Performance

Report

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| Name: | Beaumont Care Roslyn Lodge |
| Commission ID: | 5141 |
| Address: | 24 Main Western Road, NORTH TAMBORINE, Queensland, 4272 |
| Activity type: | Site Audit |
| Activity date: | 6 August 2024 to 8 August 2024 |
| Performance report date: | 16 September 2024 |
| Service included in this assessment: | Provider: 7235 Beaumont Care (Holdings) Pty Ltd  Service: 3498 Beaumont Care Roslyn Lodge |

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 Beaumont Care Roslyn Lodge (**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, with their identity, culture and diversity valued. Staff knew consumers individually, and described how they treated them with dignity and respect. Care planning documentation reflected consumers’ background, identity and culture. Staff were observed interacting with consumers in a dignified and respectful manner.

Consumers and representatives said the service recognised and respected consumers’ diverse cultural backgrounds and provided care and services consistent with their cultural needs and preferences. Staff identified consumers’ cultural backgrounds and explained how this influenced the delivery of their care and services. Care plans detailed consumer’s cultural backgrounds, and their cultural needs and preferences. The service had policies, procedures, and training to guide staff in providing culturally safe care.

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

Consumers and representatives described how the service supported consumers to take informed risks, to live the best life they could. Clinical staff described how they supported consumers to take informed risks to live the life they chose, and to put suitable risk mitigation strategies in place. Care planning documents detailed the risk assessment and risk management processes in place to support individual consumers. The service had dignity of risk process to guide staff in supporting consumers who wished to take risks.

Consumers and representatives confirmed the service provided current, accurate and timely information to make informed decisions. Staff described the ways information was provided to consumers to ensure it was accessible and easy to understand. Care planning documents included assessments of consumers’ communication needs and preferences. Current information about activities, menus, and other choices was displayed throughout the service.

Consumers and representatives said the service respected their privacy and kept their personal information confidential. Staff described ways they respected consumers’ privacy and kept their personal information confidential. Staff were observed discussing personal information in private areas, locking computer screens when not in use, knocking and waiting for consent before entering rooms. The service had policies and procedures to guide the collection, use, sharing and storing of confidential information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were actively involved in the assessment and care planning process, which identified risks to consumers’ health and well-being. Clinical staff described how the assessment and care planning process, considered risks to consumers, and informed the delivery of safe and effective care and services. Management initiated a continuous improvement action to assess all consumers ability to use the keypad operated main entrance doors to exit/enter the service. Care planning documents showed the assessment and care planning process included assessment of risks and identification of mitigation strategies. The service used an electronic admission checklist to guide assessment and care planning.

Consumers and representatives described how assessment and care planning identified consumers’ current needs, goals, and preferences, and their end of life care plans. Staff described how assessment and planning reflected each consumer’s current, needs, goals, and preferences, and how they approached conversations around end of life care planning. Care planning documents were individualised and reflected consumers’ current needs, goals, and preferences, and their end of life plans. The service had a policy and procedure to guide staff in assessment and care planning, including advance care and end of life care.

Consumers and representatives felt like partners in the initial and ongoing assessment and care planning, which included other health professionals they wished to involve. Management and staff described partnering with consumers, representatives, and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives, and external health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives described how outcomes of assessment and planning were effectively communicated to them, and they could access a copy of the care plan. Staff described the processes for documenting and communicating the outcomes of assessments to consumers and representatives. Care planning documents showed outcomes of assessment and care planning were effectively communicated to consumers, representatives, and others involved in providing care.

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

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care that met their needs, goals, and preferences, and optimised their well-being. Care planning documents reflected individualised care, which was safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management described consumers' individual needs and preferences, and how these were delivered in line with their care plans. comprehensive assessment and planning of safe and effective care, tailored to the specific needs and preferences of the consumer. Management initiated a review of consumers ability to operate the keypad code and intercom at the main entry/exit doors during the site audit. The service had policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with how high-impact and high-prevalence risks to consumers were managed. 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 work instructions to guide staff in managing high impact/high prevalent risks to consumers.

