Performance

Report

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| Name: | Beecroft House Aged Care |
| Commission ID: | 2442 |
| Address: | 134 Beecroft Road, BEECROFT, New South Wales, 2119 |
| Activity type: | Site Audit |
| Activity date: | 27 February 2024 to 29 February 2024 |
| Performance report date: | 16 April 2024 |
| Service included in this assessment: | Provider: 985 Thompson Health Care No.2 Holdings Pty Ltd  Service: 833 Beecroft House Aged Care |

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 Beecroft House Aged Care (**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 14 March 2024.
* other information and intelligence held by the Commission in relation to the performance of the service.

# 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 found Compliant, as:

Consumers and representatives confirmed staff treated consumers with dignity and respect, were familiar with their identity and knew what was important to consumers. Staff spoke respectfully of consumers and were familiar with their individual backgrounds and preferences. Care documentation was written using respectful language and reflected consumers’ identities and diversity.

Consumers confirmed staff recognised and respected their cultural backgrounds and provided care consistent with their preferences. Staff described how consumers’ cultures influenced the delivery of care. Care documentation included information about consumers’ cultural needs, such as religious practices they wished to maintain.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered, who else was involved in their care and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ care decisions, such to leave the service independently and spend time with loved ones. Policies and procedures guided staff to support consumer choice and independence when making decisions.

Consumers gave practical examples of eating food and drinks of normal consistency despite texture modifications being recommended, as how they were supported to live life as they chose. Staff explained they met with consumers to discuss risks involved with their choices, conducted a risk assessment and developed strategies to promote their safety. Care documentation evidenced consumers were supported to take risks and strategies were in place to minimise harm.

Consumers and representatives confirmed consumers received timely verbal and written information, which enabled them to make choices, but one representative said they had not been given information regarding changes to consumer care. Staff explained where consumers had sensory or cognitive impairments, they used visual aids and allowed time for individuals to understand what had been communicated. Care documentation evidenced individuals’ communication and language needs were known.

Consumers gave practical examples of how their privacy was respected, such as staff closing doors when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and information was kept confidential in a secure Electronic Care Management System (ECMS). Staff were guided by a privacy policy which prescribed how consumers’ information was handled, stored and accessed.

# 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 found Compliant, as:

An entry checklist and assessment process guided staff practice in assessing risks to consumers and developing their care plan. Care documentation evidenced detailed assessments identified risks to consumers and responsive strategies were planned. Staff described how risks to consumers were identified and used to develop the care plan, however the risk of inappropriate environmental restrictive practice had not been considered for consumers who were unable to operate the locking mechanism securing entry/exit at the front door. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives confirmed consumers’ goals and preferences were assessed and they were provided an opportunity to discuss their plans for advance and end of life care, as they wished. Staff understood consumers’ mobility goals, and explained when end of life preferences were discussed and revisited with consumers. Care documentation evidenced consumers’ current preferences, including for advance care.

Consumers and representatives confirmed staff involved them in assessment, planning and review of consumers care and services. Staff explained case conferences were held to ensure consumers, representatives and health care providers had input into consumers care and services. Care documentation evidenced consumers, representatives, medical officers and allied health professionals were consulted routinely.

Consumers and representatives said staff were proactive in communicating the outcomes of consumers’ assessment and they were offered a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and email. Consumers’ care documentation was observed to be readily accessible via the ECMS.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls. Staff explained consumers were reviewed quarterly and when their needs changed. Care documentation evidenced consumers’ care was reviewed regularly for effectiveness, as well as when their circumstances changed or an incident occurred which impacted their needs, goals or preferences.

# 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:

Most consumers and representatives confirmed the care consumers received was mostly in line with their individual needs, however others raised concerns with the frequency of oral hygiene care and consistency with provision of thickened fluids. Care documentation reflected application of chemical restrictive practice, fluid modifications and wound management needs. Staff were knowledgeable about the delivery of care required to meet consumers’ individual hydration, pain management and skin integrity needs; however, best practice was not understood in relation to potential environment restrictions applied to some consumers. This is further considered under Requirement 8(3)(e).

Consumer representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls and skin injuries, and explained how these were managed. Care documentation evidenced risks to consumers were mostly being managed in accordance with directives, however post fall and blood glucose monitoring was not always completed as required.

