Performance

Report

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| Name of service: | Berengarra |
| Service address: | St George's Health Service (rear), 283 Cotham Road KEW VIC 3101 |
| Commission ID: | 3999 |
| Approved provider: | St Vincent's Hospital (Melbourne) Limited |
| Activity type: | Site Audit |
| Activity date: | 8 March 2023 to 10 March 2023 |
| Performance report date: | 11 April 2023 |

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 Berengarra (**the service**) has been prepared by L Glass 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; 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.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

All consumers and/or their representatives sampled are satisfied staff and management treat them with dignity and respect and consumer care is inclusive and personalised. Care plan reviews reflected the background, culture and diversity of each consumer and demonstrated an awareness of individual choices and preferences. The Assessment Team observed ‘Charter of Aged Care Rights’ posters across the service.

All consumers and/or their representatives expressed satisfaction the care consumers receive is culturally safe. Staff were able to explain and provide examples of how they support consumers’ individual needs, as reflected in care planning documentation.

All consumers and/or their representatives said they were supported to make choices and decide how care and services are delivered to meet their needs. Staff were observed acknowledging the preferences of consumers in line with consumers’ care plans. Observations made by the Assessment Team confirmed staff were assisting consumers to maintain relationships with their friends and families.

All consumers and/or their representatives advised they were supported to take risks to live the best life they can. Staff interviewed and the review of consumer care plans reflected consumers can safely engage in activities of choice and are supported to do so.

All consumers and/or their representatives expressed satisfaction with the service’s communication processes. Consumers are informed of daily lifestyle activities on offer and encouraged to attend, while staff also respect a consumer’s choice to stay in their room. Information is communicated in both written and spoken form to consumers and their representatives. Staff described how they communicate with consumers in a way that is easy for the consumer to understand either in writing or verbally. The Assessment Team observed the various forms of material available to consumers on noticeboards around the service.

All consumers and/or their representatives were satisfied consumer privacy is respected and information is kept confidential. Staff demonstrated an understanding of practices to maintain the confidentiality of consumer information and could describe various ways of keeping consumers’ information protected. The organisation has a privacy policy and framework which outlines how it must collect, manage, use, and disclose personal information, as well as how data access and security are aligned with key legislation, acts and regulations.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

All consumers and/or their representatives said they were involved in initial and ongoing assessment and planning of care and services. Care documentation demonstrated consumer risk is identified and assessed with individualised strategies planned to mitigate the risk. Staff said they have ready access to information to support the delivery of safe and effective care and services to consumers through assessment and care planning. The organisation has a suite of policies, procedures and risk-rated tools to assist with identifying each consumer’s risk that may affect their health and well-being.

All consumers and/or their representatives said consumer care and services are planned around what is important to the consumer. Some consumers and representatives explained how the conversation related to end-of-life care planning is initially discussed on entry to the service but they would prefer to complete the advance care plan at a later time. Information about advance care planning is provided on entry to the service and revisited with the consumer and/or their representative during the monthly ‘consumer of the day’ care review process. Assessment and care planning documents reflected and addressed consumers’ needs, goals, and preferences. Though not all consumers have a documented advance care plan, care documentation reflects the consumers’ wishes, needs and goals. All consumers and/or their representatives provided positive feedback about the communication and ongoing partnership they receive from staff. Care documentation demonstrates a collaborative partnership between consumers, representatives, staff, and other health professionals on an ongoing basis. Management and clinical staff explained the ongoing partnership and regular consultation with the consumers and/or their representatives as part of the monthly ‘consumer of the day’ and 3-monthly care plan review processes.

Consumer care plans reflected the outcomes of assessment and care planning and are used as the basis for care delivery. Management and clinical staff described how the outcome of a care plan review is communicated with consumers and/or their representatives through telephone, email or in person. Feedback from consumers and/or representatives were aware of how to access care plans.

