Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Baptistcare Morrison Gardens | 8 September 2022 |
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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 Baptistcare Morrison Gardens (**the service**) has been considered by D McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, 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 05 September 2022.

# 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 | **Non-Compliant** |
| **Standard 8** Organisational governance | **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 7(3)(e) - The service ensures it undertakes regular assessment, monitoring and review of the performance of each member of the workforce.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

Consumers/representatives interviewed reported that staff at the service treat them with dignity and respect. Staff demonstrated knowledge of the consumers history and background. Staff spoke about consumers in a respectful and knowledgeable way. Staff were observed interacting with consumers, all interactions were kind and caring.

Consumers/representatives indicated care and services provided to consumers was inclusive and culturally safe. Staff were able to describe how a consumer’s culture or background shaped the way care was provided. Care planning documentation provided direction for staff on how to provide culturally safe care, recorded each consumer’s diverse cultural background including their needs and preferences related to their heritage. The service had a documented policy on providing culturally safe care.

Consumers and representatives felt the service gave them adequate information to assist consumers make decisions about their care and services, supported consumers to maintain their independence by making decisions about their care and to maintain relationships with people who were important to them. Staff described how they help consumers to make choices and assist them to achieve their outcomes, including using phone/video calls to maintain relationships. Care planning documentation identifies the people who were important to each consumer.

Consumers said they were supported to take risks and live the best life they could. Staff described the process for risk taking which included discussions with consumers, representatives and their medical officer, assessment of risk and discussion of the consequences, positive and negative. Care planning documentation recorded the risks consumers want to take and how the service will support them to minimise harm. The service had a policy on consumer choice.

Consumers and representatives advised they received regular and current information about activities, meals and other events happening in the service. Staff advise consumers of changes to their appointments and the scheduled activities and were observed advising of these changes. Posters and flyers of upcoming activities were observed on noticeboards and in rooms. The consumer meetings and newsletter provided information on staff and consumers who had joined or left the service, feedback and complaints, continuous improvement activities.

Consumers and representatives said information was kept confidential and staff maintain privacy consumers when providing care. Staff described how the electronic care management system was kept locked and they used passwords to access information relevant to their role, where additional hard copy information was kept in locked rooms. Staff were observed knocking and awaiting responses before entering rooms, handover was observed being conducted in a private space. The service had a policy relating to consumer privacy and confidentiality and staff advised training had been provided.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and representatives advised the service provided safe and effective care, informed by assessment and planning, which started at admission and as changing needs arose. The service used risk assessment and planning tools to identify interventions based on the identified risks to the individual consumers’ health and well-being and these were documented in care plans. Staff were able to demonstrate knowledge of individual consumer risks and strategies identified to reduce or prevent these risks.

Consumers and representatives stated the service consulted them regarding the consumer’s needs, goals and preferences including end of life care. Care planning documentation demonstrated the service identified and addressed the consumer’s needs, goals and preferences, including pain management, skin integrity, behaviour support, restrictive practice, nutrition, hydration, mobility and for end of life and if a consumer wished to be resuscitated. Staff demonstrated knowledge of consumers care needs and preferences.

Care planning documentation reflected the involvement of the consumers, representatives and other health professionals such as dieticians, allied health, medical officers and specialists. Consumers say they see a medical officer when they need to, and staff confirmed a medical officer comes in each week to review consumers. Consumer files showed evidence of regular consultations with representatives and allied health staff in care conferences held yearly.

Consumers and representatives said the service kept them informed of any changes in consumer needs and gave examples of how the consumer’s assessed needs had changed in response to a decline in mobility. Care planning documents were accurate and reflected the outcomes of the most up-to-date assessments and reviews of consumer needs, goals, or preferences. Staff confirmed the care plan is brought in and discussed during care conferences.

