Performance

Report

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| Name: | Ashman Grove Aged Care Hostel |
| Commission ID: | 6132 |
| Address: | Ethelbert Square, 58 Chief Street, BROMPTON, South Australia, 5007 |
| Activity type: | Site Audit |
| Activity date: | 20 August 2024 to 22 August 2024 |
| Performance report date: | 2 October 2024 |
| Service included in this assessment: | Provider: 496 Rosha Pty Ltd  Service: 4149 Ashman Grove Aged Care Hostel |

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 Ashman Grove Aged Care Hostel (**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 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 and representatives said consumers were treated with dignity and respect, and their identity, culture and diversity were valued. Staff were aware of consumers’ backgrounds and preferences, and were observed treating consumers with dignity and respect. Care planning documents reflected consumers’ background, identity and culture. The service had policies and procedures to ensure staff treated all consumers with dignity and respect.

Consumers and representatives said staff recognised and respected consumers’ unique cultural identities, and provided culturally safe care and services. Management and staff described how the consumer's culture influenced the delivery of their daily care and services. Care planning documents detailed consumers’ specific cultural needs and preferences. The activities calendar showed culturally significant events were acknowledged.

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

Consumers and representatives said consumers were supported to understand and take risks to live the best life they could. Staff described the risks taken by consumers, and how they supported them to take risks to live the way they chose. Care planning documents identified and assessed risks taken by consumers and detailed the agreed risk mitigation strategies in place.

Consumers and representatives confirmed the service provided clear and current information to inform their choices about their care and services. Staff described how they communicated information to consumers to ensure it was clear and easy to understand, including for those with sensory or cognitive deficits. Current information such as newsletters, the weekly activities calendar, and other posters were 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 by knocking and waiting for an answer before entering their rooms, and logging off password protected computers containing personal information. The service had policies and training to guide staff practice in relation to consumer 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 confirmed their involvement in the assessment and care planning process, and how potential risks to consumers’ health and well-being were considered. Management and staff detailed the assessment and care planning process, and how it considered risks to consumers’ health and informed the delivery of safe and effective care and services. Care planning documents showed the assessment and care planning process included assessment of risks and identification of mitigation strategies. The service initiated a continuous improvement plan action to reassess all consumers’ ability to use the keypad on the main entry/exit door code to determine whether they were potentially subject to environmental restraint. The service had policies and procedures to guide the assessment and care planning process.

Consumers and representatives said assessment and care planning identified and addressed consumers’ current needs, goals, and preferences, and their end of life wishes. Management and clinical staff described how assessment and planning captured each consumer’s current preferences and how they discussed consumers’ advance care directives, if they wished. Care planning documents reflected consumers’ current needs, goals, and preferences, and their advance care directives and end of life wishes. The service had systems in place to ensure assessment and planning captured the current and end of life needs of consumers.

Consumers and representatives confirmed consumers felt like partners in the planning of their care and services along with the medical officer and other health professionals, as required. Care planning documents confirmed consumers, representatives, and other health professionals were involved in the assessment and planning of consumers’ care and services. Management and staff outlined how assessment and care planning was done in partnership with consumers, representatives and others they wished to involve. The service had documented procedures regarding partnering with consumers, representatives and other health professionals in the as**s**essment and planning of care and services.

Consumers and representatives said the outcomes of health assessments were regularly communicated to them, and they could get a copy of the consumer’s care plan, if they wanted. Staff detailed the processes for documenting and communicating the outcomes of assessments to consumers and representatives, and confirmed they offered a copy of the care plan. Care planning documents showed outcomes of assessment and care planning were communicated to consumers, representatives, and others involved in providing care.

Consumers and representatives said consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Staff and management explained the process for 6-monthly reviews of care plans, and reviews when consumers’ circumstances or care needs changed. Care planning documents showed they were regularly reviewed for effectiveness, and updated 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 tailored to their needs, and which optimised their health and well-being. Care planning documents reflected safe and effective personal and clinical care, tailored to the specific needs and preferences of consumers. Staff and management described consumers' individual needs and preferences, and how these were delivered in line with their care plans. The service initiated a continuous improvement plan action to review all consumers’ ability to use the keypad on the main entry/exit door code to assess whether they were potentially subject to environmental restraint. The service had policies, procedures and validated tools to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with how the service managed high-impact and high-prevalence risks to consumers. Management and staff described the high-impact and high-prevalence risks to consumers at the service, and the risk management strategies in place. Care planning documents showed risks to consumers had been identified, and effective mitigation strategies put in place. The service had policies and procedures to guide staff in the management of high impact and high prevalent risks to consumers.