Consumers and representatives confirmed consumers’ needs, goals, and preferences for end of life care had been discussed, and the service ensured consumers’ comfort was maximised and dignity preserved during the end of life. Staff explained how they delivered care to consumers nearing the end of life, and ensured their comfort was maximised and their dignity preserved. Clinical staff and care planning documents confirmed the service involved medical officers and a palliative care team to maximise the dignity and comfort of consumers nearing the end-of-life. The service had policies to guide staff in providing end of life care.

Consumers and representatives said the service responded promptly to a deterioration or change, in consumers’ condition, health or ability. Clinical staff described how deterioration or change in consumers’ condition was recognised, and responded to, in partnership with medical officers and other health professionals. Care planning documents showed a deterioration or change in condition was recognised promptly and responded to appropriately.

Consumers and representatives said current information about consumers’ condition, needs and preferences was shared effectively between staff, and with other providers involved in their care. Staff described how current information about consumers’ condition, needs and preferences was communicated between staff and other care providers through handovers and electronic records. Care planning documents showed adequate information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service provided consumers with timely referrals to appropriate other organisations and health professionals, with their consent. Management and clinical staff described the processes for referring consumers to other health providers to meet their care and service needs. Care planning documents confirmed the involvement of other individuals and organisations providing care and services.

Consumers and representatives said the service took appropriate infection prevention and control measures, and managed COVID-19 outbreaks well. Management and staff described how they had received training and applied infection prevention and control measures and promoted antimicrobial stewardship. The service relied on the organisational infection prevention and control lead while a clinical staff member completed the training. Records confirmed infections were documented, and the service had 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 safe and effective services and supports for daily living, which met consumers’ needs, goals, and preferences, and promoted their quality of life. Staff demonstrated an understanding of individual consumer’s needs, goals, and preferences for daily living. Care planning documents detailed consumers’ interests and the services and supports needed to optimise their independence, quality of life, and well-being.

Consumers and representatives confirmed the service supported their emotional, spiritual, and psychological well-being. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being, such as by providing religious and counselling services, and spending one-on-one time with consumers. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being. The activities calendar reflected various activities to support the emotional, spiritual, and psychological well-being of consumers.

Consumers and representatives said they were supported to participate in their community, within and outside the service, maintain social and personal relationships, and do things of interest. Staff explained how they supported consumers to participate in their community, do things of interest, and have social and personal relationships. Care planning documents detailed consumers’ lifestyle interests and important relationships. Staff were observed supporting consumers to participate in activities.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively within the service, and to others responsible for providing care. Staff described how they communicated current information about consumers’ condition, needs, and preferences for daily living through shift handovers and the electronic care management system. Care planning documents detailed sufficient current information to provide safe and effective services and supports for daily living.

Consumers and representatives said the service provided timely referrals to appropriate other individuals and organisations providing care and services. Staff described other individuals and organisations providing care and services to specific consumers at the service. Care planning documents showed the service collaborated with external services to support the diverse needs of consumers.

Consumers and representatives expressed satisfaction with the variety, quality, quantity and temperature of the meals provided, and said they could choose alternatives. Staff were aware of consumers’ dietary needs and preferences, which aligned with their documented care plans. The menu was displayed on notice boards and consumers were encouraged to provide feedback about the food and could influence the menu through feedback processes and meetings. Food safety documentation and kitchen equipment logs were up to date.

Consumers and representatives reported the equipment provided was safe, suitable, clean, and they knew how to request maintenance. Staff described the 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 and representatives said the service environment was welcoming, easy to navigate, and they could personalise their rooms which created a sense of belonging. Management and staff described how they supported consumers to feel welcome and enhance their sense of belonging, independence, interaction, and function. Consumers’ rooms were personalised, and the service was well-lit, with wide corridors and clear signage to aid navigation.

Consumers and representatives said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. Some consumers did not know the keypad code to exit/enter the main doors however, management immediately initiated improvement actions to address this issue. Staff described the systems in place for keeping the service safe, clean, and well maintained. The service environment appeared to be safe, clean, and well-maintained, with consumers able to move freely, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. 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 comfortable providing feedback and making complaints, and described different ways they could do so such as through feedback forms, surveys and meetings. Management and staff described the processes in place to encourage and support consumers to provide feedback and make complaints, which are entered on the electronic complaints register. Information about providing feedback, feedback forms and feedback boxes were available around the service. The service had policies and procedures to support consumers’ feedback and complaints.

