Performance

Report

**1800 951 822**

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| Name: | Arcare Caulfield |
| Commission ID: | 3962 |
| Address: | 141 Kooyong Road, CAULFIELD NORTH, Victoria, 3161 |
| Activity type: | Site Audit |
| Activity date: | 17 September 2024 to 19 September 2024 |
| Performance report date: | 24 October 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 7254 Arcare Caulfield |

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 Arcare Caulfield (**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.
* the approved provider’s response to the Site Audit report received on 10 October 2024.
* other information and intelligence 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 felt their identity, culture, and diversity was valued and staff treated them with dignity and respect. Staff demonstrated an understanding of consumers’ personal history, circumstances, culture, and care needs and preferences, and described how they respected them. Staff were observed treating consumers with dignity and respect. The service had policies, procedures and training to guide staff in treating all consumers with dignity and respect.

Consumers said staff respected their cultural background and provided culturally safe care and services. Staff and management had a good understanding of consumers’ diverse cultural backgrounds and explained how they met their individual cultural needs and preferences. Care planning documents recorded consumers’ background, life story, culture and preferences.

Consumers and representatives said consumers were supported to make and communicate decisions about their care and services, choose who was involved in their care, and maintain their chosen relationships. Staff described how they supported consumers to make choices about their care and to maintain their chosen relationships. Care planning documents detailed consumers’ choices about their care, who they wanted involved in their care, and their important relationships.

Consumers and representatives confirmed the service supported consumers to take risks, to live the life they chose. Clinical staff described the process for supporting consumers to take risks, which included discussing the benefits and potential negative outcomes as well as proposed risk mitigation strategies. Care planning documents showed risks were identified and assessed, in consultation with consumers/representatives, and risk mitigation measures put in place. The service had a policy to guide the process for assessing consumer risk taking and choice.

Consumers and representatives confirmed the service provided current, accurate and timely information to support consumers choices. Staff described how they communicated clear and easy to understand information to consumers and representatives, to inform their choices. Current information such as the activities calendar, menus, and other information was clearly displayed around the service.

Consumers and representatives said consumers’ privacy was respected and their personal information kept confidential. Staff described ways they respected consumers’ privacy, such as always knocking on bedroom doors before entering, closing doors to deliver personal care, and discussing care needs in private areas. The service had policies to guide staff practice in respecting consumer privacy and personal information.

# 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 expressed satisfaction with the assessment and care planning process, which considered risks to consumers’ health and well-being, and informed safe and effective care and services. Management and staff explained the assessment and care planning process, and how it identified risks to consumers’ health and informed the delivery of safe and effective care and services. While the service assessed consumers for potential restrictive practices, the Assessment Team found the service had not assessed each consumer’s capacity to independently use the coded keypad to exit the service after hours. Management immediately implemented improvement actions to address the issue. Care planning documents showed a comprehensive assessment and care planning process, which assessed risks and informed safe and effective care. The service had policies and procedures to guide staff in the assessment and planning of care and services.

Consumers and representatives said assessment and care planning addressed consumers’ current needs, goals, and preferences, and their advance care plan. Management and staff explained how assessment and planning addressed each consumer’s current needs and preferences, including their advance care and end of life plans, when appropriate. Care planning documents reflected consumers’ current needs, goals, and preferences, and their advance care plans and end of life wishes.

Consumers and representatives said they were involved in the assessment and planning of consumers’ care and services, along with other individuals and organisations, when required. Management and staff explained how assessment and care planning was done in partnership with consumers, representatives and others they wished to involve. 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 said the outcomes of health assessments were regularly communicated to them, and they were provided with a copy of the consumer’s care plan. Management and clinical staff detailed 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 communicated to consumers and representatives, and a copy of the care plan was offered.

Consumers and representatives confirmed consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Management and clinical staff explained the process for reviewing care plans 3-monthly, and when consumers’ condition or circumstances changed. Care planning documents showed they were regularly reviewed for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# 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 said consumers received safe and effective personal and clinical care, that was tailored to their needs. Management and staff were aware of individual consumer’s needs and preferences and described how they delivered safe and effective care in line with their documented care plans. Care planning documents confirmed each consumer was receiving individualised personal and clinical care that was safe, effective, and tailored to their needs and preferences. The service had a suite of policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives said high-impact and high-prevalence risks to consumers were effectively managed. Management and staff described high-impact, high-prevalence risks and the strategies implemented to prevent and manage these risks. Care planning documents demonstrated the risks associated with individual consumers had been identified and strategies implemented to reduce the risk. The service had policies and procedures to guide staff in the management of high impact and high prevalence risks to consumers.

