.

Consumers and representatives advised they were involved in the regular review of consumers’ care plans, and they were updated if circumstances changed, or incidents occurred. Clinical staff detailed the processes for reviewing care plans regularly and following an incident or change in circumstances. Care planning documents showed regular review of care and services for effectiveness, and review when consumers’ needs, goals, and preferences had 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 assessed as Compliant.

Consumers and representatives confirmed consumers received safe and effective personal and clinical care that was best practice, tailored to their needs, and optimised their health and wellbeing. Staff understood individual consumer’s personal and clinical care needs and explained how they met them. The Assessment team found not all consumers had been assessed for their ability to operate the front door keypad however, management explained that staff were always on hand to assist consumers, if required. Management committed to continuous improvement actions to review all consumers for potential environmental restraint and complete all the necessary documentation, if required. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. The service had policies, procedures, and tools to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, and the management of high-impact and high-prevalence risks to consumers were managed. Staff described the high-impact and high-prevalence risks impacting on consumers at the service, and how they mitigated these risks. Care planning documents showed risks associated with the care of individual consumers had been identified, and effective mitigation strategies put in place. The service had written policies and effective processes to support staff in managing high impact and high prevalence risks associated with the care of consumers.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end of life wishes, had been discussed with them. Staff and management described the way care delivery changed for consumers nearing the end of life, and the practical ways they maximised the comfort and preserved the dignity of consumers. Care planning documents included advance care directives and end of life care preferences. The service had policies and procedures to guide staff practice in the provision of palliative and end of life care.

Consumers and representatives said the service recognised and responded to deterioration, or changes in consumers’ condition, and communicated with them in a timely manner. Staff described how deterioration or change in consumers’ condition was identified and communicated effectively within the service during shift handover. Care planning documents confirmed any deterioration or change in condition was responded to appropriately. The service had policies and procedures to guide staff on recognising and responding to deterioration in consumers’ condition.

Consumers and representatives said care was consistent and current information about consumers’ condition, needs and preferences was shared effectively between staff, and others involved in providing care. Staff described how current information about consumers’ condition, needs and preferences was documented electronically and shared within the organisation and with other health professionals involved. Care planning documentation reflected regular case conversations involving consumers and representatives. Staff were observed being updated at shift handover and accessing current information.

Consumers and representatives said the service referred consumers to appropriate other organisations and health professionals. Staff described the importance of accessing other health care providers to support consumers’ care, and the processes for referring consumers to them. Care plans confirmed timely referrals to a network of other individuals and organisations providing care and services to consumers.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service. Management and staff confirmed they had received training and described how the service applied infection prevention and control measures and promoted antimicrobial stewardship. The service had an infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives reported the services and supports for daily living met consumers’ needs, goals, and preferences, and promoted their independence and quality of life. Staff described how they assessed consumers’ lifestyle needs, goals, and preferences, and documented the supports needed by each consumer to meet them. Care planning documents captured consumers’ needs, goals, and preferences for daily living, and detailed the services and supports they required to optimise their independence, quality of life, and well-being.

Consumers and representatives described how the service promoted their emotional, spiritual and psychological well-being. Staff described building rapport with consumers and provided examples of how they supported their emotional, psychological, and spiritual well-being such as by providing religious services or spending one on one time with consumers. Care planning documents included information on supporting consumers' emotional, psychological, and spiritual well-being. The activities calendar included activities such as reminiscing, church services, and group chats.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, do things of interest, and maintain important personal relationships. Staff provided examples of how they supported consumers to participate in their community, do things of interest, and maintain personal relationships. Care planning documents detailed the support consumers needed to maintain their interests, participate in their community, and maintain important relationships.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was effectively communicated between staff and others who provided services and supports for daily living. Staff described how they communicated current information about consumers’ condition, needs, and preferences for daily living through the electronic care management system and shift handover meetings. Care planning documents detailed current information to inform the provision of suitable services and supports for daily living.

Consumers and representatives stated the service provided timely and appropriate referrals to other individuals and organisations providing services and supports. Management and staff described how they referred consumers to external individuals and organisations for additional services and supports. Care planning documents confirmed the service collaborated with external providers to support the diverse needs of consumers. The service had policies and procedures in place to guide the timely referral of consumers to other health professionals, organisations, and volunteers.

Consumers and representatives said consumers were happy with the quality, quantity and variety of meals provided. Staff explained meals were cooked onsite and consumers could request alternative meals and snacks at other times. Care planning documents captured consumers’ dietary needs and preferences and staff demonstrated awareness were aware of, which aligned with their documented care plans. Management and staff explained consumers could provide feedback about the food at meals and meetings and this was documented and reported on. The kitchen was observed to be clean and tidy, and staff adhered to food safety and work health and safety protocols.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they knew how to raise any maintenance issues. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. The equipment appeared to be safe, suitable, clean, and well-maintained.