Consumers and representatives said care and services were reviewed when changes occurred, and care documentation had been updated following a reassessment, post an incident or change in condition. The organisation’s assessment and care planning policies and procedures set out the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning were reflected consumer care needs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and representatives confirmed consumers received care which was right for them. Care planning documents reflected individualised care, tailored to the specific needs and preferences of the consumer. For consumers who were subject to restrictive practices care planning documentation included informed consent and behaviour management support plans identified potential triggers and interventions to be used prior to the restrictive practice being applied. Staff said they had been provided with training on restrictive practice and were able to describe individualised interventions used to support behaviour management for consumers receiving psychotropic medications.

High impact or high prevalence risks associated with the care of each consumer were identified to be weight loss, falls, choking, medication management, restraints, pain, pressure injuries and challenging behaviours. Care planning documentation evidenced risk prevention strategies had been identified and implemented by the service. For example, where a consumer is identified as at risk of falls, a sensor mat and regular observations had been recommended to minimise the risk.

Representatives of consumers nearing the end of life said the consumer had their dignity preserved and care was provided in accordance with their needs and preferences. Care planning documents detailed the consumers end of life wishes including if they wished their family to be present. Staff described how care delivery changed to ensure consumers’ comfort was maximised. The service had policies and procedures direct end of life care, including pain management and comfort care.

Care planning documents and/or progress notes reflected the identification of, and response to, deterioration or changes in condition. Staff advised they report changes to the registered nurse who then escalates information to allied health, management and medical officer. The service had policies and procedures on clinical deterioration for staff to follow on the electronic care management system.

Staff advised, and care documentation showed, adequate information was shared about the consumer’s condition, preferences, and care needs via various methods such as handover (both documented and verbal), progress notes and face to face communication. Consumers and representatives said they were kept informed of consumers progress and any changes to their health. Case conference and progress notes for consumers on a palliative pathway indicated information was shared between the representatives, the medical officer, staff and allied health professionals involved in the care.

Care planning documentation identified referrals to other health care providers were performed as needed. Consumers advised timely and appropriate referrals occurred and they had access to relevant health supports. Staff described the process for referring consumers to other health professionals and how this informs care and services. The service’s policies and procedures guide staff to refer consumers to external health services, including medical officers, physiotherapists and occupational therapists following a fall.

The service had documented policies and procedures to support the minimisation of infection related risks through infection control principles and promotion of antimicrobial stewardship. Staff described how they minimised transmission risks through washing and showering consumers regularly, having a clean environment, ensuring wounds were keeping consumer hydrated. The service had a trained infection control lead and an Outbreak Management Plan to support and guide staff during the COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Consumers and representatives said they received safe and effective supports for daily living, their individual needs and preferences were known and respected. Staff were knowledgeable about consumers and were aware of specific preferences individual consumers had and were able to describe how they encourage consumers to maintain independence. Staff were observed to encouraging consumers to self-mobilise and perform tasks. The service had a policy relating to maintaining independence.

Consumers and representatives said supports were received to maximise their emotional, spiritual and phycological well-being. Staff described how they support consumers, one on one, when they were feeling low and the steps taken to support consumers in their spiritual beliefs. Care planning documentation identified consumers spiritual beliefs and staff, including the chaplain, were observed supporting consumers. Brochures promoted consumer access to mental health support agencies.

Consumers and representative advised the service encouraged relationships between the consumers in practical ways, including ensuring there were spaces for friends to sit together during meals and activities. Staff described how they supported consumers to maintain relationships through facilitating visits, phone calls and video calls. The activities planner contained a wide variety of activities which had been tailored to the interests and needs of consumers.

Consumers and representatives indicated how changes in the consumers condition, needs and preferences were communicated throughout the organisation. Care planning documentation and progress notes for consumers, demonstrated they were regularly reviewed and updated with changes to a consumer’s condition. Staff were observed handing over and receiving updates on consumer’s conditions, needs and preferences.

Consumers and representatives were unable to provide examples of times they had been referred to external providers, but staff described some of the external services utilised to supplement the care and lifestyle activities, including religious organisations, volunteers (including volunteers who spoke the same language as CALD consumers) and hairdressers. The service’s lifestyle and activity folders contained evidence of referrals and support from outside organisations including volunteers, entertainers, and chaplaincy/church services.

