Performance

Report

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| Name: | Borella House |
| Commission ID: | 0221 |
| Address: | 333 Borella Road, ALBURY, New South Wales, 2640 |
| Activity type: | Site Audit |
| Activity date: | 8 July 2024 to 10 July 2024 |
| Performance report date: | 15 August 2024 |
| Service included in this assessment: | Provider: 610 The Churches of Christ Property Trust  Service: 237 Borella House |

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 Borella House (**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
* the provider’s response to the Site Audit received 29 July 2024
* 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 they were treated with dignity and respect, and staff valued their identities, cultures and diverse backgrounds. Staff had in-depth knowledge of consumers’ unique circumstances, life experiences and cultural backgrounds, and explained how these influenced the delivery of care. Staff explained, and documentation confirmed, they were trained in providing dignified care which respected consumers’ identities.

Consumers confirmed staff recognised and valued their unique cultural backgrounds and provided care consistent with their preferences. Staff had knowledge of consumers’ cultural backgrounds and explained how care was tailored to meet their cultural needs and preferences. Care documentation evidenced consumers’ cultural and spiritual needs and personal preferences.

Consumers confirmed they had choice in how their care was delivered, who was involved in their care, how they wanted to maintain relationships with people of importance to them and make new connections. Staff gave practical examples of supporting consumers’ independence and connection to loved ones, such as arranging regular visits and phone calls with family and friends. Care documentation evidenced consumers’ care choices, who was involved in their care and people of importance in their lives.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to exercise, though there was a falls risk. Staff explained how they and consumers were involved in discussions to understand the benefits and reduce the possible harm to consumers when taking risks. Care documentation evidenced risk assessments, with informed consent and strategies to promote consumers’ safety.

Consumers confirmed they received timely information through scheduled meetings, menus and an activities calendar, which enabled them to make choices about their daily living. Staff explained consumers received information in ways which met their assessed communication needs and supported decision-making. Menus, newsletters and the activities calendar were displayed and current.

Consumers confirmed their information was kept confidential and gave practical examples of how their privacy was respected, such as staff knocked on their doors and sought consent before entering their rooms. Staff demonstrated knowledge of how to protect consumer privacy and said their confidentiality was maintained by keeping consumers personal information secure in the electronic care management system (ECMS). Staff were observed respecting consumers’ privacy by ensuring room doors were closed during the delivery of care.

# 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:

Staff described how risks to consumers were identified, and used to develop the care plan, which informed how they delivered care. An assessment process was embedded in the ECMS and included risks assessment tools to guide staff practice. Care documentation evidenced risks, such as falls, were assessed and responsive strategies planned, but the risk of inappropriate environmental restrictive practice had not been considered during assessment processes. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers 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 during scheduled care reviews or when their needs or wishes changed. Care documentation contained the consumers’ current daily 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 health professionals participated in the assessment, planning and review of consumers’ care and services. Staff confirmed consumers’ representatives and medical officers are notified when changes to consumers’ care occurred. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with others, such as representatives, medical officers and allied health professionals.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were shared with them by staff and they had a copy of the consumer’s care plan, which they described as easy to read and understand. The outcomes of assessment and planning were observed to have been documented in the ECMS and readily accessible. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers confirmed their care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were reassessed. Staff explained consumers were routinely reviewed every 6 months, whilst incidents may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were regularly reviewed and reassessment occurred when their health status, preferences or circumstances changed, such as to their mobility.

# 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. Staff were knowledgeable about consumers’ individual personal and clinical care needs. However, for some consumers management of environmental and chemical restrictive practices was not in line with best practice, with documentation corrected and consent obtained during the Site Audit. 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, such as for those living with diabetes. Staff understood the high-impact and high-prevalence risks for consumers and explained how these were managed, whilst the nurse educator explained, and documentation confirmed, staff were trained in managing high-impact risks, such as pressure injuries and diabetes, and minimising risks to consumers. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who recently passed away, evidenced they were kept comfortable through spiritual and emotional support and provision of regular comfort cares and pain management medications. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences, with support and guidance available from medical officers and a palliative care team. A palliative care framework guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changes in their overall condition and escalated to clinical staff for review, who may refer consumers to their medical officer or arrange for a transfer to hospital. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff were familiar with their needs and preferences. Staff confirmed information on consumers’ care requirements was available via the ECMS, with changes or updates communicated via handover processes. Care documentation contained sufficient information about consumers’ conditions to inform those involved in their care.

Consumers confirmed they had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and allied health professionals, such as dieticians, whose recommendations informed the delivery of care.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. Staff described how they minimised the use of antibiotics for consumers and said they attended training in infection prevention and control. Policies, procedures and plans guided staff in antimicrobial stewardship, reducing transmission of infection and infectious outbreak 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 and representatives said consumers were supported to pursue activities of daily living, such as attending bingo with friends, which promoted their well-being and quality of life. Staff had knowledge of consumers’ daily living needs and preferences and explained individual activities were planned in consultation with consumers and representatives, with the goal of enhancing overall health. Care documentation evidenced consumers’ life experiences, cultural and religious needs, preferred lifestyle activities, social connections and supports required to pursue their activities of interest.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through attending regular religious services which accommodated consumers’ diverse beliefs. Staff advised they supported consumers by spending one-on-one time with them when their moods were low, visits and phone calls with family were arranged, with additional support available from volunteers and pastoral carers who provided companionship. Care documentation evidenced consumers’ emotional, spiritual and psychological needs and preferences, with strategies to enhance their well-being.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to exercise and visit nearby shops. Staff explained they supported consumers to make social connections by attending group activities and joining local community clubs, whilst personal relationships were supported by ensuring family and friends felt welcomed to visit. Consumers were observed participating in group activities, where they were being encouraged and supported by staff.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood their daily lifestyle needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, dietary files, hand-held electronic devices, direct communication throughout the day and they accessed care documentation in the ECMS. Care documentation evidenced reciprocal sharing of information between staff and consumers’ healthcare providers.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback about the services and supports they received. Staff explained volunteer programs were engaged to spend meaningful one-on-one time with consumers and provide pastoral care. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Most consumers and representatives said meals were enjoyable, there was variety in the menu and portions served were sufficient, however, one consumer preferred to eat bread which aligned with their cultural background, resulting in an individualised solution to their feedback being implemented, in response. Staff explained the menu was developed and updated based on consumers’ feedback gathered at food focus meetings and in-person discussions, with additional input from a dietician. Meal service was observed to be calm, and consumers appeared to enjoy their meals.