Consumers and representatives said the service discussed consumers’ end of life care and advance care preferences, and they expressed confidence in the end of life care provided by the service. Management and staff described how they discussed consumers’ end of life care needs and preferences, and they ensured the dignity and comfort of consumers nearing the end of life. Care planning documents showed the service provided end of life care which maximised the comfort and dignity of consumers. The service had policies and procedures to guide staff in providing end of life care.

Consumers and representatives said the service responded promptly to a deterioration or change, in consumers’ condition. Management and staff described how they recognised and responded to deterioration or change in consumers’ condition. Care planning documents confirmed the service responded promptly to a deterioration, or change, in consumers’ condition. The service had policies and procedures to guide staff in managing clinical deterioration.

Consumers and representatives expressed satisfaction that current information about consumers’ condition, needs and preferences was communicated effectively between relevant staff, and other health professionals involved in their care. Management and staff described how current information about consumers’ condition, needs and preferences was documented and communicated within the service and with other care providers, through shift handovers and the electronic care management system. Care planning documents contained adequate up to date information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service provided timely and appropriate referrals to other organisations and individuals providing care and services. Management and clinical staff described the process for referring consumers to other health professionals to meet their individual care and service needs. Care planning documents showed timely referrals to health professionals and other providers of care and services.

Consumers and representatives expressed satisfaction with the infection control practices at the service, and said staff washed their hands and used gloves. Management and staff described the infection prevention and control measures in place, and how they minimised the use of antibiotics to reduce the risk of antimicrobial resistance. The service had a vaccination program for influenza and COVID-19. The service had a dedicated infection prevention and control lead, and 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 said the services and supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff explained how they supported consumers lifestyle needs, goals, and preferences, as documented in their care plans. Care planning documents reflected consumers’ background and lifestyle interests, and the supports needed to optimise their independence and quality of life. The activity calendar showed a variety of activities being offered and consumers were observed participating in various activities suited to their preferences and abilities.

Consumers said the service supported their emotional, spiritual, and psychological well-being. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being, such as by providing religious services, counselling, or spending one-on-one time with consumers. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being. Staff were observed speaking to consumers in a kind, caring and respectful manner.

Consumers said they were supported to participate in activities, within and outside the service, maintain social relationships, and do things of interest to them. Staff described how they supported consumers to participate in their community, do things of interest, and maintain important relationships. Care planning documents detailed consumers’ activities of interest and significant relationships. Staff were observed welcoming visitors into the service and supporting consumers to participate in activities and outings.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively between staff, who met their needs each day. Staff described how daily updates about consumers’ condition and needs were communicated between staff, through handover processes and through the electronic care management system. Care planning documents confirmed current information was documented and communicated effectively between staff and other providers of services and supports for daily living.

Consumers and representatives confirmed timely referrals to appropriate external providers of care and services, when required. Staff described how the service collaborated with other individuals and organisations providing care and services, to support consumers. Care planning documents showed the service provided consumers with timely referrals to external services and incorporated their recommendations into consumers’ ongoing care.

Consumers and representatives confirmed the meals were of a suitable quality, quantity, variety, presentation, and temperature. Some consumers advised they had been working with the head chef to make the taste of the food meet their preferences. The approved provider’s response to the Site Audit report received on 10 October 2024, further detailed continuous improvement actions being implemented in relation to meeting individual consumer’s food preferences. Consumers confirmed they could request alternative meals to the menu choices, and they could provide regular feedback on the food through meetings and feedback processes. Staff were aware of consumers’ dietary needs and preferences and explained how they ensured the meals met consumers’ needs. Care planning documents recorded consumers’ dietary needs and preferences, and the level of assistance required. The kitchen was clean and tidy, and the meals served looked appetising and well proportioned.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they felt comfortable requesting any maintenance. Staff confirmed there were effective processes in place for keeping the equipment safe, clean, and well maintained. The equipment was observed 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, safe, comfortable, and optimised their sense of belonging and independence. Management and staff explained how they made consumers and visitors feel at home, and described features of the service which promoted consumers’ sense of belonging, independence, interaction, and function. Consumers’ rooms were personalised, and the service environment appeared spacious, well-lit, and easy to navigate.

Consumers and representatives confirmed the service environment was safe, clean, comfortable and well-maintained, and enabled them to move around freely, both indoors and outdoors. Cleaning and maintenance staff described the systems in place for keeping the service safe, clean, and well maintained. Following discussions with the Assessment Team, management reviewed the arrangements to operate the entry/exit doors and implemented improvement actions to assess consumers ability to operate the main doors independently. The service environment was observed to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, well maintained, and suitable their needs. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. The furniture, equipment and fittings appeared 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 felt comfortable providing feedback and making complaints, through speaking with staff/management or by completing feedback forms. Management and staff described the methods available for providing feedback and ways they encouraged consumers and representatives to provide feedback and make complaints. Feedback forms, related information and a secure lodgement box were readily available to consumers. The service’s feedback and engagement policy demonstrated feedback was actively encouraged.