All consumers and/or their representatives said staff advise them of any changes to consumer needs or conditions and inform them when incidents occur. Care plans reflect changes in care as a result of reviews. Clinical staff described changes in care as a result of an incident or a change in consumer’s condition.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Care planning documents for all consumers sampled demonstrated consumers’ wound care, skin integrity, and pain are effectively managed to meet their individual needs and aligned with best practice principles. All consumers sampled who require the use of restrictive practices had been assessed, monitored and reviewed according to regulatory requirements. Feedback, from consumers and/or their representatives indicated consultation occurs about consumer personal and clinical care and includes a consent process for restrictive practices. The organisation has overarching ‘clinical and personal’ policies and procedures to guide staff in the provision of safe and effective care.

All consumers and/or their representatives sampled feel safe and said risks related to care are managed effectively. Staff interviews, and care planning documentation indicates management of high-impact or high-prevalence risks associated with the care of each consumer is effective. These include falls, pressure injuries, changed behaviour, and specialised care needs. Policies and procedures are available to guide staff in the management of high-impact or high-prevalence risks.

The representatives of several consumers who have commenced a palliative care approach are satisfied consumer comfort care at the end of the consumer’s life is being provided along with support. Care documentation contains information related to the individual wishes and the care they would like to receive when nearing the end of life. Staff were able to describe the palliative care pathway and resources available to them to support consumers nearing the end of life including the organisation’s ‘end of life care’ policy.

Care documentation of all consumer files sampled demonstrated a timely identification of, and appropriate response to consumer’s deterioration or changes in condition. All the consumers and/or their representatives are satisfied and confident with staff knowledge and skills in identifying, monitoring, and managing changes in consumers’ condition or deterioration. Staff provided examples of how changes to a consumer’s health condition or deterioration are recognised, actioned and communicated. The organisation has a ‘deteriorating resident escalation pathway’ that guides staff in the prompt assessment and escalation of a deteriorating consumer.

All consumers and/or their representatives sampled expressed confidence that consumer needs and preferences are effectively communicated. Feedback from staff and care file reviews demonstrated care information in the electronic care system is documented and available to staff and others when and where needed.

All consumers and/or their representatives were satisfied consumers have access to external health providers and specialists as required. Care documentation reflected timely and appropriate referrals to medical practitioners, allied health practitioners, specialists, and other external health services where appropriate. Management and staff described processes and examples of referrals to other health services.

All sampled consumers and/or their representatives provided positive feedback on the service’s continuing infection prevention and control practices. Management and staff demonstrated knowledge and understanding of infection prevention and control practices and antimicrobial stewardship. The service has policies and procedures for antimicrobial stewardship (AMS), infection prevention and control policy, and a service-specific outbreak management plan (OMP) for gastroenteritis, COVID-19, influenza, and other acute respiratory infections in line with national guidelines. The service has a vaccination program and maintains an annual immunisation register for staff and consumers for COVID-19 and influenza.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

All consumers and/or their representatives interviewed were satisfied the services received are safe, effective and support the consumer to optimise independence, health, wellbeing and quality of life. Clinical and lifestyle staff demonstrate knowledge of individual consumers, their preferences, choices and the supports required to allow consumers to do the things they enjoy. The Assessment Team viewed care plans that included consumer’s interests and choices to maintain their independence.

All consumers and/or their representatives interviewed described how the service provides support for their emotional, spiritual and psychological well-being. Staff demonstrated knowledge of individual consumers and explained how they support consumers at times when they are feeling low. The organisation has a pastoral care worker who conducts services in addition to church services. Care plans note the spiritual choices of the consumer and what can be used to lift their spirits.

All consumers and/or their representatives interviewed said consumers felt supported to participate in the community within and outside the service, as they choose. Consumers are able to maintain the social and personal connections most important to them, and the service supports their personal relationships. Care planning documents contain information about significant relationships within and outside the service and information about consumers’ interests and their participation in activities outside the service. Management and lifestyle staff are able to describe the different ways the service supports consumers to access the community.

