Performance

Report

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| Name: | Arcare Parkwood |
| Commission ID: | 5440 |
| Address: | 2 Woodlands Way, PARKWOOD, Queensland, 4214 |
| Activity type: | Site Audit |
| Activity date: | 11 October 2023 to 13 October 2023 |
| Performance report date: | 24 November 2023 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 26820 Arcare Parkwood |

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 Parkwood (**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 provider’s response to the assessment team’s report received 17 November 2023.

# 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 | **Not 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 | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Requirement 8(3)(c) – ensure there are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

# 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

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements were assessed as Compliant.

Consumers and representatives confirmed they were treated with dignity, respect and staff valued them as individuals. Staff were seen to be respectful to consumers and understood their individual backgrounds, cultures and personal preferences, which were recorded in care plans.

Consumers and representatives felt staff respected their culture and backgrounds and they received culturally safe care and services. Staff said care and services provided are respectful of each consumer’s cultural and religious backgrounds, preferences and what matters most to them. The service has a written cultural diversity and inclusion policy in place to guide staff.

Consumers were supported to make choices about their care, how it was delivered and who should be involved in their care, all of which was recorded in care plans. Consumers confirmed they were encouraged to maintain relationships with family and friends. For example, consumers were supported to spend time with their spouses and friends who also resided at the service.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, the benefits and possible harms were discussed before a risk assessment was completed and documented in their care plans.

Consumers and representatives confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. Consumers and representatives were kept informed about care needs, meal choices, lifestyle activities and other scheduled events at the service. Information was disseminated by newsletters, emails, memos and on posters and noticeboards throughout the service.

Consumers confirmed their privacy is respected and their personal information is kept confidential. Staff were observed knocking on consumers’ doors prior to entering and consumers confirmed their privacy was maintained when staff provided care. Consumers’ personal information was kept confidential in password-protected computer and paper-based records were kept in a locked nurses’ station or locked offices.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers and representative confirmed they were involved in the assessment and care planning process, and subsequently received the care and services needed. Staff detailed how they considered risks to consumers’ health and well-being during the needs assessment and care planning process. Care planning documents showed assessment and planning prioritised safety, effectiveness and potential risks to consumers.

Consumers confirmed the assessment and care planning process addressed their current needs, goals and preferences, including end-of-life plans, where they wished. Staff understood individual consumer’s needs and preferences and could describe how advanced care planning was discussed during the admission process. Management said most consumers had an advance care in place but not all consumers chose to have one.

Consumers and representatives said they partnered with the service, and other medical and allied health professionals when assessing, planning and reviewing their care needs. Care planning documents showed consumers, representatives and external service providers were involved in assessment and planning on an ongoing basis.

Consumers and representatives confirmed the outcomes of assessment and planning were explained to them and they had access to their care plan. Management and staff confirmed regular conversations occurred between consumers and representatives about their care plans and a copy of the care plan is offered during these conversations.

Consumers confirmed their care and services were reviewed regularly for effectiveness or when incidents occurred. Consumers’ care plans showed evaluations were up-to-date and had occurred in line with the regular review cycle or when 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. | Not 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 Not Compliant as 1 of the 7 Requirements have been assessed as Not Compliant.

The Assessment Team recommended Requirement 3(3)(a) was Not Met. Whilst consumers said they received safe and effective personal and clinical care which met their needs, the service could not demonstrate best practice in relation to the application of a chemical restraints. Evidence brought forward included:

* The psychotropic medication register identified 16 consumers subjected to a chemical restrictive practice, without an appropriate diagnosis recorded in their care plans, nor was informed consent from either the consumer or representative recorded.
* Behaviour support plans were not in place for the consumers subjected to a chemical restrictive practice, therefore staff lacked guidance in providing tailored care which optimised their health and well-being.
* Whilst management and staff understood individual consumer’s personal and clinical care needs and preferences, they could not identify the consumers who were subject to chemical restrictive practice.
* Management acknowledged the service’s psychotropic medication register was inaccurate and promptly arranged medical officers to assess those consumers subject to chemical restrictive practice without a relevant diagnosis. At the conclusion of the Site Audit there were 7 consumers still to be reviewed by their medical officer.

In its response of 17 November 2023, the provider acknowledged the Not Met finding and provided additional information and a plan for continuous improvement (PCI) demonstrating how chemical restraint medication would be administered to consumers in accordance with best practice and the Quality Standards. Corrective actions identified by the provider included:

* A full review of all restrictive practices was conducted to ensure legislated processes were followed.
* All consumers who were prescribed psychotropic medications were reviewed by medical officers and the clinical manager, to establish and document their diagnosis and commence their restrictive practice pathway, where required.
* The clinical manager conducted case conferences with relevant consumers and representatives, to ensure those subjected to a restrictive practice were fully informed.
* The clinical manager and all clinical team members attended mandatory training in restrictive practices and received mentoring by a consultant clinical pharmacist in psychotropic medications, restrictive practice processes and legislated requirements.

