Performance

Report

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| Name: | Coffs Harbour Grange Care Community |
| Commission ID: | 0823 |
| Address: | 50 Lakes Drive, COFFS HARBOUR, New South Wales, 2450 |
| Activity type: | Site Audit |
| Activity date: | 4 October 2023 to 6 October 2023 |
| Performance report date: | 13 November 2023 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 5714 Coffs Harbour Grange Care Community |

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 Coffs Harbour Grange Care Community (**the service**) has been prepared by D 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 conducted from 4 October 2023 to 6 October 2023, was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* a performance report completed 12 January 2022 from a Site Audit conducted between   
  30 November 2021 to 2 December 2021
* a Directions notice to revise a plan for continuous improvement dated 28 January 2022
* a plan for continuous improvement updated 21 September 2022
* other information and intelligence held by the Commission in relation to this 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 Compliant as 6 of the 6 specific requirements were assessed as compliant.

Consumers confirmed they were treated with respect and felt valued. Staff confirmed participation in dignity and respect training; and demonstrated knowledge of consumer’s identity life history and diverse needs. Staff were observed interacting with consumers in a respectful manner.

Consumers said care is provided consistent with their cultural traditions and preferences. Staff gave practical examples of how they supported consumers’ care needs and preferences. Care documentation guided staff on how to meet the cultural needs of individual consumers.

Consumers and representatives confirmed consumers chose who was involved in their care, how they would like their care delivered and were enabled to make connections with others. Staff demonstrated knowledge of consumers care preferences and people of significance to them. Care documentation reflected consumer’s decisions and identified their chosen representatives.

Consumers confirmed they are supported to engage in activities which involve risk, such as smoking cigarettes and consuming alcohol. Staff understood which risks consumers had chosen to take risks and the strategies included in care documentation to promote the consumer’s safety.

Consumers and representatives confirmed information received by them, was accurate and enabled them to make choices regarding meals and leisure activities. Staff described various verbal and written methods used to provide consumers with timely information. Menus, activity calendars, posters and brochures were displayed in communal areas.

Consumers advised their privacy was respected, and their personal information was kept confidential. Policies and procedures guided staff practice on protecting consumer’s information. Staff were observed waiting for permission to access consumer rooms and consumer information was stored on password protected computer systems.

# 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 specific requirements were assessed as compliant.

Following a previous site audit the service was found non-compliant with Requirements 2(3)(a) and 2(3)(e). Evidence within this Site Audit report supports the service has implemented improvements to address the non-compliance as they had provided staff with education on topics to address previously identified knowledge and practice gaps, reviewed all consumer’s care plans, increased clinical oversight of consumer’s daily care records, and implemented new procedures to monitor completion of documentation.

Consumers advised they contributed to a range of assessments to identify any risks to their wellbeing. Staff demonstrated knowledge of assessment processes and described how assessments, inform the development of consumer’s care plans. Care documentation evidenced care strategies had been planned, including when pressure injury and malnutrition risks were identified and ongoing assessments were used to monitor for any emerging risks, such as pain. Staff confirmed attending education session on how to complete skin, pain and nutritional assessments.

Consumers said they are asked to identify their care goals and preferences, including for advance and end of life care during assessment and review processes. Care documentation reflected consumers current needs and a copy of their advance care directive was held on file. Staff demonstrated knowledge of consumers documented care needs and their preferences for care delivery.

Consumers and representatives advised they regularly participate in care conferences and were involved in assessing and reviewing the consumer’s care. Care documentation evidenced a range of health professionals, such as medical officers, physiotherapists, and podiatry services contributed to care planning.

Representatives gave examples demonstrating the outcomes of consumer assessments had been communicated to them and they had access to the consumer’s care plan. Care documentation was observed to be readily accessible to staff and other care providers within the electronic care management system. Staff knew to offer copies of care plans to consumers and their representatives.

