Performance

Report

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| Name: | Bella Vista Gardens |
| Commission ID: | 1031 |
| Address: | 16 Fairway Drive, NORWEST, New South Wales, 2153 |
| Activity type: | Site Audit |
| Activity date: | 26 August 2024 to 28 August 2024 |
| Performance report date: | 3 October 2024 |
| Service included in this assessment: | Provider: 3093 Bella Vista Gardens Pty Ltd  Service: 6804 Bella Vista Gardens |

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 Bella Vista Gardens (**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 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 relating 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 confirmed staff treated them with dignity and respect, were familiar with their identity, knew what was important to them and valued them as individuals. Staff spoke respectfully of consumers and were familiar with their individual backgrounds and preferences. Care documentation evidenced consumers’ diversity, cultural backgrounds and preferences, and staff were observed treating consumers in a kind and respectful manner.

Consumers and representatives confirmed care and services were culturally safe and consistent with consumers’ traditions and preferences. Staff gave practical examples of how culturally safe care was provided, such as ensuring consumers were supported by gender specific staff, as per their preferences. Care documentation evidenced consumers’ cultural needs and 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 and how they wanted to maintain important relationships. Staff gave practical examples of how they supported consumers to make decisions, such as asking for and respecting their care preferences. Care documentation evidenced consumers’ care preferences, who participated in decisions about their care and the supports needed to maintain personal relationships.

Consumers gave practical examples of leaving the service independently in their own vehicle and spend time in the community, 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 confirmed they received timely verbal information, an activities calendar and a weekly menu, which enabled them to make choices about their day to day living. Staff described means of communication with consumers, such as newsletters and notices displayed, whereby the individual’s sensory impairments influenced how information was provided. Noticeboards in communal areas promoted current information about lifestyle activities, newsletters, complaints mechanisms and the weekly menu.

Consumers gave practical examples of staff closing their doors when providing care as how their privacy was respected. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and confidentiality of their care information was maintained as care discussions were held in private areas. Staff were observed seeking consent prior to entering consumers’ rooms and information was kept confidential in a secure electronic care management system (ECMS).

# 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 assessment process did not include consideration of the risk of inappropriate environmental restrictive practice due to security measures in place overnight. This is further considered under Requirement 8(3)(e), as it relates to clinical governance.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions when their needs, preferences or circumstances changed. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and others, such as dieticians and physiotherapists, participated in the ongoing assessment, planning and review of their care and services. Staff explained input from consumers, representatives and specialist services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, with medical officers and allied health professionals’ input included in planning processes.

Consumers and representatives said they received regular updates about consumers’ care, and they had access to 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. Care documentation was observed to be readily available through the ECMS, with summary care plans available to consumers.

Consumers confirmed their care and services were reviewed regularly and in response to incidents, however; one consumer’s care documentation had not been updated following review by a speech pathologist, though hospitality staff had been advised of the consumer’s requirements, and the consumer confirmed they received the consistency of fluids they needed, with management ensuring care documentation was updated, in response. Care documentation evidenced reviews were conducted every 4 months, as well as when consumers health status, preferences or circumstances changed.

# Standard 3

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

Findings

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

Consumers and representatives confirmed consumers received the care they needed, which was individualised, safe and met their needs and preferences. Care documentation evidenced consumers received care in line with their assessed needs; however, one consumer’s medication had not been identified as a chemical restrictive practice, with management obtaining required consents for the practice and care documentation was updated by the consumer’s medical officer, in response. Staff were knowledgeable about consumers’ personal and clinical care 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), as it relates to clinical governance.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services and described the management strategies as effective. Staff explained how high-impact and high-prevalence risks for consumers, such as falls, were monitored through clinical data, which informed how risks were managed; however, best practice procedures were not followed for 2 consumers who had unwitnessed falls, with management having identified a staff knowledge gap and included it in the continuous improvement plan (CIP), and education on post-fall procedures provided to clinical and care staff, in response. Care documentation evidenced risks to consumers were mostly identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and they were supported by family, in line with their wishes. Staff understood how to care for consumers nearing end of life, to ensure their comfort and meet their needs and preferences, including providing emotional support. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives said staff promptly responded to deterioration or changes in consumers’ conditions and staff discussed planned management strategies with them. Staff explained when consumers’ conditions deteriorated, medical officers and allied health professionals were involved to ensure appropriate management strategies were in place. Care documentation evidenced deterioration in consumers’ conditions were recognised and responses were timely.