Consumers indicated the variety, quality, quantity of food provided was suitable and any preferences for meals or the meal service were respected by staff. Staff were made aware of changes to dietary needs or preferences and provided specific examples of changes to a consumer’s preference for food and drinks. Consumers contribute to menu planning and confirmed access to additional food items outside meal service if they are hungry. Meal service was observed to be relaxed, with music playing and consumers were observed sitting with friends, enjoying their meals. Staff were available to assist consumers who required assistance.

Consumers and representatives said equipment was always available, clean and well maintained. Staff said equipment was always available when required and it was cleaned before and after each use, as well as by maintenance, as part of the planned maintenance schedule. Lifestyle equipment was observed to be clean and well maintained. Activities, games, books and other entertainment equipment was available throughout the service.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers and representatives reported the service and its staff were always welcoming and supported consumers to maintain their independence, sense of belonging and function. Consumers reported the service felt lovely, they found it easy to navigate and there was always space available for them to spend time alone or with people of their choosing. Staff described how they knew consumers and their representatives felt welcome and at home by observing them in the service and speaking with them directly. Consumers were observed spending time together and with visitors in private and communal areas of the service.

Consumers and representatives said they felt safe at the service, as it was very well cleaned and maintained. Consumers reported they were able to move freely within the service both inside and outdoors and had never been restricted to their rooms. Staff described the cleaning schedule including consumer rooms and communal areas. Staff described how consumers were encouraged to move freely throughout the service as well as the steps they would take if they identified a hazard. Consumers in the memory support unit (MSU) were observed to have access to a garden area and their representatives described how the consumer was not restricted in their movements and were able to access anywhere in the service.

Consumers and representatives said furniture, fittings and equipment was safe, clean and well maintained. Staff described equipment used for moving and handling consumers was safe and regularly cleaned by maintenance as part of the planned maintenance schedule. Staff described how they would tag and remove equipment which became unsafe and described the process to report it to maintenance. Equipment, furniture and fittings was observed to be clean and well maintained and the planned maintenance schedule included a roster for cleaning and regularly maintaining furniture, fittings and equipment.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

Consumers and representatives felt supported to provide feedback and make complaints, and described different complaint mechanisms. Consumers felt staff were very good at listening to them and taking action. Staff described complaints or feedback can be provided through consumer surveys, feedback forms including assisting consumers to fill them out. Staff advocate for consumers and bring verbal consumer complaints and feedback directly to management. The service had a policy on feedback and complaints and feedback forms were readily available on the service internet and throughout the service and could be lodged anonymously in suggestion boxes.

Although no consumer or representative knew of any advocacy or interpreter services available to them, all consumers and representatives said they felt safe approaching staff or management directly. Most staff were able to describe the advocacy and interpreter services available to consumers and noted there were volunteers who could interpret for CALD consumers. Care planning documentation identified consumers who may need assistance communicating and provided strategies for staff to help them communicate with these consumers. Brochures promoted consumer access to advocacy and interpreter services.

Consumers and representatives reported the service took appropriate action to any complaints or suggestions made. Staff described the steps taken when receiving a complaint including responding promptly, apologising and reviewing the issue to determine opportunities for improvement. The service had a policy relating to complaints and open disclosure. Complaints documentation confirmed appropriate action had been taken and an open disclosure process was used.

Consumers provided examples of changes made at the service because of their feedback or including being supplied a key enabling them to lock their rooms. Management described how feedback, suggestions and complaints were used to improve the service and the plan for continuous improvement demonstrated how, after receiving feedback, the service plans to install personalised picture frames to help consumer identify their own room and introduce a fortnightly consumer choice meal day. Maintenance staff were observed installing the frames.

# Standard 7

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| Human resources | | Non-Compliant |
| 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. | Non-Compliant |

## Findings

The Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Provider’s response and find the service non-compliant with this requirement.

* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Site Audit report contained generally positive feedback in relation to the performance of staff, however deficits were identified as the service was not able to evidence each member of the workforce had their performance regularly assessed, monitored and reviewed. Both management and staff advised performance reviews had not been conducted.