Staff advised care plans are routinely reviewed every 4 months and when an incident occurred reassessment of the consumer, is initiated. Care documentation evidenced, when falls occurred or wounds deteriorated, care strategies were evaluated and changed if no longer effective. Staff confirmed increased clinical oversight, such as huddle meetings and monitoring of progress notes, ensured changes to consumers conditions were identified and care plans were reviewed.

# 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 specific requirements were assessed as compliant.

Following a previous site audit the service was found non-compliant with Requirements 3(3)(a), 3(3)(b) and 3(3)(g). Evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance as they had increased clinical oversight of consumers care records to ensure care tasks are completed as planned, implemented communication pathways to escalate and monitor emergent consumer risks, provided education to staff to address previous knowledge and practice gaps in relation to pain and infection management, activated alerts within medication monitoring systems to prompt staff and increased awareness of non-pharmacological strategies to be used prior to the administration of as required medications.

Consumers and representatives confirmed consumers received the care they needed, when they needed it, and it was delivered in line with the consumers preferences. Care documentation supported staff were using non-pharmacological strategies prior to using restrictive practices, where consent had been given and were appropriately authorised. Staff described strategies used to measure oral intake, manage and monitor consumers for pain, following a fall and when they had a wound, with monitoring records evidencing tasks had been completed as required. Staff described following medical officer directives, policies and procedures ensured consumers received best practice care.

Management confirmed a consumer risk register had been developed to monitor consumers at risk and clinical indicator data is used to identify emerging risks. Staff demonstrated knowledge of risks relevant to individual consumers and gave practical examples of how these were managed. Care documentation advised staff on strategies to be implemented to minimise risk of falls, choking and pressure injuries; and evidenced staff were reporting incidents, completing reassessment and evaluating current care to ensure its effectiveness in managing consumer risks. Staff confirmed training on managing behaviours, pain, wound and pressure injuries had been completed.

Staff understood the care needs of consumers who were approaching end of life and described how they would meet care needs and the consumer was kept comfortable. Care documentation evidenced the use of palliative care specialists, provision of care was monitored, and end of life medications had been prescribed to ensure consumers were pain free. Policies and procedures were available to guide staff practice.

Policies and procedures guided staff in what actions to take in response to consumer deterioration. Staff demonstrated knowledge of the signs, symptoms and monitoring processes used to detect acute or gradual decline in a consumer’s health. Care documentation evidenced and consumers confirmed, staff responded quickly to any change in condition and escalation pathways were followed, including transfer to hospital were relevant.

Consumers said their care needs and preferences were effectively communicated between those who are involved in their care. Staff described how handover is used to share changes to consumer needs and they use the electronic care management system to access consumer’s care plans. Care documentation evidenced the exchange of information between care, clinical, hospitality staff and allied health professionals.

Consumers said they are referred to health professionals when required and referrals happened quickly. Staff demonstrated knowledge of the referral pathway and confirmed a network of approved individuals and organisations was available to consumers. Care documentation evidenced the involvement of medical officers, allied health professionals and specialists, who reviewed consumers promptly.

An Infection prevention and control lead (IPCL) confirmed staff had been trained to ensure correct use of personal protective equipment, correct management of infectious waste and appropriate hand hygiene was practiced. Management advised policies and procedures relating to antimicrobial stewardship had been reviewed, with care documentation evidencing pathological testing occurs prior to antibiotics being prescribed and when required, there administration is monitored. Staff confirmed increased clinical oversight of consumer’s care records assisted in identifying new infections and required precautions. Staff and visitors were observed being screened for infection prior to entering the service.

# 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 specific requirements were assessed as compliant.

Consumers and representatives said the services and supports provided to consumers enabled them to maintain their independence and optimised their quality of life. Care documentation included information on consumer’s choices, likes, dislikes and the supports needed to assist them do the things important to them and achieve their goals.

Consumers confirmed their emotional, spiritual and religious needs were being met. Staff gave practical examples of spending time with individual consumers, organising volunteers and pastoral care to support consumer’s emotional health. The activities calendar promoted the availability of one-on-one activities and religious services.