Consumers and representatives said consumers felt safe when using equipment provided to them, such as mobility aids, and maintenance staff attended to issues promptly and efficiently. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Staff were observed cleaning shared equipment and personal mobility aids were clean, functioning correctly, labelled with consumers’ names and suitable for their 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 navigate and consumers’ sense of belonging was encouraged by decorating their rooms with personal items. A range of items and activities, such as puzzles, were observed in communal areas and consumers appeared to enjoy interacting with each other. The service had wayfinding signage which made it easy to navigate and hallways were well lit.

Consumers and representatives said the service was safe, clean, well maintained and they 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 after hours without staff assistance, 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 furniture, fittings and equipment were clean, well maintained and suitable for their use, with staff regularly checking equipment to ensure it functioned properly. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged and supported to raise concerns and gave practical examples of speaking with staff, attending consumer meetings and completing feedback forms, as ways they could give feedback. Staff explained consumers and representatives could also make complaints and provide feedback by speaking with management and participating in regular surveys. Meeting minutes, the consumer welcome pack and an information booklet evidenced consumers and representatives were encouraged to provide feedback and raise issues of concern.

Consumers and representatives understood how to access external complaints and advocacy services, though were comfortable raising issues directly with staff. Staff described the complaints, advocacy and language services available to consumers and confirmed they would support them to access these, if required. Posters, pamphlets and brochures promoted consumer access to the Commission, advocacy and language services.

Consumers and representatives gave practical examples of improved menu options, as appropriate action taken in response to their complaints of meals not meeting individual preferences. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced the use of open disclosure and a transparent approach to complaints management.

Consumers and representatives gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as redecorating a communal area with new furnishings and decorations, so it was more homely and comfortable. Staff explained feedback and complaints were regularly reviewed and shared at staff meetings, with actions assigned to individual staff members who had accountability for the concerns raised. Complaints documentation 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:

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management explained the roster was developed based on meeting legislative responsibilities and consumers’ clinical needs, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced shifts were consistently filled by a mix of appropriately skilled staff to meet consumers’ needs, with a registered nurse always available, with ongoing recruitment of clinical and other staff to ensure legislated care targets could be met.

Consumers and representatives said staff were kind, caring and respectful of consumers’ identities and cultural preferences when care was provided. Staff were familiar with consumers’ needs and preferences and were attentive and respectful during their interactions. Staff were observed speaking kindly to consumers and using their preferred names, engaging in activities and spending one-on-one time with them.

Consumers and representatives confirmed staff were suitably skilled and competent in meeting consumers’ care needs. Management explained, and staff confirmed, competency was determined through pre-employment checks, induction and training programs, peer feedback and ensuring professional registrations and criminal history checks were current. Personnel records evidenced staff had position descriptions which required competencies and clinical registrations relevant to their roles.

Consumers and representatives gave positive feedback about staff training and confirmed they were equipped to perform their roles. Staff explained when commencing in their roles they were supported by an onboarding program which included mandatory training and buddy shifts, which facilitated learning from experienced staff. Training records evidenced high rates of completion in topics, such as the Code of Conduct for Aged Care, the Quality Standards, medication management, open disclosure, meaningful ageing and the Serious Incident Response Scheme (SIRS).

Management explained, and staff confirmed, performance was continually assessed and monitored through supervision, identifying and addressing issues when they occurred, consumer feedback, annual performance appraisals and during mandatory training. Staff gave positive feedback about their performance reviews, during which they could discuss training needs and were supported by management. Personnel records evidenced all staff performance appraisals were completed.

# 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 and representatives confirmed they were supported to evaluate consumers’ care and services through direct feedback and attending a range of group meetings, such as the food focus meetings, where their feedback resulted in homemade bread being added to the menu. Management explained consumers and representatives further contributed to service evaluation through consumer meetings and feedback and complaints processes. Meeting minutes and complaints documentation evidenced consumers and representatives were engaged in evaluating consumers’ care and services.

Consumers and representatives confirmed consumers felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through subcommittees focused on audit and risk, clinical governance and people and culture, and it received regular reports on operational updates, routine audit results, clinical indicators and feedback and complaints, all of which was analysed and benchmarked with other services in the organisation to identify and address broader trends. Meeting minutes evidenced the board had oversight of consumers’ care and was accountable for the quality of services delivered.

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 assessed for their ability to operate the independent exit mechanisms, whilst some consumers’ psychotropic medications were reviewed, with appropriate documentation recorded in the ECMS, and both discrepancies added to the continuous improvement plan, to minimise potential restrictive practice.

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)