Performance

Report

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| Name: | Carinya House |
| Commission ID: | 0764 |
| Address: | 1A Mills Road, GLENHAVEN, New South Wales, 2156 |
| Activity type: | Site Audit |
| Activity date: | 20 March 2024 to 22 March 2024 |
| Performance report date: | 30 April 2024 |
| Service included in this assessment: | Provider: 1278 Christian Brethren Community Services  Service: 5717 Carinya 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 Carinya House (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff respect their individual identity and diversity. Staff demonstrated knowledge of the consumers’ life journey and cultural backgrounds. Care planning and assessment documentation identified consumers’ cultural needs, individual preferences, and considerations of consumers. The service has policies on diversity, respect and dignity which outline the service’s commitment to respecting and supporting diversity and inclusion.

Representatives considered staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported their religious beliefs. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Lifestyle staff advised and documentation confirmed the service had implemented a cultural diversity program that considers the cultural background of consumers, including recognising significant dates, and activities that align with consumers’ interests and supports them to celebrate and participate in events that hold cultural significance to them. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences.

Consumers and representatives said they are supported to make and communicate decisions about their care, including who is involved in their care and decision making. Consumers also said they felt supported to maintain personal, social, and intimate relationships. Care planning documents included information to inform staff of key relationships. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with including intimate relationships.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Management advised consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Consumers said they receive verbal reminders regarding activities at the service. The activities schedule, newsletters, and daily menus were displayed throughout the service. Staff described the different ways and/or formats in which information is provided to consumers including communication techniques employed for consumers with vision and hearing impairments.

Consumers reported their privacy was respected by staff including when providing personal care and staff knock on consumers doors before entering their room. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained and were observed staff knocking on consumers doors before entering rooms and closing doors when delivering personal and clinical care. The service has an information privacy policy which describes the appropriate handling, holding, accessing and correction of personal information.

# Standard 2

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

Findings

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

Consumers reported their satisfaction with the assessment and planning processes. Staff interviewed were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Clinical assessment tools were available on the electronic care management system and the service had clinical guidelines for staff to access and utilise in assessment and care planning processes. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to diabetes. The Site Audit report contained information in Requirement 2(3)(a) in relation to environmental restraint, (Refer to findings in Requirement 3(3)(a) of this report for further information).

Representatives described what was important to consumers in terms of how their care is delivered and confirmed end of life discussions occurred. Staff described how the service ensures that assessment and planning reflect each consumer’s current preferences and how they approach conversations around end-of-life care planning. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate.

Representatives, and staff said, and documentation evidenced, assessment and planning were completed in partnership with consumers, representatives, and others. Staff explained the service is guided by who the consumer wishes to be involved in care planning. Care planning documentation reflected organisations, individuals, and providers of other care and services were involved in the care of the consumer.

Review of care planning documents and progress notes identified assessment and planning was communicated to consumers and representatives and a copy of consumers care plan was available to consumers and their representatives. Representatives were satisfied outcomes of assessment and planning are communicated to them and were aware a copy of consumers care plan is available. Staff described how consumers and representatives are involved in the assessment and care planning process through a range of ways including case conferences and during regular review processes.

Representatives said they are satisfied changes to care are made following any concerns or incidents. Staff advised care and services are reviewed regularly for effectiveness, including via the service’s 3 monthly review policy, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur or when circumstances change.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to behaviour support, skin integrity, and pain management. The Site Audit report contained in formation in relation to some consumers not being identified as potentially subject to environmental restraint as the services entrance doors are secured after business hours and require the pressing of a button to exit. In response to this feedback management took immediate and appropriate action to ensure those consumers potentially subject to environmental restraint had been identified and appropriate documentation and consultation with consumers and representatives was commenced. The Assessment Team did not identify any impact for consumers in relation to the entrance doors being secured after 6.00pm.

Representatives reported known risks to consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls, pressure injuries, and weight loss. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing end-of- life, and documentation evidenced end-of-life care was delivered in a way to support consumers’ comfort. A representative of a recently passed consumer expressed their satisfaction with the end-of-life care provided to their family member. Palliative and end-of-life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Consumers said that changes in their care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Representatives were satisfied consumers’ needs and preferences are accurately communicated between staff and they do not have to repeat themselves to different staff about consumers’ care needs. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Consumer care files reflected information about consumers was documented and shared with others as appropriate.

Representatives considered referrals were completed in a timely and appropriate manner and consumers had access to relevant health professionals such as allied health staff and specialists. Management and clinical staff described other providers of care available to consumers, including but not limited to a range of health professionals and specialists. Documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives.

Representatives reported staff take precautions to minimise infection risks including wearing of personal protective equipment prior to attending to consumers ‘care. Staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. Hand sanitising stations were observed throughout the service and staff members using them before delivery of care and service, and COVID-19 screening procedures were in place at the service. The service had an outbreak management plan (OMP) and an appointed infection prevention control lead. Staff sampled demonstrated an understanding of their roles and responsibilities in relation to the OMP and the measures they would take to minimise the risk of infection.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they were satisfied the service supports consumers to do the things they want to do and were able to explain how services and supports for daily living have maintained their independence and well-being. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers and confirmed activities were designed with consumers’ input. Care planning documentation identified the needs, goals, and preferences of consumers.