Consumers were aware of external complaint avenues, advocacy and language services available to them. Management and staff knew how to access external complaint, advocacy and interpreter services on behalf of consumers. Information regarding translation, advocacy, and external complaint services, such as the Commission and the Older Persons Advocacy Network, was available to consumers.

Consumers who had made complaints expressed satisfaction with how the service apologised when things went wrong and resolved their complaints in a timely manner. Management and staff described how they resolved complaints and used open disclosure. The complaints register showed timely and appropriate action was taken in response to complaints, and open disclosure was used. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers said they are listened to, and their feedback and complaints were used to improve the quality of care and services. Management explained all feedback and complaints were reviewed and used to improve the care and services. The complaints register and the plan for continuous improvement, showed feedback and complaints improved the quality of care and services.

The approved provider’s response to the Site Audit report received on 10 October 2024, detailed a range of continuous improvement actions identified during the Site Audit. These improvements related to areas including, the assessment and management of consumers potentially subject to environmental restraint, meeting consumer’s personal food preferences, the timely reporting of serious incidents, and sound antimicrobial stewardship.

# 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 said the service had enough staff, to provide safe and quality care and services. Staff said there were enough staff to deliver suitable care in a timely manner. Management explained how they planned and rostered the workforce to ensure the number and mix of staff was sufficient, and any vacant shifts were filled. Records showed vacant shifts were back filled and the service met the requirements for care minutes and 24/7 registered nurse coverage. Staff were visible and responded to call bells promptly.

Consumers and representatives said staff were kind, caring and respectful of their identity, culture, and diversity. Management and staff were familiar with each consumer’s background, needs and preferences and demonstrated respect for their identity and culture. Staff were observed interacting with consumers in a kind and respectful manner. The service had policies and training related to staff behaviour and the Aged Care Code of Conduct.

Consumers and representatives said staff were competent and had the knowledge and qualifications to perform their roles. Management explained how the recruitment and onboarding processes ensured staff were competent and met the qualification, registration, competencies and security requirements required for their roles. Documentation confirmed staff qualifications, professional registrations, vaccinations and security checks were current.

Consumers and representatives confirmed staff were trained and equipped to deliver safe and quality care and services to consumers. Staff confirmed receiving ongoing training, and said they were comfortable disclosing any mistakes to management, as they would be supported. Management described the ongoing training and support provided to staff and outlined effective methods for monitoring training compliance. Records showed most staff training was up to date, and the service had identified actions on the plan for continuous improvement action to ensure compliance.

Management described how the performance of staff was monitored, assessed, and reviewed through formal annual performance appraisals, observations, and training. Clinical staff confirmed they received continuous feedback on their performance and completed annual performance appraisals. Records showed performance appraisals for clinical staff were up to date. The service had policies and procedures in place for the development and management of 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 said the service was well-managed and they participated in the development, delivery and evaluation of the care and services. Management described how consumers and representatives were encouraged to be involved in the development, delivery and evaluation of care and services, including through consumer meetings, care conferences, feedback processes, the Consumer Advisory Body and the Quality Care Advisory Body. Documentation confirmed consumers and representatives were involved in the development, delivery and evaluation of the care and services.

Consumers and representatives said the service fosters a culture that is safe, inclusive and delivers quality care and services. Management explained the organisational structure and how the Board actively promoted a culture of safe, inclusive, and quality care and services. The clinical governance framework, reports, minutes and policies showed the Board was accountable for the performance of the service and compliance with the Quality Standards. The Board was supported by various committees including the Clinical Governance Committee, the Consumer Advisory Body and the Quality Care Advisory Body.

The organisation demonstrated it had effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were familiar with the governance systems and confirmed they were implemented in practice. The Board actively ensured the systems and processes delivered care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices addressing the 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. The Assessment Team identified several serious incidents which were reported late however, management explained the corrective actions they had taken to address the issue. Risks and incidents were analysed and reviewed by management and the Board to identify improvements. The approved provider’s response to the Site Audit report received on 10 October 2024, further detailed continuous improvement actions being implemented in relation to ensuring the timely reporting of serious incidents.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Management and staff described how they applied these policies in the delivery of clinical care and services. Management immediately implemented improvement actions to ensure consumers were assessed for potential environmental restraint in relation to their ability to independently exit and re-enter the service through the main doors. The approved provider’s response to the Site Audit report received on 10 October 2024, further detailed continuous improvement actions being implemented in relation to the assessment and management of environmental restraint, and sound antimicrobial stewardship.

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)