All consumers and/or their representatives said consumers were satisfied staff who care for them are aware of their needs and preferences, and when these change. However, one representative said their mother’s high care needs are not always effectively communicated to new staff. Staff said they are informed of changes to consumer needs and preferences through emails, alerts in the electronic management system, progress notes and handover meetings and notes. Emails and care plans viewed by the Assessment Team noted changes in consumer care needs.

All consumers and/or their representatives interviewed said they have access to other services. Lifestyle, and clinical staff identified the involvement of others in the provision of support and services. This includes input from volunteers, community groups, allied health professionals, representatives of faith and specialist organisations. The activity calendar viewed by the Assessment Team included activities with entertainers and volunteers. The Assessment Team observed there was a hairdresser on site for consumers.

All consumers and/or their representatives interviewed said consumers were provided with a sufficient amount and variety of meals at each meal service. Consumers with dietary requirements have their needs met. Support services management and staff explained the menu rotation and meal selection process. Management advised the organisation had recently completed a food and nutrition project resulting in the creation of a corrective action plan. There is a monthly menu and a supplementary menu from which consumers can choose their meals daily. The Assessment Team observed food service for lunch across the service.

All consumers and/or their representatives said they are confident the equipment they use is safe, suitable, clean and well maintained. Staff confirmed they have access to equipment when they need it and the Assessment Team observed equipment stored safely with cleaning wipes located close by.

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

All consumers and/or their representatives interviewed said consumers feel comfortable and safe and consumers have been encouraged to personalise their rooms. Consumers advised they have personalised their rooms with family photographs, paintings, decorations from home, and small furniture items. The home contains separate spaces for consumers to participate in group or individual activities, to dine and to relax with a view. The Assessment Team observed the consumer rooms and communal areas to be spacious, well-appointed, clean, and well-lit.

Consumers and/or their representatives stated the service is cleaned satisfactorily. Cleaning staff were able to demonstrate how they follow the cleaning schedules and policies. Staff were able to describe the preventative and reactive processes for maintenance and repairs, and how they recognise, react, and escalate a hazard. The environment allows consumers to move freely both indoors and outdoors.

Consumers and/or their representatives expressed satisfaction with the cleanliness and maintenance of furniture, fittings, and equipment. Maintenance staff could explain how reactive maintenance requests are made through the service’s electronic maintenance software application and attended to in a timely manner, usually by internal staff. Preventative maintenance, including equipment calibration, fire and smoke alarm testing, and water safety testing is scheduled and outsourced to specialists.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

All consumers and/or their representatives interviewed expressed satisfaction they are encouraged and supported to provide feedback and make complaints both internally and externally and in general prefer to speak with staff or management. A bimonthly ‘residents and representatives meeting’ is scheduled to give consumers a voice and to provide management with consumer feedback about the quality of care and services provided. The Assessment Team observed the availability of internal and external feedback mechanisms throughout the service.

All consumers and/or representatives interviewed were aware of how to access external advocacy services and feel comfortable providing feedback directly to staff and management. Management and staff were able to describe the systems and processes in place to encourage and support feedback and complaints, including the Aged Care Quality Complaints mechanism. The consumer handbook and brochures promote the use of advocacy, interpretation services and external complaint agencies available for consumers and are located throughout the service.

Most consumers and/or their representatives were satisfied with the how management addresses and resolves their concerns following making a complaint or when an incident occurs. Management and staff were able to describe processes in place and provide examples about feedback, complaints and open disclosure being addressed and satisfactorily resolved.