Consumers reported the service supports and promotes their emotional well-being and supports their religious practices. Care planning documentation encompassed the emotional and spiritual needs of consumers, along with established strategies to assist staff in meeting these needs. Staff could describe practical examples to support consumers emotional, spiritual or psychological well-being such as spending one-to-one time with consumers, arranging visits by pastoral care workers, and review of the services activity calendar evidenced one-to-one activities for consumers.

Consumers advised they were supported to participate within their communities, have friendships and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as trivia competitions and involvement in a community festival. Consumers were observed interacting with other consumers and family members. Care planning documents noted consumers hobbies and interests, and people important to them.

Consumers reported staff know their preferences. The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. Staff said they receive up to date information regarding consumers including any change in consumer’s condition, needs and preferences, for example, kitchen staff explained how dietary information is provided and updated to ensure the kitchen has up-to-date information about consumers’ changing dietary needs and preferences.

Consumers said they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified appropriate referrals to other organisations and services such as volunteer services. Staff described other individuals, organisations, and service providers involved in the delivery of care and services.

Consumers expressed their satisfaction with the meals provided and said there was always additional food on offer. Staff could describe how they were informed of consumers’ dietary needs and preferences such as referring to printed information available. Menus are seasonal with input from consumers gathered, including feedback from the food focus meetings. A meal service in the dining room was observed to be delivered in a timely and organised manner, with consumers eating their meals independently or with assistance from staff or representatives.

Consumers considered equipment was clean, and well maintained. Lifestyle staff said they have access to well-maintained lifestyle equipment, and any need to purchase new lifestyle equipment, was approved by management. Staff said they had access to supplies and equipment for daily living. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Representatives expressed their satisfaction with the overall service environment and said consumers were encouraged to personalise their rooms and were able to bring their own furniture. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms. The service environment was observed to be clutter free, and there was sufficient lighting and handrails to assist with consumer movement and interaction.

Consumers said the service was kept clean and they can access outdoor areas of the service. Cleaning and maintenance staff were guided by work schedules. Staff in various roles could describe how they report potential hazards or maintenance issues. Documentation identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule. The Site Audit report contained information in Requirement 5(3)(b) in relation to environmental restraint, (Refer to findings in Requirement 3(3)(a) of this report for further information).

Representatives reported the service is kept clean, and well maintained. Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they know how to raise complaints and felt comfortable discussing complaints with staff. Staff described the services complaint procedure and said they would report complaints to clinical staff. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback including consumer meetings which are attended by management and feedback forms.

Representatives said they were aware of external bodies available to raise complaints. Brochures, newsletters, posters for external complaints, advocacy, and translation services were observed to be displayed throughout the service. Management described external complaints resolution pathways available for consumers and others, such as advocates and language services.

Representatives said they were satisfied how the service responds to concerns raised. Management and staff demonstrated their awareness of complaints management and open disclosure processes. Review of the service’s feedback and complaints register identified complaints were resolved in an appropriate and responsive manner and open disclosure was practiced.

Consumers said improvements were made as a result of their feedback. Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Review of documentation such as consumer meeting minutes and the service’s Continuous Improvement Plan demonstrated activities were created to improve care and services for example, the recent improvements in menu options.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported there were enough staff at the service to meet consumers’ needs, and staff responded promptly to consumers requests for assistance. Management advised the service has a Registered nurse on each shift providing 24 hour coverage, and rosters were reviewed every fortnight to ensure adequate and appropriately skilled staff to meet consumer needs. Staff said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave including extending staff shifts and utilising agency staff. Call bell response times are monitored, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

Consumers advised staff interacted in a kind, gentle and caring manner and respected their cultural background, needs and preferences. Management has established a set of documented policies and procedures to guide staff practice. These policies cover areas such as assessment and care planning, dignity and respect, diversity, and privacy. This framework provides clear guidelines for staff to support consumers' identity, culture, and diversity. Staff were observed interacting with consumers in a kind, and respectful manner.

Representatives considered staff to be well skilled and competent. Management explained they monitor staff competency through orientation processes, including competency-based assessments, buddy shifts, and ongoing and annual competency training. Position descriptions for staff were established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Review of staff records identified professional registrations; national police checks are monitored for compliance and up to date.

Consumers reported staff were well trained and they were able to deliver care and services which meet their needs and preferences. Staff demonstrated knowledge in mandatory training topics, for example, care and clinical staff could describe the incident escalation pathway, such as reporting to clinical staff or their respective supervisors in response to incidents. Management advised feedback from consumers, representatives, and staff inform training needs when required. Mandatory training records evidenced training is provided on a range of topics with high completion rates and all training was recorded and monitored by management.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management described the processes for assessment, monitoring, and regular review of performance of each member of the workforce. Clinical staff interviewed described the annual performance appraisal process and the outcome of their last performance appraisal.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Representatives advised they were engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as consumer and representative meetings, food focus meetings, surveys and the recently formed consumer advisory committee.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care. Management said the governing body was involved, and accountable for the delivery of safe, quality care and services through monthly Board Meetings and various subcommittee meetings including a clinical governance committee.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. In relation to financial governance management outlined the processes to obtain additional funding through business planning, capital expenditure and Board approval to support the changing needs of the consumers. The Site Audit report contained information in Requirement 8(3)(c) in relation to environmental restraint, (Refer to findings in Requirement 3(3)(a) of this report for further information).

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, including daily review of the service’s incident register. internal audits and monthly quality indicator data reports are analysed and shared with clinical staff, and the governing body and relevant subcommittee and used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restrictive practices and open disclosure was implemented within their daily tasks.

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)