Consumers and representatives said consumers’ needs, goals and preferences for advance care and end of life care were discussed with them. Staff articulated how they identified consumers nearing the terminal phase of life and ensured their comfort was maximised and their dignity preserved. Management confirmed they involved consumers, representatives, medical officers and palliative care specialists in the delivery of end of life care. The service had policies and procedures to guide 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 deterioration or change in consumers’ condition and responded promptly. 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 responding to acute deterioration.

Consumers and representatives said current information about consumers’ condition, needs and preferences was communicated effectively between different staff and external providers involved in their care. 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 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 a range of other health services, with their consent. Management and 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 other individuals and organisations providing care and services.

Consumers and representatives confirmed the service took appropriate infection prevention and control measures, and managed outbreaks effectively. Staff confirmed they had received training and had a clear understanding of infection prevention and control measures, and antimicrobial stewardship. The service had a vaccination program for influenza and COVID-19 and adequate supplies of personal protective equipment. The service had an infection prevention and control lead onsite, 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 consumers received appropriate services and supports for daily living which optimised their quality of life. Staff explained how they collaborated with consumers to capture their lifestyle needs, goals, and preferences, and demonstrated an understanding of individual consumer’s lifestyle interests and the supports they required. Care planning documents reflected consumers’ background and lifestyle interests, and the supports needed to optimise their independence and quality of life.

Consumers and representatives said the service supported consumers’ emotional, spiritual, and psychological well-being. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being such as by providing church services or spending one-on-one time with them when they were feeling down. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being.

Consumers and representatives said consumers were supported to participate in activities, within and outside the service, maintain important relationships, and do things of interest to them. Staff described how they supported consumers to participate in their community, do things of interest, and socialise with whom they chose to. Care planning documents detailed consumers’ activities of interest and important relationships.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively within the service, and with others responsible for providing care. Staff described how they stayed updated about consumers’ condition and needs through handover processes and by accessing care records. Care planning documents confirmed current information was communicated effectively to support safe and effective care and services for daily living.

Consumers and representatives confirmed timely referrals to appropriate other individuals and organisations providing care and services. Management and staff described how consumers were referred to other individuals and organisations providing care and services, if they wished. Care planning documents showed the service collaborated with external services such as local churches, the library and the community visitor scheme.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the food provided. Staff knew consumers’ dietary needs and preferences, and said consumers could request alternative meals, if they did not like the choices offered. Management explained how consumers had input into the development of the menu. Care planning documents recorded consumers’ dietary needs and preferences. The kitchen appeared clean and tidy, with staff adhering to food safety and workplace health and safety protocols. Consumers appeared to be enjoying their meals, and staff were observed assisting, encouraging, and offering choices.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they knew how to request 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, 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 said the service environment was welcoming, comfortable, easy to navigate, and they could personalise their rooms. Management and staff described features of the service which promoted consumers’ sense of belonging, independence, interaction, and function. The service environment appeared welcoming, well-lit, with wide unobstructed corridors, and adequate signage to aid navigation. Staff were observed greeting consumers, who were socialising with other consumers and visitors, and participating in activities.

Consumers and representatives said the service environment was safe, clean, comfortable and well-maintained, and enabled them to move around freely, both indoors and outdoors. Management raised a continuous improvement plan action to reassess all consumers for potential environmental restraint in relation to their ability to operate the keypad coded front door. Cleaning and maintenance staff described the systems in place for keeping the service safe, clean, and well maintained. The service environment was observed to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. Management promptly developed a documented external preventative maintenance program for contracted services after the Assessment Team identified this as a potential gap. Management also confirmed a new fire evacuation diagram would be issued by the fire services contractor. 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 said they felt safe and supported to provide feedback and make complaints, and most said they preferred to speak with management or staff directly. Management and staff described the ways they encouraged and supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and a secure lodgement box were readily available to consumers. The resident handbook and the service’s complaints policy outlined the processes for managing feedback and complaints.

