Performance

Report

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| Name: | Baptcare Abbey Gardens Community |
| Commission ID: | 3989 |
| Address: | 15 Tarwin Street, WARRAGUL, Victoria, 3820 |
| Activity type: | Site Audit |
| Activity date: | 5 February 2024 to 7 February 2024 |
| Performance report date: | 13 March 2024 |
| Service included in this assessment: | Provider: 23 Baptcare Ltd  Service: 19493 Baptcare Abbey Gardens Community |

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 Baptcare Abbey Gardens Community (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit 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 6 March 2024 which included a Plan for continuous improvement, feedback actions, correspondence to consumers and representatives and staff education records.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **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 2(3)(a)
  + The service ensures all consumers who may be considered at risk of inappropriate environmental restraint are assessed, and if restrained, consent is provided and behaviour support plans are in place.
* Requirement 8(3)(c)
  + The service ensures its policies and procedures for restrictive practice align with contemporary restrictive practice resources and staff are provided with sufficient guidance to ensure legislative requirements are met.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers described feeling valued as individuals and said staff were polite and kind. Staff were knowledgeable of consumer’s preferences and confirmed information on consumer’s backgrounds was captured on entry. Staff were observed referring to consumers by their preferred name and communicating with consumers in a kind and respectful manner.

Consumers and representatives said staff were aware of the consumers’ backgrounds and what was important to them. Staff described how they alter the provision on care to ensure it meets the needs of individual consumers, including when gender specific care staff had been requested. Care documentation reflected consumer’s cultural background and individual preferences for the delivery of care.

Consumers said they were supported to be their own decision maker and representatives had been nominated when consumers were no longer able to make decisions independently. Staff gave practical examples of supports provided to ensure consumers maintained important relationships. Staff advised consumers were given information to support them to make informed decisions and exercise their right of choice.

Consumers and representatives said consumers were supported to live life the way they choose. Staff knew which risks consumers had chosen to take, including consuming alcohol, using electric scooters and eating foods that were not texture modified and the care required of them to minimise potential harm. Policies and procedures guided staff practice in assisting consumers to make informed decisions and consumer’s right to take risks.

Consumers and representatives said they were provided with up-to-date information which enabled them to make choices in relation to their daily living and care. Staff described how they provided accurate and timely information to consumers, through care conversations, meetings and newsletters. Menus and activities programs were displayed and available within consumers rooms to facilitate day to day choice.

Consumers said their personal privacy was respected and felt their personal information was kept confidential. Staff advised consumer information was stored on password protected computers on a secured electronic care management system (ECMS). Staff were observed seeking consent prior to entering consumer rooms, locking nurse stations’ and conducting handover in private.

# 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. | Not 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 non-compliant as one of the 5 specific Requirements have been assessed as non-compliant. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 6 March 2024.

In relation to Requirement 2(3)(a), the Site Audit report evidenced assessment and planning processes had not considered the risk of inappropriate environmental restrictive practice when consumers who had sensory, dexterity or cognitive impairments, were unable to enter or leave the building independently.

For 7 consumers, they confirmed they were reliant on staff to facilitate their entry and exit from the building as they were unable to input, see or recognise the code required to release the locking mechanisms on the front door. The reliance on staff to operate the doors, had not been identified as a restrictive practice and therefore, consent for restricting the consumers free movement had not been obtained and any behavioural supports needed, had also not been assessed or planned.

Staff confirmed, and care documentation evidenced, environmental restraint assessments, were only completed for consumers, who resided within the memory support unit (MSU) or who exhibited exit seeking behaviours and would be at risk if they left the service independently. For those consumers environmentally restricted, care documentation included consent and behaviour support plans.

The providers response acknowledged these findings and submitted a plan for continuous improvement (PCI) outlining their actions taken, commenced, and forecast, to ensure risks of environmental restrictive practice were incorporated within their assessment and care planning processes. These actions included assessing all existing consumers for restrictive practice, resulting in an additional 9 consumers being identified as restrained, the introduction of a new environmental restrictive practice consent form and reviewing restrictive practice governance processes.