While I acknowledge the provider has taken steps to remedy the deficits identified, at the time of the Site Audit, the service was not delivering best practice clinical care as it related to consumers who were subject to a chemical restrictive practice. While the identified improvement actions appear appropriate, it will take a period of time to demonstrate they are operationally embedded and effective. Therefore, I find the service was Not Compliant with Requirement 3(3)(a).

I am satisfied the remaining 6 Requirements in Standard 3 are Compliant.

Consumers and representatives were satisfied with how the service identified and managed risks associated with their care including the mitigation strategies put in place. Staff were guided by policies and procedures which addressed high-impact or high-prevalence risks to consumers such as falls and specialised care needs. Clinical staff understood risks to individual consumers and described how those risks were managed, which was consistent with their care plans.

Consumers confirmed their advanced care plan and end of life needs, goals and preferences had been discussed with them. Staff described how consumers nearing the end of life had their comfort maximised and dignity preserved through regular repositioning, pain management, personal and comfort care, emotional and spiritual support. The service has written policies and procedures in place to guide staff practice in relation to palliative care.

Clinical staff described how the service recognised and responded promptly to deterioration or changes in condition. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers and representatives said information about consumers’ condition, needs and preferences was communicated effectively within the organisation and with others providing care. Care planning documents and shift handover sheets confirmed staff received up-to-date information about consumers’ conditions, needs and preferences, which were also documented in the service’s electronic care management system.

Consumers and representatives said timely referrals to other appropriate providers of care and services occurred when needed, and this was confirmed in care planning documents. Management and staff described the process for referring consumers to other health professionals and how this informed the care and services provided for consumers.

Consumers and representatives confirmed staff took the necessary precautions to prevent and control infections, such as frequently washing hands, wearing gloves and face masks. Staff were trained and knowledgeable in infection control precautions and minimising the need for antibiotics. The service had an infection prevention and control lead and documented processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements were assessed as Compliant.

Consumers and representatives said they received safe and effective services and supports for daily living that met their needs, goals, preferences and optimised their independence and quality of life. Lifestyle staff explained how they assessed consumers’ needs and interests and tailored the recreation activities to suit them.

Consumers and representatives confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as attending religious services and spending one-on-one time with staff. Consumers were observed attending different activities throughout the service.

Consumers confirmed they participated in their community, did things of interest and were supported to maintain personal relationships. Staff described how they supported consumers to do things of interest to them, participate in activities within and outside the service environment, and have personal relationships. Care planning documentation contained information on consumer’s interests and identified the people important to them.

Consumers and representatives said information about consumers’ daily living choices and preferences was effectively communicated between staff and others who provided daily living. Staff said they accessed daily updates on consumers via the electronic care management system, shift handovers and speaking to registered staff. Care planning documents showed current information about consumers’ conditions, needs and preferences was documented and shared.

Consumers and representatives confirmed timely and appropriate referrals to other individuals and organisations were facilitated by the service. Staff how they connect consumers to other organisations and services in the community. Care planning documents showed the service collaborated with external services to support the diverse needs of the consumers.

Consumers and representatives were satisfied with the quality, quantity, temperature and variety of food provided by the service. Consumers were offered a variety of meal options and could request alternatives if the menu was not to their liking. Consumers’ care plans noted their dietary needs, dislikes, allergies and preferences, which included where they preferred to eat meals. Meeting records showed consumers were encouraged to provide feedback on the meals and dining service.

Equipment was observed to be safe, suitable, clean and well maintained. Consumers were comfortable reporting equipment needing repair and said items were repaired or replaced quickly. Staff said equipment was regularly cleaned and maintained, which was consistent with records.

# 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

The Quality Standard is assessed as Compliant as 3 of the 3 specific requirements were assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers felt at home and said they personalised their rooms with possessions of their choosing. The service environment appeared easy to navigate, well-lit, and featured clear signage and handrails to assist consumers’ ease of movement. Consumers and representatives were observed spending time in the lounge area, having coffee and talking with others.

Consumers and representatives said the service was consistently clean, well-maintained and they could move independently within and outside of the building. Consumers were observed moving freely between their rooms and into the communal lounge and dining areas to socialise.

The furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for use. Consumers confirmed their equipment and furniture was regularly cleaned and maintained. Documents showed the furniture, equipment and general service environment was maintained under routine, preventative and corrective service schedules.

# 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

The Quality Standard is assessed as Compliant as 4 of the 4 specific requirements were assessed as Compliant.

Consumers and representatives felt encouraged and supported to provide feedback and make complaints by speaking with staff and management, filling out feedback forms, emailing, or attending meetings. Staff and management described how they supported consumers to access the feedback and complaints process.