Consumers gave positive feedback about how information was shared and confirmed staff understood their clinical requirements and provided care in line with their assessed needs. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions was shared between those who had responsibility for their care.

Consumers confirmed they 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 promptly referred to medical officers and allied health professionals, whose recommendations were included in care plans.

Consumers and representatives gave positive feedback about how infection-related risks were managed and said staff practiced hand hygiene and used personal protective equipment. Staff understood infection prevention and control and described care strategies used to minimise consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including what to do if there is an infectious outbreak.

# 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 services for daily living and confirmed they were supported to pursue activities of interest to them, such as gardening and walks in the courtyard, which optimised their quality of life. Staff had knowledge of consumers’ daily living preferences and explained lifestyle assessments gathered individual’s preferences, interests, and social, emotional, cultural and spiritual needs, which informed the activities calendar. The activities calendar offered options which aligned with consumers’ interests, such as bus outings, pet therapy and movie screenings.

Consumers confirmed their 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, spending one-on-one time with them when their mood was low, and referring them to clinical staff, if needed. Care documentation evidenced consumers’ well-being needs, goals and preferences and the activities calendar included scheduled spiritual services and visits from pet therapy volunteers.

Consumers and representatives gave practical examples of how consumers were supported to participate in the service and wider communities, and maintain personal connections, such as leaving independently to socialise with friends and play golf. Staff explained consumers were supported to participate in weekly bus trips, outings to a local café, art gallery and shopping centre. Consumers were observed socialising with each other, indoors and outdoors, and spending time with their visitors.

Consumers said information about their daily living needs were effectively communicated, particularly as staff understood their dietary needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, by email and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ daily living requirements was shared with others who were involved in supporting the consumer.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers. Staff explained community and volunteer groups were engaged to provide pet therapy and spend meaningful time with consumers, with referrals made to clinicians when emotional or psychological support was needed. Care documentation evidenced referrals were promptly made to other service providers to meet consumers’ needs.

Consumers gave positive feedback about meals and said they were of good quality and appropriately portioned and staff listened to their menu suggestions. Staff explained the menu was developed and updated based on consumers’ feedback gathered at meetings and in-person discussions. Meal service was observed as timely, organised and consumers received assistance, if required.

Consumers said they had access to clean equipment, such as mobility aids, and confirmed these were well maintained. Staff explained they were confident in the correct and safe use of consumers’ mobility aids and transfer equipment. Mobility aids and lifestyle equipment were observed to be clean, well maintained and in good condition.

# Standard 5

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

Findings

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

Consumers said, and the environment was observed to be welcoming, easy to understand and it was homely, particularly as consumers’ rooms were decorated in a way which reflected their personal style. Staff explained consumers were oriented to the service to facilitate their sense of belonging and familiarise them with the environment, which had wayfinding signage and handrails to support independent mobility. Consumers were observed having warm and welcoming interactions with staff, and socialising with each other and visitors, whilst others mobilised independently within the service.

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), as it relates to clinical governance.

Consumers confirmed fittings and equipment were safe, clean and regularly maintained, particularly that which was used in activities of daily living. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance addressed promptly. Consumers were observed using mobility aids and shared furniture which was clean and in good condition.