# 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 assessed as Compliant.

Consumers and representatives said the service environment was welcoming, homely, and optimised consumers’ independence, interaction, and function. Staff described how they made consumers and visitors feel welcome and enjoyed assisting consumers to personalise their rooms and feel at home. The service had various features which helped optimise consumers’ sense of belonging, independence, interaction, and function. Consumers were observed socialising with visitors both inside and outside, and staff greeted visitors and consumers warmly.

Consumers and representatives said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. All consumers and representatives provided positive feedback in relation to being supported to move freely inside and out of the service, and none expressed concerns related to the keypad operated doors. Cleaning and maintenance staff described how they kept the service safe, clean, and well maintained. Consumers were observed freely accessing all areas of the service, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. The furniture, equipment and fittings appeared to be safe, clean, well maintained, and suitable for use.

# 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 assessed as Compliant.

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints through various avenues. Management and staff described how they encouraged and supported consumers to provide feedback and make complaints and the processes followed. Information about making complaints and feedback forms were observed around the service and in the consumer handbook. The organisation had a documented complaint policy and process to guide staff.

Consumers and representatives said they were comfortable in raising any issues with management and staff directly but were aware they could complain externally and access advocacy services such as the Commission or the Older Persons Advocacy Network. Management and staff described external interpreter and advocacy services, and how they supported consumers to access these services, including those with communication barriers. Information regarding alternative complaint avenues, the Commission, and advocacy services was displayed around the service in multiple languages.

Consumers and representatives said the service promptly addressed and resolved their complaints using open disclosure. Management and staff explained how they recorded and resolved complaints following an open disclosure process. The complaints register reflected the timely recording and management of complaints using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management said they reviewed feedback and complaints daily to ensure prompt responses and capture improvement actions on the continuous improvement plan. Management and staff described how feedback and complaints were analysed and used to identify opportunities for improvement. The continuous improvement plan and complaints register showed feedback and complaints were recorded and used 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service had adequate staff to fulfill their care and service needs in a timely manner. Staff said there were sufficient staff to provide the right care and services to each consumer. Management described how they planned and rostered the workforce and adjusted staff allocations to meet consumers’ needs. minimise reliance on agency staff and ensure the delivery of safe and quality care and services to consumers. Documentation confirmed vacant shifts were all filled, average call bell response times were around 3 minutes, and the service met the regulations for care minutes and registered nurse coverage. Staff were observed responding to call bells in a timely manner.

Consumers and representatives said staff were kind, caring, and respectful and knew their individual needs. Management and staff were familiar with each consumer’s identity, culture, and diversity and explained how they respected it. Staff were observed interacting with consumers in a kind, caring, and respectful manner.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ care needs. Staff members felt they were competent to provide the care and services consumers needed. Management described how the recruitment processes ensured staff were competent and met the qualification, registration, and security requirements before they commenced. Workforce records confirmed qualifications, professional registrations and security checks were monitored and current.

Consumers and representatives felt staff had the appropriate training and support to deliver safe and quality care and services. Staff confirmed receiving orientation and ongoing training and support to perform their roles effectively and delivery quality care and services. Management described the initial and ongoing training and support staff received to deliver care in line with the Quality Standards. Records confirmed training completion was up to date.

Management described how the performance of staff was continually monitored, assessed, and reviewed through consumer feedback, annual performance appraisals, and continuous monitoring. Staff confirmed their performance is monitored and they have had a performance review within the last 12 months. Records showed the service had effective systems in place to regularly assess, monitor, and review the performance of the workforce.

# 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 assessed as Compliant.

Consumers and representatives confirmed the service was well-run and they were involved in the development, delivery and evaluation of the care and services. Management and staff advised how consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through various meetings, feedback mechanisms, consumer surveys. The service planned to commence operating a Consumer Advisory Body later this year. Documentation showed consumers and representatives actively participated in the evaluation and improvement of the care and services.

Consumers and representatives said the service provided a safe and inclusive environment with access to quality care and services. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The Board oversighted the performance of the service through various committees and received regular performance reports such as clinical indicators, quality initiatives and incident reports. The Board had appropriate membership including a clinician.

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The Board ensured the governance systems and processes were effective in delivering care and services in accordance with the Quality Standards. Management and staff were aware of the governance policies and confirmed the policies were implemented in practice.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing, management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. The service had advisory committees who provided guidance in relation to the clinical governance arrangements and policies. Management and staff explained how they received training and applied these policies and procedures in the delivery of care and services.

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)