While, I am satisfied the risk of inappropriate environmental restraint has now been assessed for all existing consumers, I am not persuaded assessment and planning processes have been amended to include consideration of environmental restrictive practices as the review of current procedures, was identified, within the PCI, as still to be commenced. I am also not persuaded subsequent actions, including obtaining consent and completing behaviour support plans, has been undertaken for those consumers newly identified as restrained as the providers response was silent on these actions. I encourage the provider to ensure risk of environmental restrictive practice is considered when assessing consumers and this is embedded into usual practice.

Based on the detailed evidence above, I find Requirement 2(3)(a) is non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant as:

Consumers and representatives confirmed they had been provided opportunities to express their preferences for care, and their end of life care wishes. Staff demonstrated knowledge of consumers care needs and preferences, confirming end of life discussions occurred upon entry and were regularly revisited. Care documentation included advance care directives, where these had been provided, and guided staff to provide care in accordance with assessed needs.

Consumers and representatives confirmed they felt involved in the assessment and planning processes as they were consulted routinely, including when medical officers review the consumers. Staff confirmed consumers and their representatives were contacted during care evaluations and when changes, to consumers condition or care, occurred. Care documentation evidenced who consumers had chosen to be involved in their care decisions and contained input from medical officers and allied health professionals.

Consumers and representatives confirmed they knew the outcome of assessments and care plans were routinely offered and available. Staff confirmed copies of the consumers care plan were offered during care consultations or were given, upon request. Staff said they had ready access to consumer’s care documentation through the ECMS.

Staff described care provided to consumers was evaluated during 3-monthly care plan reviews or when an incident occurred. Staff advised they routinely review care documentation to identify changes and escalate the consumer for review and reassessment as required. Care documentation evidenced consumers were reassessed and care strategies were updated in response to incidents or when a consumers’ condition was noted to have changed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives said consumers received care that supports their health, needs and well-being. Staff demonstrated knowledge of care required for each consumer to maintain their skin integrity, manage their pain, and described how they access consumers’ care plans and the service’s policies and procedures for guidance on restrictive practices. Policies and procedures guided staff on safe and effective care practices, however, sufficient guidance was not provided on management of temperature sensitive medications and environmental restrictive practices, with the policies to be reviewed.

Consumers and representatives said risks associated with consumers care, including changing behaviours, diabetes, medications, swallowing difficulties and unplanned weight loss were managed effectively. Staff demonstrated knowledge of risks to individual consumers and the care required of them to ensure risks were minimised. Care documentation evidenced medical officer directives were followed and risks to consumer was monitored.

Staff demonstrated knowledge of end of life care and how this keeps those nearing end of life comfortable. Staff confirmed and care documentation evidenced, the involvement of family, health professionals and external organisations during end of life and consumers wishes were met. Policies and procedures guided staff practice in the provision of care to consumers during end of life.

Consumers and representatives said the staff had responded appropriately when changes in consumer behaviour were identified. Staff understood the signs and symptoms to monitor to ensure deterioration was promptly identified and if detected, the need to escalate these quickly. Policies, procedures and tools guided staff on how to recognise deterioration and the required responses.

Consumers and representatives said consumer’s care needs and preferences were communicated between staff. Staff advised visiting medical officers and allied health professionals document their recommendations and review outcomes within the ECMS. Staff were observed to hand over updates and changes to consumer’s care between shifts and to access care documentation via the ECMS.

Care documentation evidenced consumers were referred to allied health professionals in a timely manner. Staff confirmed they had access to a range of medical specialists and allied health professionals who either visit regularly or upon consumer’s referral. Consumer and representatives said referrals were completed quickly when required.

Consumers and representatives said staff practiced hand hygiene and utilised personal protective equipment (PPE) appropriately. Staff described how they apply infection prevention and control measures as part of the care provided and how non-pharmacological strategies were implemented prior to antimicrobials being prescribed. Policies, procedures and plans guided staff practice to prevent infection, its transmission and to manage infectious outbreaks.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives said the supports for daily living met consumers well-being needs, goals and preferences. Staff described how they support consumers with varying levels of cognitive and physical capacity to participate in activities independently. Care documentation evidenced the lifestyle needs, interests and preferences of consumers was assessed upon entry.