Staff and consumers gave practical examples of supporting community participation through attending men’s shed and organising bus outings to shopping centres, café’s and for scenic drives. Care documentation contained information on consumers activities of interest, and the supports required to assist them to maintain contact with their family and friends.

Consumers and representatives confirmed information on the services and supports they need were effectively communicated between staff and other professionals involved in their care. Staff described the electronic care management system is used to document changes to consumer’s support needs and a verbal handover process is used between shifts. Care documentation accurately reflected consumers support needs for activities of daily living.

Staff demonstrated knowledge of referral processes and described how consumers who required additional support had been referred to volunteer organisations. Care documentation evidenced and consumers confirmed, they had been referred to community programs and referrals were undertaken promptly when required.

Consumers and representatives said the meals provided were varied, of suitable quality, they received enough to eat; and food was available outside of meal service. Staff demonstrated knowledge of consumers food likes, dislikes, portion preferences and if texture modification was required. Meal service was observed to be calm, and staff were available to physically support consumers, if needed.

Consumers said they felt safe when using equipment, such as wheelchairs and electric scooters, as staff kept them clean, monitored and inspected them regularly. Staff confirmed, and maintenance records evidenced, equipment repairs are attended to promptly. Leisure equipment was observed to be cleaned after 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 Compliant as 3 of the 3 specific requirements were assessed as compliant.

Following a previous site audit the service was found non-compliant with Requirement 5(3)(b). Evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance as consumers access to dangerous waste, chemicals, unlocked medication trolleys and the laundry chute had been minimised and routine waste collection was scheduled.

Consumers said furnishing their room with personal items makes it feel like home and representatives confirmed they always felt welcomed when visiting. Outdoor and indoor areas were observed to be easy to navigate; a café, courtyards and lounge rooms were available to support consumer interaction. Consumers rooms were observed to be personalised and contained items important to them.

Consumers said they felt safe, their room was kept clean, and they could freely move between, and around, indoor and outdoor areas. Staff described schedules were in place to direct the cleaning of consumer rooms, communal areas and preventative maintenance. Medication trolleys and chemicals were observed to be stored in locked rooms, and the laundry chute could only be accessed via entering of keypad code. Clinical and cytotoxic waste bins had been fitted with locks and were secured in a locked waste storage bay.

Staff confirmed preventative maintenance was scheduled to ensure the safety of equipment and fittings. Equipment was observed to have been serviced within designated timeframes and lounge areas contained furniture designed to meet consumer’s varying needs and preferences. Consumers said they knew to report to staff when maintenance or repairs were required.

# 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 specific requirements were assessed as compliant.

Consumers said they were comfortable raising concerns or giving feedback to staff including management. Staff described various ways which allow consumers to give feedback including through meetings, complaints forms and surveys. Feedback forms and lodgement boxes were available and accessible in communal areas and reception.

Posters, brochures and the consumer handbook promoted consumers access to advocacy and external complaints organisations. Consumers confirmed they knew they could, and had, accessed these services. Staff understood their role in assisting consumers to access these services if needed.

Consumers gave practical examples of the actions taken to resolve their complaints, and confirmed these were completed quickly. Staff confirmed they had been provided with training on open disclosure principles and confirmed these were practiced when things went wrong. Complaints documentation evidenced prompt resolution of complaints in consultation with consumers and apologies were given.

Consumers and representatives advised their feedback has been used to generate improvements to meal service and external garden areas. Staff advised, and continuous improvement documentation evidenced, feedback is registered and trended; with actions monitored for completion and evaluated by consumers.

# 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 specific requirements were assessed as compliant.

Following a previous site audit the service was found non-compliant with Requirements 7(3)(a), and 7(3)(d). Evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance as they had reviewed rostering processes to ensure there was sufficient staff to fill shifts and respond to consumers calls for assistance; and a clinical nurse educator had been appointed to monitor staff training completion.