Care documentation for a consumer who had recently passed away evidenced they were kept comfortable through provision of regular comfort cares and their representative was kept updated about their condition, as per their wishes. Staff understood how to care for consumers nearing end of life, to ensure their comfort and meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their mobility, appetite, mood and overall behaviour, which were documented and shared with relevant health care professionals for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared, particularly as they did not have to repeat themselves during care delivery. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and were promptly referred when required. Staff explained the referral process, which ensured consumers received the support they needed. Care documentation evidenced consumers were quickly referred to specialists and allied health professionals, when required.

Consumers and representatives gave positive feedback about how infection-related risks were managed, particularly in the event of COVID-19 infections. Staff understood how to minimise consumers’ need for antibiotics and described their roles in infection prevention and control, which aligned with the outbreak management plan. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 gave positive feedback about the supports for daily living and said they were supported to pursue activities of interest to them, such as attending concerts and participating in pet therapy. Staff knowledge of consumers’ interests and activities they enjoyed was consistent with their lifestyle plans. Care documentation evidenced consumers’ lifestyle goals, interests, preferences and activities they found enjoyable were recorded.

Consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers by facilitating connections with people important to them, arranging pastoral care and spending time with them when their mood was low. Care documentation evidenced consumers’ faith practices were recorded and the lifestyle calendar included scheduled church services and weekly music therapy.

Consumers confirmed staff supported them to access the community, participate in activities and spend time with loved ones. Consumers were observed receiving visits from family members and spending time on solo activities. Care documentation evidenced the supports consumers required to maintain important relationships and spend time in the community.

Consumers said information about their daily living needs were effectively communicated and staff respected their preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information about consumers’ well-being needs was available for sharing with others who had responsibility for consumers’ care.

Consumers gave practical examples of how they had been referred to other organisations and providers of care and services, such as receiving visits from pet therapy volunteers. Staff described the referral process and said consumers had been referred for spiritual and mental health support. Care documentation showed referrals to other providers of care were timely.

Consumers and representatives gave positive feedback about meals and said they were of good quality and appropriately portioned and staff listened to their menu suggestions. Staff explained a seasonal, 4-week rotating menu allowed flexibility for adjustments to be made, following consumers’ feedback. Meal service was observed and consumers appeared to enjoy the dining experience.

Consumers said they had access to clean equipment, such as personal mobility aids and gardening tools, which were well maintained and supported their daily living needs. Staff said they cleaned shared equipment after use, and maintenance documentation evidenced equipment was serviced routinely. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# 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 and representatives said the service was welcoming, easy to understand and consumers’ sense of belonging was optimised by personalising their rooms, which made them feel at home. Staff explained consumers were oriented to the service, which facilitated their sense of belonging and ease of navigation. The service environment was observed to be welcoming, with communal lounges, dining and courtyard areas to promote consumers’ interaction with others.

Consumers and representatives said the service was safe, clean, well maintained and consumers could move freely between the indoors and outdoors. Staff described the maintenance process, and the maintenance schedule evidenced tasks were completed routinely. Consumers were observed to have free access, to indoors and outdoors areas but exit to or entry from the community was restricted overnight, as the front door was locked with entry and exit controlled by a keypad, with assessment processes to be amended to ensure any impact on consumers free movement was understood. This is further considered under Requirement 8(3)(e).

Consumers confirmed fittings and equipment were clean, well maintained and suitable for their use. Staff explained how equipment, furniture and fittings were kept clean, with regular observations to ensure these were safe, clean and suitable for consumers’ use. Furniture and equipment were observed to be clean, well maintained and cleaning and maintenance schedules were up to date.

# 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 and representatives said they were encouraged to provide feedback and make complaints and gave practical examples of avenues available to them, such as completing feedback forms or speaking with management. Staff explained consumers also provided feedback during consumer meetings, surveys and by email. The consumer handbook and information displayed throughout the service promoted mechanisms by which consumers could provide feedback or make a complaint.

Consumers and representatives were aware of how to access external complaints, advocacy services and language supports. Staff were aware of the advocacy and language services available to consumers and understood how to access these, if required. The consumer handbook and pamphlets promoted access to complaints mechanisms and advocacy services.

Consumers said when they made complaints staff were prompt to address concerns and confirmed they had received an apology, but the representative could not recall staff apologising when informing them of the complaint. Staff understood the complaints management process and explained consumers received an apology, with their concerns resolved using open communication. Complaints documentation evidenced appropriate and timely action was taken in response to consumers’ feedback and complaints.