Consumers and representatives could describe the advocacy, language, and external complaint services available. Management and staff described how they promoted external complaint, advocacy and language services to consumers and representatives. Information regarding the Commission, advocacy, and interpreter services was in the consumer handbook and displayed around the service.

Consumers and representatives said the service took appropriate action to resolve their complaints promptly, using open disclosure. Management and staff demonstrated a common understanding of the complaints management process and the use of open disclosure. The feedback and complaints register showed timely response taken 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 confirmed their feedback and complaints were used to improve the quality of care and services. Management advised how feedback and complaints were reviewed, analysed and used to identify opportunities for improvement. The plan of continuous improvement, and other documents, confirmed 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 felt the service had sufficient staff to meet their care and service needs, and they did not have to wait long when they used their call bells. Staff said there were enough staff to complete their tasks comfortably and without the need to rush consumers. Management explained how the service was exceeding their care minutes but was not currently meeting their registered nurse minutes due to a recent staffing shortfall. Management advised they were recruiting and expected the registered nurse minutes would be on track prior to the 1 October 2024 commencement. No adverse impacts on consumers’ care and services were identified. Documentation showed call bell response times were within the target time.

Consumers and representatives said the service had an adequate mix and quantity of staff to meet the needs of consumers. Staff said the service had the right number and combination of staff to deliver quality care. Management described how the workforce was planned and rostered to ensure the delivery of safe and effective care and services. Documentation confirmed call bell response times were within target and the service met the regulations for care minutes and. Staff were observed responding to call bells in a timely manner.

Consumers and representatives said the staff were exceedingly kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff were familiar with each consumer’s identity and culture, and interacted with consumers in a kind, caring, and respectful manner. The service had documented policies and procedures to guide staff in respecting consumers’ dignity, choice, diversity, inclusion and privacy.

Consumers and representatives said staff were competent and knew what they were doing. Staff demonstrated they were competent and had the knowledge to provide suitable care and support to consumers with varying needs. Management described the comprehensive recruitment processes which ensured staff were competent and met the qualification, registration, and security requirements before they were employed. Staff records confirmed qualifications, professional registrations and security checks were current.

Consumers and representatives said staff were well trained and had the appropriate skills and knowledge to deliver safe and quality care and services. Staff described the initial and ongoing training, support, professional development, and supervision they received. Management described the comprehensive initial and ongoing training staff received in delivering care in line with the Quality Standards. Records confirmed a high completion rate of mandatory staff training.

Consumers and representatives expressed full confidence in the staff and management. Management and staff described how the performance of staff was monitored, assessed, and reviewed through annual formal performance appraisals, continuous informal monitoring and review, and ad-hoc performance management, when the need arises. Staff confirmed the process for conducting performance appraisals. Records showed performance appraisals were up to date.

# 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 said the service was well-run and they were engaged in the development, delivery and evaluation of the care and services through a range of mechanisms including meetings, feedback processes, and care reviews. Management and staff said they supported consumers and representatives to be actively engaged in the development, delivery and evaluation of care and services, and had invited them to participate in the Consumer Advisory Body (CAB). Documentation demonstrated consumers and representatives actively participated in the development, delivery and evaluation of the care and services.

Consumers and representatives said consumers felt safe at the service and live in an 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 were discussed at relevant meetings. The organisation had governance frameworks, policies and reporting arrangements which established oversight and accountability by the Board. The Board had an appropriate membership and the Quality Care Advisory Committee included members of the Board, clinical staff, and a consumer advocate.

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were aware of the governance policies and confirmed they were implemented in practice. The Board ensured policies and processes were in place to deliver 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 explained how they implemented the policies in practice. Management confirmed incidents were analysed and reported to the clinical governance committee and Board to identify risks and improvements to care and services.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management and clinical staff could explain these policies and how they applied them in the delivery of care and services. Management identified improvement actions in relation to assessing consumers, ability to the use the keypad to operate the front door.

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)