Performance

Report

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| Name: | Deborah Cheetham Retirement Village |
| Commission ID: | 8238 |
| Address: | 1 Vision Court, OCEAN GROVE, Victoria, 3226 |
| Activity type: | Site Audit |
| Activity date: | 15 April 2024 to 17 April 2024 |
| Performance report date: | 24 May 2024 |
| Service included in this assessment: | Provider: 6868 Ryman Aged Care (Australia) Pty Ltd  Service: 27690 Deborah Cheetham Retirement Village |

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 Deborah Cheetham Retirement Village (**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 reported that staff treat them with dignity and respect and understand their preferences. Staff described how care and services are tailored to meet each consumer’s specific background and preferences. Care planning documents contain personalised information about consumers' backgrounds, life story, and preferences to guide staff practice. Interactions between staff and consumers were observed to be dignified and respectful.

Consumers considered staff were aware of their cultural backgrounds, delivered appropriate care, and supported significant events that were of importance to consumers. Staff demonstrated an understanding of consumers’ cultural background and individual preferences and explained how they provided care and services in a culturally safe manner. Care plans included details about consumers' cultural needs and preferences.

Consumers said they were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff said they provided information to consumers to support consumers in exercising choice and independence, and described how they supported consumers to communicate their decisions, such as asking questions and for consent. Care planning documentation included information to inform staff of key relationships.

Consumers said they are supported to understand benefits and possible harm when they make decisions about taking risks. Staff described how the organisation supports consumers to have choice, including when that choice involves risk. Risk assessments are conducted and decisions regarding dignity of risk and strategies to manage these risks are documented in care plans. The service had a policy and procedure which outlined the commitment to respect consumers’ right to make decisions including those that involve an element of risk.

Consumers confirmed they were notified of meeting times, days, dates, and scheduled activities, including special events. Staff described various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies for consumers who experience communication difficulties. A range of information was observed to be available across the service, including special events and activity calendars.

Consumers felt their privacy was respected and were confident in the service's confidentiality measures. Staff explained their privacy protection practices, such as knocking on consumers doors before entering their rooms, ensuring privacy when providing care, and storing confidential information securely on password-protected devices. Policies are in place to guide staff in maintaining privacy and confidentiality, and staff were observed adhering to these policies.

# 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.

Representatives were satisfied with the assessment and planning processes that identified risks to consumers' safety, health, and well-being. Clinical assessment tools were accessible on the electronic care management system (ECMS), and the service had clinical guidelines for staff to use. Care documentation was personalised and identified risks to individual consumers. The Site Audit report contained information in Requirement 2(3)(a) regarding consumers who were not identified as potentially subject to environmental restraint. The entrance doors to the service were secured and consumers were required to press a button, use a fob pass, or enter a passcode on a keypad to freely exit and re-enter the service. Staff were present to assist consumers exit the service and re-enter as required, and some consumers were able to operate the keypad and button and use fob passes, however not all consumers had been evaluated for their ability to freely exit the service and re-enter. While no adverse effects on consumers were identified, management acknowledged the feedback, revised the service’s Restrictive Practice Policy, and provided evidence of measures taken and planned to enhance performance under this requirement.

Consumers said the assessment and planning processes addressed their current needs, goals, and preferences, and the service had discussed and documented their preferences for their end-of-life (EOL) care. Staff said they discussed advance care and EOL planning with consumers and representatives upon entry to the service and in future care plan reviews. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and EOL wishes as appropriate.

Consumers and representatives said they were involved in the assessment and care planning process and could describe other health professionals involved in their care. Clinical staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of multiple health professionals and services into consumer assessments and care planning.

Consumers and representatives reported outcomes of assessment and care planning were communicated to them and a copy of consumers care plan was available. Clinical staff advised that all care planning and assessment information is updated on care plans using the ECMS. They also stated that consultation is always requested of the consumer’s representative and Medical Officer (MO) when care plans are reviewed to ensure any updates or changes are reflective of consumers’ current needs; with this information being communicated to the consumer and or their representative either by phone or in person.