The Provider acknowledged the service was not able to demonstrate documented regular assessment, monitoring and review of the performance of each member of the workforce had been undertaken at the time of the audit and consider this supports non-compliance with this Requirement. I acknowledge the advice high staff turnover and disruptions due to COVID-19 were contributing factors and note the informal monitoring processes used to review staff performance, however, I consider this insufficient as it is expected that each member of the workforce has an appropriate person regularly assess and evaluate how they are performing their role; and to identify, plan and support any training and development they need.

I acknowledge the continuous improvement plan detailing the corrective actions including to upskill management and complete the performance assessments, however, I consider this will take time to implement and demonstrate sustainability and effectiveness.

Therefore, I find this Requirement is non-compliant.

Consumers provided generally positive feedback regarding their needs and preferences were being met, some consumers and staff indicating they felt there were not enough staff. Staff confirmed on occasions when shifts are unable to be filled, through agency or casual staff, they work together as a team and prioritise consumer care. Management confirmed the roster was being reviewed with adjustments being made to evenly spread the availability of care staff across morning and afternoon shifts. care when they were short staffed and didn’t believe there was any impact to the consumers. Consumers were observed to be well dressed, clean and staff were available to assist consumers to the dining room or to where activities were being held, if needed. Call bell data evidenced staff were attending to calls for assistance in 4 minutes on average.

Consumers and representatives confirmed the staff were lovely, fantastic, amazing, and caring. Consumers said they have built trusting relationships with permanent staff who know them and how they like care to be delivered. Staff were observed to greet consumers by their preferred name and chat to consumers as they passed. A consumer survey had 100% of respondents confirming staff were, kind and caring, most of the time or always.

Consumers and representatives said they have no concerns with the staff’s ability to care for them. Management described how staff must meet the minimum qualifications and how the service determines whether staff were competent and capable in their role. Staff participated in annual mandatory training and competency assessments relevant to their role to ensure they had the skills and knowledge required. descriptions were available for each role. New staff receive ‘buddy’ shifts which monitoring of orientation, induction and skills assessments documented.

Consumers and representatives did not provide any negative feedback about the skills and knowledge of staff and commented on how good they were. Management reported staff received training via a range of delivery methods, including during orientation, toolbox sessions and online modules. Staff confirmed they received training in relation to the behaviour support, incident management and reporting, including for serious incidents, which was a part of mandatory for all staff and completed through their orientation and then annually. Staff confirmed they receive reminders when training is due.

# Standard 8

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| Organisational governance | | Compliant |
| 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

Consumers and representatives felt engaged in the development, delivery and evaluation of care and services, were regularly involved in choice making for the menu and lifestyle activities and were updated and involved in the care as changes happen. The service demonstrated how the continuous improvement plan demonstrated feedback was used to identify areas needing improvement. The continuous improvement plan was shared with the board.

Consumers were confident the organisation was run in their best interests however some mention the service could do with more staff. Management said they have a monthly meeting with the organisation’s governing body to discuss information needed to maintain a culture of safe, inclusive, and quality care and services. The organisation had published policies, procedures and guides relevant to the quality standards such as a clinical governance framework which included risk management, consumer partnerships and clinical practice.

The service had implemented effective governance systems relating to the information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. In practice the systems included the identification of opportunities for continuous improvement through audits, complaints, and consumer surveys.

The organisation provided a documented risk management framework, including policies guiding the management of high impact or high prevalence risks associated with the care of consumers, identification of and response to abuse and neglect of consumers; and how consumers were supported to live the best life they can. Staff stated, and consumers’ care planning documents evidenced, how risk assessments were undertaken and risk prevention care strategies were implemented on admission to the service and as needs arise.

The service demonstrated how clinical care practice was governed by organisational policies pertaining to antimicrobial stewardship, restraint minimisation and open disclosure. The service had frameworks to guide clinical governance, antimicrobial stewardship, the minimisation of restrictive practices and open disclosure. Staff demonstrated their understanding of these and how they apply them to their practice.

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-2)