Consumers gave practical examples of improvements made to menu choices, but one consumer said they had not seen an improvement to staff attending to their calls for assistance, around mealtimes. Staff explained consumers’ feedback was reviewed routinely to identify opportunities for improvement and ensure actions were taken to enhance the quality of consumers’ care. The Plan for Continuous Improvement (PCI) evidenced consumers’ complaints and feedback, including feedback given during the Site Audit, were used to prompt improvement actions to ensure the quality of care and service.

# 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:

Most consumers and representatives gave positive feedback about staffing levels and said their needs were promptly met, except for one consumer, who raised delays occurred in staff responsiveness around mealtimes. Management said the workforce was planned to address consumers’ needs, accounted for unplanned leave and meet legislative requirements. Rostering documentation evidenced staffing levels were adequate to meet consumers’ needs, with a consistent presence of clinical and care staff across all shifts.

Consumers and representatives said staff were kind, caring, gentle and respectful of consumers’ identities. Staff had knowledge of consumers’ identities, preferences and spoke about them in a respectful manner. Staff were observed interacting with consumers in a kind, caring and gently way as they provided support during mealtimes and activities.

Consumers said staff were suitably skilled, knowledgeable and competent to provide safe and effective care. Management explained staff competency was determined through orientation and buddy programs, regular training which reflected the Quality Standards, key competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required knowledge, experience, competencies and qualifications relevant to their roles.

Consumers and representatives said staff were suitably skilled and competent in meeting consumers’ care needs. Staff said additional training could be provided to new staff and gave practical examples of training they undertook, such as dementia care and the Serious Incident Response Scheme (SIRS). Training records evidenced high rates of completion in mandatory topics such as manual handling and infection prevention and control.

Management said staff performance was monitored through annual appraisals, informal monitoring and review and performance management if needed. Staff confirmed their participation in performance appraisals and said it provided them with opportunities for improvement. Documentation showed workforce performance reviews were conducted as scheduled.

# 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

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

The Assessment Team recommended Requirement 8(3)(e) was not met. However, having considered the evidence in the Site Audit report and the provider’s response of 14 March 2024. I have come to a different view and found the service compliant.

The clinical governance framework was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. However, insufficient guidance had been provided to clinical staff on considering the risk of environmental restrictive practices when conducting assessments, due to entry to the service and exit to the community, being controlled by a keypad security system overnight.

Management confirmed they did not consider the security mechanism as restricting consumer movement, as the code to release the lock was displayed beside the keypad. For 2 consumers, who were independent with their mobility, while staff had assessed their cognition and manual dexterity, an individual assessment to operate the keypad had not been completed to understand if this resulted in the consumers being restricted.

The providers response acknowledges the findings and has confirmed actions were undertaken to identify if any consumer were subject to environmental restrictive practices resulting in 2 consumers being confirmed as unable to use the keypad. I note assessment for these 2 consumers, with the respective consent and behaviour support plans have been completed.

I also acknowledge additional actions have also been completed including requiring staff to complete education modules on clinical governance and restrictive practice, raising awareness of potential environmental restrictive practices at staff meetings and reviewing the restrictive practice policy. I encourage the provider to continue to embed these corrective actions and during revision of the policy also consider if consumers are required to seek staff support to enter and exit the service could this be considered a restrictive practice.

Based on the evidence before me, I consider the provider has undertaken sufficient actions to remediate the concerns regarding inappropriate environmental restrictive practices being applied to consumers and therefore, this requirement is compliant.

I am satisfied that the remaining 4 requirements of Quality Standard 8 are compliant, as:

Consumers gave positive feedback about how the service was managed and said they were partners in their own care and contributed to the development of care and services. Management said consumers contributed to service evaluation through scheduled meetings, the feedback process, surveys, conversations and care plan reviews. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as the menu and lifestyle activities.

The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through monthly reporting on internal audit results, trending issues and plans of action, clinical indicators, consumer feedback and complaints and staff education. Management gave practical examples of how the board promoted a culture of safe, inclusive and quality care, such as the installation of an alarm system on service doors in the memory support unit, so staff were alerted when consumers required assistance to enter garden areas. Service documentation evidenced reciprocal communication sharing between the board and management, whilst board meeting minutes evidenced discussions about legislative changes.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, feedback/complaints and regulatory compliance, but legislative requirements for restrictive practice had not been met for 2 consumers who had potential environmental restraint. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

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)