Representatives reported care and services were regularly reviewed including when incidents occurred such as falls. Staff explained how they responded to deterioration or incidents and reviewed consumers’ care and services to ensure they effectively supported consumers. Care planning documentation evidenced care and services were reviewed for effectiveness, consistent with feedback.

# 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 their 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, medication management and pain management. The Site Audit report contained information in Requirement 3(3)(a) in relation to consumers not being identified as potentially subject to environmental restraint, I have considered this information further in my findings in Requirements 2(3)(a).

Consumers reported known risks to their health and well-being were managed well by the service. Staff identified high-impact, high-prevalence risks associated with the care of consumers, such as falls, and described the risk minimisation strategies. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. Staff were guided by policies and protocols, including a risk management framework.

Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and EOL care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives considered deterioration or changes in consumers were recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff described how they responded to deterioration or changes in consumers, such as completing assessments and observations, referrals, and monitoring processes. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Consumers and representatives reported that consumers' needs, preferences, or any changes in their condition were well communicated to them. Staff described how they documented and communicated information about consumers within and outside the service to support the delivery of care and services, such as completing documentation including updates from visiting health professionals and sharing verbal information during handover periods. Consumer care files reflected that 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. Documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives. Management explained that they have an electronic internal process for referring consumers to other health professionals and providers of care and staff were guided by the service’s Referral Process Policy.

Consumers reported their rooms were cleaned daily and staff take precautions to minimise infection risks. The service had an infection prevention and control lead, processes, and protocols to minimise infection related risks. Staff in different roles described how they lessened infection related risks and promoted practices to minimise the use of antibiotics. Documentation and observations evidenced infection prevention and control measures were implemented.

# 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 considered the service catered for their needs and preferences in a way which enhanced their quality of life. 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 individual needs, goals, and preferences of consumers.

Consumers considered their emotional well-being, and religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as supporting consumers to access online church services and spending one-on-one time with consumers. Staff explained how they would identify changes in consumers’ well-being and what they would do in response, such as providing one-on-one emotional support. Care planning documentation evidenced that consumers’ religious beliefs, emotional and spiritual needs were considered, and included individualised strategies to fulfil these needs.

Consumers advised they were supported to participate within their communities, have friendships and personal relationships, and do things of interest. Lifestyle staff described the activities available to encourage consumers' social interactions and involvement such as happy hour, bus outings, and community engagements. Care staff explained their role in supporting consumers in staying connected with family and friends by providing assistance to consumers who use technology to communicate with their family and friends and by encouraging participation in social activities within the service. Care planning documentation included consumers' hobbies and interests, as well as the people who are important to them.

Staff explained the processes in place to communicate information about consumers within and outside the organisation, such as updating care planning documentation, shift handover processes, and updating lifestyle and kitchen staff of changes. For example, the service’s Chef explained that any changes in consumers’ dietary requirements will be updated in the ECMS, and an updated form will be printed and displayed in the kitchen to guide staff on consumers current dietary needs and preferences. Staff were observed sharing relevant information about consumers to support the delivery of care and services.

Consumers reported that they would inform Lifestyle staff if they required additional services and supports. Management advised that as a commencing service, they were working on building connections with external services and supports for consumers. Staff described, and documentation demonstrated, that the service had policies and processes for referring consumers to external providers, individuals, and organisations to meet the diverse needs of consumers.

Consumers considered meals were of suitable quality, portion size, with a variety of options available and said their requests for alternative meals was accommodated. The Chef reported the service has a seasonal 4-weekly rotating menu, that has been created through consultation with a dietitian and said that consumers can provide feedback on the meals through Food Focus Meetings and through verbal feedback to kitchen staff. Staff had access to consumers dietary information to provide suitable meals for consumers. Meals were observed to be of suitable quality and quantity, and staff provided assistance for consumers as required during mealtime.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Suitable and well-maintained equipment was observed throughout the service environment.

# 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.

Consumers said they were encouraged and supported to personalise their rooms how they choose. Consumer rooms were highly personalised with photographs, cards, artworks, and personal items such as furniture present throughout their room. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms and described how they assisted consumers to move freely around the service, supporting consumers’ sense of independence, interaction, and function. The service environment was observed to be clutter free and had sufficient lighting and handrails to assist with consumer movement and interaction.