Consumers and representatives were aware of advocacy and language services, and other methods for raising and resolving complaints. Staff and management knew how to direct consumers to advocacy services such as Older Persons Advocacy Network (OPAN), and language services such as Translator Interpreter Service (TIS). Information about making an internal or external complaint and accessing advocacy or interpreter services was available in the consumer handbook and on posters and noticeboards throughout the service.

Consumers and representatives confirmed the service promptly addressed any concerns or complaints they had, and apologised when things went wrong. Staff and management understood their responsibilities in relation to complaints management and used open disclosure when something went wrong.

Consumers and representatives said their feedback and complaints were reviewed and used to improve the quality of care and services. The complaints register and continuous improvement plan showed all complaints were discussed with the complainant, an apology was offered, investigation occurred, and actions were taken to resolve the issue.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers confirmed there were adequate staff at the service to provide safe, quality care and services which met their needs. Staff reported they had sufficient time to complete their duties. Management advised the service had a suitable staffing skill-mix which comprised care staff, enrolled nurses, registered nurses, and sufficient casual staff to minimise the need for agency staff. Rosters showed almost all shifts were filled and registered nurses were available on all shifts.

Consumers confirmed staff were kind, caring, gentle and respectful when providing care and services. Staff were observed showing respect to consumers by knocking on their doors prior to entering the room and calling them by their preferred names.

Consumers and representatives said staff were effective in their roles and had the skills and knowledge to meet their care needs. Records showed the workforce had the qualifications and knowledge to effectively perform their roles in line with their position descriptions.

Management detailed a thorough process for recruiting, training, equipping, and supporting staff to deliver safe, quality care and services. Staff participated in an orientation program and ongoing mandatory training in core competencies. Training records showed staff completed competencies in infection control, hand hygiene, medication management, manual handling, chemical safety and fire and emergency responses.

Staff were guided in their roles by position descriptions and were supported by management. Management and staff confirmed the service reviewed the performance of new staff during probation and conducted annual performance reviews for all staff. Management also described informal monitoring of staff competencies and performance. The service had written policies in place for the management of staff performance.

# 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. | Not 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 Not Compliant as 1 of the 5 Requirements have been assessed as Not Compliant.

The Assessment Team recommended Requirement 8(3)(c) was Not Met. While the service had organisation wide governance systems that guided information management, continuous improvement, financial governance, workforce governance and feedback and complaints governance systems around regulatory compliance were found to be ineffective in relation to chemical restrictive practice.

* The psychotropic medication register identified 16 consumers subjected to a chemical restrictive practice, without an appropriate diagnosis recorded in their care plans, nor was informed consent from either the consumer or representative recorded.
* Behaviour support plans were not in place for the consumers subjected to a chemical restrictive practice, therefore staff lacked guidance in providing tailored care which optimised their health and well-being.
* Management acknowledged the service’s psychotropic medication register was inaccurate and promptly arranged medical officers to assess those consumers subject to chemical restrictive practice without a relevant diagnosis. At the conclusion of the Site Audit there were 7 consumers still to be reviewed by their medical officer.

In its response of 17 November 2023, the provider acknowledged the Not Met finding and provided a plan for continuous improvement (PCI) and documented evidence to show it has enhanced its governance arrangements and complied with legislation related to the application of chemical restrictive practices. Corrective actions identified by the provider included:

* An organisation wide review of psychotropic medication registers was completed to ensure consumers’ care documentation was completed in line with legislation.
* The deficits related to chemical restrictive practice identified in the Site Audit were escalated to the clinical governance sub-committee and the Board.
* The psychotropic medication register will now be oversighted by the pharmacist and reviewed as a standing agenda item at the quarterly Medication Advisory Committee meetings.
* The restrictive practice monitoring tool was reviewed, and additional indicators included for chemical restrictive practice.
* The service management were provided with additional guidance and support in relation to their roles and responsibilities in relation to restrictive practices.

While I acknowledge the provider has taken steps to remedy the deficits identified, at the time of the Site Audit, the organisation’s governance systems were ineffective regarding regulatory compliance for consumers who were subject to a chemical restrictive practice. While the identified improvement actions appear appropriate, it will take a period of time to demonstrate they are operationally embedded and effective. Therefore, I find the service was Not Compliant with Requirement 8(3)(c).

I am satisfied the remaining 4 Requirements in Standard 8.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Records showed consumer input was provided via consumer meetings, surveys, food focus meetings and the service’s feedback and complaints processes.

The organisation’s Board promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The Board maintained visibility of the service’s performance through quality monitoring tools, clinical indicator reports, incident reports, internal audits and sub-committees which included frontline managers from the service.

The service demonstrated effective risk management systems and procedures to manage high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Risks and incidents were reported to the Board and the relevant sub-committee.

The service had a documented clinical governance framework which included policies and procedures related to antimicrobial stewardship, the minimisation of restraint and use of open disclosure. Staff confirmed they were trained in the clinical governance systems, and they functioned effectively.

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)