Consumers and representatives said staff were able to attend to consumer’s calls for assistance promptly and were readily on hand to assist with consumer’s care needs. Management described the various strategies used to fill short term and unplanned leave, with staff confirming they work additional hours, if required. Rostering documentation evidenced some shifts remained unfilled, with management advising recruitment and incentive programs had been initiated to attract more staff. Call bell monitoring documentation evidenced response times averaged 4 minutes and excessive response times were investigated.

Consumers and representatives confirmed staff were respectful. Staff practice was guided by a code of conduct and staff were observed interacting with consumers in a kind and caring manner. Staff demonstrated knowledge of the diversity of consumers and their life histories.

Consumers felt staff effectively performed their roles. Management confirmed vetting processes were in place to ensure staff hold the required qualifications and pass security checks prior to, and during, their employment. Personnel documentation evidenced staff were required to demonstrate practical and written competency including for medication administration, manual handling and infection control.

Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Education records evidenced all staff had completed mandatory training, with staff confirming this had helped address previously identified knowledge gaps. The education calendar included additional topics, scheduled by the clinical nurse educator, such as cytotoxic medications which had been attended by staff in clinical roles. Management described the processes in place to monitor training completion and alert staff when training was overdue.

Staff advised their development needs are identified and their performance reviewed through an annual appraisal process. Management advised consumer feedback, incident data and observations are also used to monitor staff performance. Personnel documentation evidence all staff had completed, or were scheduled, to complete their 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 specific requirements were assessed as compliant.

Following a previous site audit the service was found non-compliant with Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e). Evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance as they had initiated actions to improve consumer engagement, recruited to positions, and established committees, to increase clinical oversight, provided training to management and staff to address gaps in knowledge and practices in clinical governance, incident management, continuous improvement and reporting of serious incidents.

Consumers confirmed and management gave practical examples of how engagement with consumers and representatives had contributed to redesigning care or service delivery and had informed changes to the service environment, including providing wheelchair access to the fishpond, the installation of automatic doors and raised garden beds. Management described various written and verbal methods are used to seek feedback and suggestions from consumers. Meeting minutes evidenced consumers had contributed to the upcoming activities offered and menu planning.

Meeting minutes evidenced the governing body’s commitment to deliver safe and quality care through its review of monthly reports on clinical indicators, incidents, feedback and the results of consumer surveys. Management described the governing body monitors for legislation changes and updates policies and procedures accordingly, with staff updated through meetings, written communication and provision of training. Staff advised the governing body promoted a safe and inclusive environment, with consumers confirming they felt safe and included. Staff confirmed the quality and safety of care delivered had improved as a result of the decision to recruit a clinical nurse educator.

Effective governance systems were observed to have been implemented as care documentation was current and included information for staff on the care needs, goals and preferences of consumers. Management demonstrated an increased understanding of continuous improvement processes, with numerous examples available to substantiate consumer feedback had resulted in enhancements to care or service delivery and refurbishment of the service environment. Management confirmed financial governance systems were in place and funding was available to support the purchase of new equipment or the employment of new staff, within newly created position. Staff confirmed they understood their roles and responsibilities, including compliance with regulation, as these were described in their position descriptions.

Management advised they, and staff, had completed training on incident management and understood the need to keep comprehensive records, to inform the risk identification, escalation and evaluation of risk minimisation strategies. Meeting minutes and clinical indicator reports evidenced, risks, and their prevalence were trended and analysed to inform staff risk management practices. Incident reporting evidenced the service’s performance was benchmarked against industry standards and serious incidents were reported and managed in line with legislative requirements.

Education records evidenced all staff had been provided with training on antimicrobial stewardship, minimising restrictive practice and the use of open disclosure. Staff demonstrated increased knowledge of implementing care strategies prior to applying restrictive practice and gave practical examples of how they applied open disclosure when performing their daily duties. Management advised clinical policies and procedures, including the policy on antimicrobial stewardship had been reviewed, with a medication advisory committee monitoring antibiotic use to ensure compliance.

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)