Consumers reported they enjoyed living at the service as it was kept clean, they felt safe and were able to move freely indoors and outdoors. The service environment was observed to be safe, clean, and well-maintained, with clear pathways for consumers to easily navigate which included wayfinding signage. Cleaning and maintenance staff were guided by work schedules and 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 consumers not being identified as potentially subject to environmental restraint, I have considered this information further in my findings in Requirements 2(3)(a).

Consumers said the service keeps furniture, fittings and equipment clean and in good working order. Furniture in communal areas were observed to be clean and in good condition. Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they were made suitable for each consumer. Maintenance staff could describe the process for staff submitting maintenance requests at nursing stations and these are checked daily and actioned accordingly.

# 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 were aware of how to raise complaints, were encouraged to give feedback, and they would feel comfortable discussing complaints with staff. Staff interviewed described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. These avenues included, consumer meetings, food focus meetings, verbal feedback, surveys and feedback forms. Consumer meeting minutes demonstrated consumers were encouraged to provide feedback.

Consumers said they were aware of advocacy services, and other ways to raise and resolve complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Management and staff demonstrated their awareness of complaints management and open disclosure processes. Consumers reported the service responds promptly to complaints and takes appropriate action including apologising. The service’s feedback register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Representatives reported improvements occur as a result of their feedback and complaints. Management described how they reviewed feedback and complaints and used this information to improve care and services. Feedback received from consumers and representatives is used to develop continuous improvement activities across the service, for example, improvements in the processes of labelling consumers clothing. Staff described how feedback and complaints have resulted in care and service improvements.

# 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 reported the service was adequately staffed, call bells requests were responded to promptly and they were satisfied with the quality of care provided. Management reported any shift vacancies were adequately filled and the workforce plan for the newly commissioned service is presently operating at a higher staff ratio. Documentation evidenced that the service had a Registered Nurse on duty 24 hours a day, a sufficient pool of staff from the wider community within the organisation, and systems in place to regularly review the delivery and management of safe, quality care and services, including daily monitoring of call bell response times.

Consumers and representatives said staff were respectful, attentive, and caring. Staff demonstrated they were familiar with each consumer's individual needs and identity. Management could describe how they lead a culture of respect for diversity and confirmed all staff had received training on cultural safety. Staff interactions with consumers were respectful of their identity, culture, and diversity.

Representatives reported staff were competent and provide good care to consumers. Management advised they determine if staff are competent and capable in their role by ensuring staff have relevant pre-requisite competencies, such as nursing registration and police checks, and by liaising with Human resource and the Learning and Development team, who support worker compliance. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions.

Consumers reported staff were knowledgeable, well trained, and understood their care needs and preferences. The service provides training to staff to deliver the outcomes required within these standards. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including an induction program, buddy shifts, face to face training access to online training modules. Mandatory training records evidenced training is provided on a range of topics with high completion rates and all training was recorded and monitored.

Management described how workforce performance was regularly assessed, monitored, and reviewed through mandatory staff appraisals, occurring at 3 months, 6 months and at 12 months thereafter. Staff reflected that they were supported by management during the performance appraisal process, and documentation identified positive performance as well as opportunities for further improvement and development. The completed assessments and identification of training needs demonstrated the service's process in assessing, monitoring, and reviewing the performance of its workforce.

# 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.

Consumers described how they were able to give input into the care and services delivered. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as consumer meetings, food focus meetings, surveys, and feedback from consumers and representatives. Management advised since November 2023, the service has been actively pursuing establishing a Consumer Advisory Board.

Management described their organisational governance framework and how the governing body was involved, and accountable for the delivery of safe, quality care and services such as through relevant subcommittees including the Clinical Governance Committee. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, feedback and complaints, incidents. Compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Financial governance procedures support the changing needs of consumers, and management advised the recent purchasing of umbrellas to provide shade for consumers on the balcony areas of the service.

The service had a risk management plan and maintained a risk register which identified current and emerging risks. Records demonstrated the service had implemented its risk-management frameworks, policies, and guidelines effectively. Management and staff could describe the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Infections were trended and reported to executive committees via meetings. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)