Consumers and representatives said consumers were provided with services and supports which benefit their emotional, spiritual, and psychological wellbeing. Staff described how they ensure each consumer’s emotional and psychological well-being, by supporting consumers to access church services or via one-on-one time. The activities calendar evidenced church services were held routinely and a consumer advocate was available to spend time with consumers.

Consumers and their representatives said they were supported to maintain their relationship and consumers were able to do the things of interest to them, including spending time in the community. Staff outlined their role in facilitating communication with consumers’ family and friends and consumers were observed receiving visitors. Consumers were observed participating in a range of activities and socialising with others who they had formed friendships with.

Consumers said their needs and preferences were effectively communicated between staff. Staff described processes including the verbal and written exchange of information kept them up to date on changes to consumers conditions and needs. Staff were observed to handover information between shifts and care documentation supported information was transferred appropriately between care and catering staff.

Consumers said they had been referred to the community visitor program to increase their social interactions. Staff described how they connect consumers to outside organisations for pastoral care and pet therapy. Care documentation evidenced referrals to services to support consumers daily living activities was undertaken quickly when need was identified.

Consumers gave positive feedback on their meal choices, the portions served and the temperature of the meals. Staff confirmed there was a 4-week rotating menu, alternate options were available, and they were familiar with consumers dietary needs and preferences. Staff were observed to be available at meal times, for consumers who required assistance, and consumers were offered a choice of meals.

Consumers and representatives said equipment was kept clean and staff regularly check their mobility aids to ensure they were safe. Staff said they had access to the equipment they needed to support consumers lifestyle activities and it was in good condition. Equipment was observed to be clean, safe and in good working order.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said they felt at home and their visitors were welcomed. Staff said consumers were encouraged to personalise their rooms, they assisted consumers to move around as they wanted, and they ensured all consumers could use the space in ways which supported their independence. Consumer rooms were decorated with their own furniture and belongings; and a range of communal indoor and outdoor areas were available for consumer use.

Consumers said they felt comfortable, their room and communal areas were kept clean. Staff described cleaning processes with documentation evidencing these tasks were completed as scheduled and the environment was observed to be clean. Consumers were observed to move freely between the internal indoor and outdoor areas, but a keypad on the front door prevented some from exiting to the community without assistance or support. This is further considered under Requirement 2(3)(a).

Consumers and representatives said equipment was cleaned by staff, in between use. Staff demonstrated knowledge of how to report items that needed repair and maintenance documentation evidenced, repairs to equipment or fittings were undertaken quickly. Equipment, furniture, and fittings were observed to be clean, safe and suitable for consumer 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 found Compliant, as:

Consumers interviewed felt comfortable making complaints and knew how to provide feedback. Staff described the verbal and written pathways available which supported consumers to provide feedback and complaints. Meeting minutes evidenced consumers were encouraged to give feedback on care and services. Feedback forms and collection boxes were readily accessible.

Consumers stated they were aware of, and could access, advocacy services to make complaints on their behalf if required. Staff demonstrated awareness of the external advocacy and translation services available to support consumers to lodge complaints. Pamphlets and posters displayed promoted consumer access to external complaints and advocacy organisations, and translated materials have been added.

Consumers, who had made complaints, said their complaints were resolved and they had received an apology. Staff demonstrated knowledge of how to apply open disclosure when an issue or concern was raised. Complaints documentation evidenced feedback was given to complainants and actions taken were prompt.

Consumers said they were listened to, and improvements had been made as a result of their feedback and complaints made. Staff gave practical examples of how feedback was used to improve the summer temperature of the activities room to ensure consumers remained comfortable, with resolution of the issue still ongoing. Continuous improvement documentation, including that submitted as part of the provider’s response, evidenced how feedback was used to improve 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 found Compliant, as:

Consumers said there was plenty of staff rostered on and when they used their call bells, staff were quick to attend, with staff confirming they had sufficient time to complete their duties. Management described the workforce planning strategies used to ensure the right number and mix of staff were allocated to meet consumer needs and ensured all shifts were filled. Rostering documentation evidenced registered nurses were continuously on duty and unplanned leave was covered.