Consumers and representatives were aware of the language, external complaints, and advocacy services available to them. Management and staff knew how to assist consumers to access external complaint, advocacy and interpreter services. Information regarding external complaints, advocacy, and interpreter services, such as the Aged Rights Advocacy Service, Older Persons Advocacy Network , the Translating and Interpreting Service, and the Commission was available throughout the service.

Consumers and representatives said the service took appropriate action to resolve their complaints promptly using open disclosure. Staff confirmed open disclosure was part of their annual mandatory training program. Management and staff demonstrated an understanding of open disclosure and explained how they responded to complaints. Documents such as the feedback and complaints register showed timely and appropriate actions were taken in response to 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 said their feedback and complaints were used to improve the quality of care and services. Management explained how feedback and complaints were reviewed daily and used to improve the care and services provided. The complaints register, meeting minutes and the continuous improvement plan demonstrated feedback and complaints were 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 confirmed the service had enough staff to meet consumers’ care needs, and call bells were answered in a timely manner. Staff said there were enough staff to deliver the care consumers required without rushing them. Management explained how they planned and rostered the workforce to provide safe and quality care, and said they were currently recruiting for more staff. Records showed vacant shifts were back filled and most call bells were responded to within 10 minutes. The service was below the requirements for care minutes and 24/7 registered nurse coverage however, management advised their documented strategy for meeting the requirements by the 1 October 2024 commencement date, and no adverse impacts were identified.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff were familiar with each consumer’s identity and culture, and were observed interacting with them in a caring and respectful manner. The service had policies, procedures and training to guide staff practice and behaviour.

Consumers and representatives said staff were competent and skilled, and provided the care and services consumers needed. Staff demonstrated they had the knowledge and competence to provide the necessary care and support to consumers with varying complexity of needs. Management described how the recruitment and induction processes ensured staff were competent and met the qualification, registration, competencies and security requirements outlined in the relevant position descriptions. Documentation confirmed staff qualifications, professional registrations, vaccinations and security checks were current.

Consumers and representatives described how improvements had been made and said staff were equipped and trained to deliver safe and quality care and services. Staff described the training, support, professional development, and supervision they received during orientation, and on an ongoing basis. Management described the training and support provided to staff which enabled them to deliver safe and effective care in line with the Quality Standards. Training records showed all staff completed their mandatory training in 2023, and it was on track in 2024.

Consumers and representatives said they had full confidence in the professionalism of staff and management. Management described how the performance of staff was monitored, assessed, and reviewed through formal performance appraisals and observations, consumer feedback and incident analysis. Staff confirmed the performance appraisal process and said they felt well supported. The performance appraisal register confirmed 100% completion rate. 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 and representatives described the service as well run and said they participated in the design, delivery and evaluation of the care and services through a range of mechanisms such as care reviews, feedback and complaints, resident meetings, consumer surveys, audits and the newly established Consumer Advisory Body. Management and staff described how they assisted consumers and representatives to be actively engaged in the development, delivery and evaluation of care and services. Documentation confirmed consumers and representatives were involved in the development, delivery and evaluation 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. Staff described how clinical indicators, quality initiatives, and incidents are discussed at relevant meetings. The Board monitored and evaluated the service’s performance against the Quality Standards through various reports, performance measures, incidents and feedback. The Board and the Quality Care Advisory Committee had a suitable membership.

The organisation demonstrated they had effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management had self-identified the need to update the 2019 organisational framework. Management and staff were familiar with the governance systems and confirmed they were implemented in practice. The Board ensured the systems and processes delivered care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices which were supported by documented policies and procedures 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 management and preventing incidents. Management and staff were aware of the policies and explained how the policies were implemented. Risks and incidents were identified, reported, escalated, and reviewed by management and the Board.

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 care and services. Management initiated an improvement action to reassess all consumers for potential environmental restraint in relation to their ability to operate the keypad on the main door.

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)