All consumers and/or their representatives, and staff were satisfied their feedback, suggestions for improvement and complaints are reviewed and used to improve services provided. Management described the processes in place for the analysis of feedback and how this is used to improve care and services to consumers. Consumers, management and staff were able to describe improvements driven by consumer feedback. Minutes from the consumer and resident’s meeting demonstrate actions taken in relation to consumer feedback.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

All consumers and/or their representatives interviewed were satisfied there are enough staff to enable the delivery and management of safe and quality care and services. The organisation uses a nurse-based ratio system to resource its clinical staff. Support services and lifestyle management are responsible for maintaining the staffing levels in their respective areas and advise the facility manager of shortages daily. The facility manager uses the organisation’s process to ensure sufficient staff are available to meet the needs of consumers.

All consumers and/or their representatives interviewed were satisfied staff are kind, caring and gentle when providing care and services. Interviewed care, lifestyle and housekeeping staff were knowledgeable and respectful of consumers, their background and cultural preferences. The organisation has policies and guidelines for staff to refer to relating to duty of care and respecting diversity.

All consumers and/or their representatives interviewed said staff are qualified and competent in performing their roles. The organisation has a dedicated clinical nurse educator who monitors mandatory training for staff across the service. She will notify area managers of short falls. Human resources (HR) conduct qualification and registration checks to ensure staff are appropriately qualified for their role. In addition to mandatory training the organisation has regular training via electronic communication systems which are recorded. A training calendar is used so staff are able to attend or view the training afterwards. Training records are monitored and maintained and were sighted by the Assessment Team.

Management advised recruitment is ongoing. The workforce is assigned courses to complete at the commencement of employment, annually and as required to ensure they meet industry, organisational or service requirements. All staff are required to complete mandatory training and competencies tailored to the needs of their specific role. The organisation has HR policies and procedures are followed for recruitment and mandatory training.

Management advised the organisation has a formal process for monitoring and reviewing the performance of each member of the workforce. This process includes day to day monitoring and an informal feedback process. Staff confirmed the performance management process followed. The organisation has policies and procedures used by management relating to performance review and performance.

# 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 five of the five specific requirements have been assessed as Compliant.

All consumers and/or their representatives could were satisfied they can provide feedback to the organisation by speaking directly with staff or speaking out at meetings. Management obtains feedback from consumers via various methods such as feedback sheets, emails and surveys. Staff record any feedback received, both negative and positive, into the electronic recording system.

All consumers and/or their representatives interviewed expressed feeling safe at the service and living in an inclusive environment with access to quality care and services. The organisation has a strategic plan specifically for promoting inclusivity. The organisation has an electronic business system which allows unit managers to extract data and demonstrate to staff how they are performing in relation to meeting the organisation’s key performance indicators (KPI). Management and staff were able to describe how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services.

The organisation has governance systems in place and the service demonstrated their application in considering best outcomes for consumers. The board monitors and reviews routine reporting and analysis of data related to consumer experience, and in doing this satisfies itself the systems and processes in place ensure the right care is being provided in accordance with the Aged Care Quality Standards. The organisation has a continuous improvement unit which supports staff who are actioning a continuous improvement suggestion or requirement as a result of this being identified. Data is analysed from incident reporting, data and trend analysis or feedback from consumers or external stakeholders. The organisation has a delegated budget for levels of management at organisational and site level for expenditure outside the normal operating budget. The organisation has the policies and procedures in place to ensure it has a skilled and knowledgeable workforce with clear responsibilities and accountabilities. Position descriptions outline clearly the duties, qualifications and any registration requirement for the role. The organisation has specialised area consultants who report on changes to regulation/legislation in their areas of expertise. Policies and procedures will be reviewed and updated accordingly and training in any changes is provided to staff. The organisation has a feedback and complaints process which informs the electronic systems used to identify continuous improvements.

The service has frameworks, policies and procedures to support management of high impact high prevalence risks and response to incidents. The service demonstrated the implementation of these frameworks, policies and procedures. Staff and management interviewed provided examples of these risks and how they are managed within the service.

The organisation’s clinical governance framework includes policies and practices covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff have been educated about the policies and procedures and are aware of the relevance of the policies to their role in providing clinical care to consumers. Relevant policies and procedures were viewed by the Assessment Team.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)