Consumers said staff were kind, respectful and knew their care preferences. Staff demonstrated awareness of different consumers’ needs, interests and backgrounds, and the workplace behaviours required of them. Staff were observed to greet consumers with kindness and were respectful when assisting consumers with their meals.

Consumers described staff as capable, suitably qualified and they did not have any concerns regarding their competency. Management described staff competency was monitored through reviewing incidents and observations of pratice. Personnel records evidenced staff qualifications were monitored for currency, and their suitability to work in aged care was verified.

Consumers and representatives said staff were trained and knew how to meet the care needs of consumers. Management confirmed staff were recruited against position descriptions and following commencement were required to complete a range of training modules. Education records evidenced all staff had completed their mandatory training which included restrictive practices, incident management and the Code of conduct.

Management said they monitored performance through performance reviews, training, and observation of staff practice. Staff confirmed completing a performance review and were able to explain the procedure for performance assessments. Personnel records evidenced annual performance appraisals were mostly completed as scheduled and performance management processes were initiated, when required.

# 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

The Quality Standard is assessed as non-compliant as one of the 5 specific Requirements have been assessed as non-compliant. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 6 March 2024.

In relation to Requirement 8(3)(c), most organisational governance systems were determined to be effective, however, regulatory compliance was not able to be demonstrated as there was a lack of understanding that automated locking systems implemented, which controlled entry and exit to the building, constituted environmental restrictive practice and therefore, the requirements of the Quality of Care Principles 2014, had not been met, when consumers free movement had been restricted.

The provider’s response acknowledged they had not accurately identified the automated locking system as a restrictive practice and therefore, confirmed all consumers who were unable to enter or leave the building freely, had not been assessed, nor had consent for the restrictive practice been given and they did not have the required behaviour support plan.

The providers response lacked commentary on their overall governance systems, however, they confirmed their intent to review policies and procedures so that they are aligned with contemporary restrictive practices resources.

I acknowledge the provider is undertaking improvement actions for the deficits identified and these are yet to be fully implemented. I consider these actions will take time to implement, embed within the organisation’s processes and would require evaluation to ensure their effectiveness and sustainability.

Based on the detailed evidence above, I find Requirement 8(3)(c) is non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant as:

Consumers and representatives said they regularly contribute at consumer meetings and have suggested the implementation of a gardening group. Management described consumers were engaged in the development and evaluation of care and services via consumer meetings, surveys, and feedback mechanisms. Meeting minutes evidenced consumer input into the care and services provided was regularly sought and actions had been planned for the implementation of the gardening group.

Management described a hierarchical structure was in place with the Board accountable for the quality and safety of the care and services. The Board is supported by various sub-committees, who compile and provide reports on clinical data, audit results, incidents and complaints received. Meeting minutes evidenced the Board is advised of data and information enabling it to assess performance against the Quality Standards. Policies and procedures promoted a culture of safety and inclusivity, with consumers confirming they lived within an inclusive environment.

A risk management framework was in place, which was supported by policies and procedures that guided staff on the management of high impact risks, reporting of incidents including elder abuse or neglect and the need to support consumers to live life the way they wished. Staff demonstrated knowledge of their roles and responsibilities in responding to incidents including reporting these through the incident management system. Management advised all incidents were analysed and investigated to determine if current risk controls were effective.

A clinical governance framework which guides clinical care practice was in place and supported by policies and procedures pertaining to antimicrobial stewardship, using restrictive practices as a last resort and the use of open disclosure when things go wrong. Staff understood their roles and responsibilities in the provision of clinical care, including when chemical restraint were used. However, as not all environmental restrictive practices had been accurately identified, staff had not been provided with sufficient guidance on the need to assess consumers for environmental restrictive practice. I have considered this under Requirement 8(3)(c).

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)