# 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 confirmed they felt safe to provide feedback and make complaints and gave practical examples of avenues available to them, such as speaking with staff and attending consumer meetings. Staff explained consumers could provide feedback or make complaints directly to them, by email and telephone, or they could complete a feedback form. Pamphlets promoted access to complaints mechanisms, whilst feedback forms and a locked box were available so forms could be submitted anonymously.

Consumers and representatives were aware of how to access advocates, language services and external avenues for raising and resolving complaints. Staff understood how to access advocacy and interpreter services and described how they supported consumers with communication difficulties to provide feedback or make complaints. The consumer handbook and pamphlets promoted access to complaints mechanisms, advocacy and language services.

Consumers and representatives gave practical examples of consumers’ rooms being warmed, as appropriate action taken in response to their complaints of rooms being cold when retiring of an evening. Staff explained the service’s complaints process and understood the principles of open disclosure. Complaints documentation evidenced the use of open disclosure and a transparent approach to complaints management.

Consumers and representatives gave practical examples of clothing items being accurately labelled, as how their complaints had been used to improve laundry processes. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the plan for continuous improvement for ongoing monitoring and action. Complaints documentation and the CIP evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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 gave positive feedback about staffing levels and said their needs were promptly met, except for one consumer, who said a significant delay occurred in one instance around staff responsiveness to their call bell, though there was no adverse impact to their care. Management explained the roster was developed based on consumers’ personal care and clinical needs, and care minute targets were met, with staff allocated according to the needs of consumers, and recruitment for care and clinical staff was ongoing so legislative responsibilities could be met. Rostering documentation evidenced shifts were consistently filled and a RN was always available.

Consumers confirmed staff were kind, caring, gentle and showed respect for their individual identities. Management explained staff were consistently allocated to the same consumers, which supported relationship building and staff became familiar with consumers’ identity, culture, diversity, needs and preferences. Staff interactions with consumers were observed to be respectful, gentle and consumers were greeted by their preferred names.

Consumers and representatives said staff were suitably skilled and competent in meeting consumers’ care needs. 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 competencies and qualifications relevant to their roles.

Consumers gave positive feedback about staff training and said they were competent and equipped to perform their roles. Management explained mandatory training was completed in the Serious Incident Response Scheme (SIRS), open disclosure and restrictive practices; however, staff did not understand environmental restrictive practice, though could request training when they wished to enhance their knowledge. Training records evidenced most staff had completed mandatory training as scheduled.

Management advised staff performance was assessed and monitored during probation and annually thereafter, along with informal appraisals where staff were provided with immediate, additional support to improve their performance. Staff confirmed they participated in performance reviews and described the process as an opportunity to discuss their development and goals. Personnel records evidenced staff performance appraisals addressed key areas of responsibilities, their achievements and development opportunities.

# 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 found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they participated in the development, delivery and evaluation of care and services, particularly through surveys and speaking directly with staff and management. Management advised consumers contributed to service evaluation through the consumer advisory bodies, scheduled meetings, the feedback process and during 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 board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through regular reports on consumer and representative complaints, clinical governance, legislative updates and compliance, audit results, opportunities for continuous improvement, risk management and infection control. Management explained the board analysed the reports to identify gaps in service delivery and implement solutions, such as approving staff training in managing consumers’ changed behaviours, which reduced incidents of physical aggression toward staff. Meeting minutes evidenced operational management reports were submitted to the board and used to monitor compliance with the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. 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.

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, restrictive practice policies and procedures gave insufficient guidance to clinical staff on environmental and chemical restrictive practices and therefore did not prompt them to consider the risk of such practices, when assessments indicated consumers may not have been able to independently operate a keypad should they wish to leave the service via the locked front entrance, after hours; or if their prescribed medications were considered chemical restrictive practice. In response, all consumers were to be assessed for their ability to operate the independent exit mechanisms, whilst some consumers’ psychotropic medications were reviewed, with education provided to staff so potential restrictive practice could be minimised.

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)