Performance

Report

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| Embracia in Burpengary | 16 August 2022 |
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| Approved provider: | Activity date: |
| Embracia Communities Pty Ltd | 20 June 2022 to 22 June 2022 |

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 Embracia in Burpengary (**the service**) has been considered by Alice Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider’s response to the assessment team’s report, received 14 July 2022.

# 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 3 Requirement (3)(a): Ensure psychotropic medication prescribed for and administered to consumers is monitored and managed in line with best practice, including consideration and assessment of use as a restrictive practice.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

Staff treated consumers and representatives with respect and dignity and showed they valued consumers’ individual identities and diversity. Staff made consumers feel respected by being polite and caring in their interactions with them. Consumers said they felt safe at the service.

Consumers were actively encouraged to maintain independence in their lives when making choices and expressing their preferences and were supported to have relationships with family and friends and involve them in their care. Consumers and representatives were confident they could engage in risk should they wish to and would be supported to do so.

Consumers were provided with information which assisted them to make choices about their daily care and lifestyle, including activity calendars, announcements, meal choices, noticeboards, meetings and through discussions with staff.

Consumers said staff always protected their privacy through respectful practices and interactions.

Staff showed respect towards consumers and demonstrated their familiarity with consumers’ backgrounds and preferences. Staff demonstrated how they ensured consumers’ cultures and diversity were respected and they were provided with culturally safe care.

Staff described ways consumers were supported to make informed choices about their care and services, which included participation in case conferences, consumer meetings, information from the service and through discussions with staff. Staff supported consumers to maintain relationships and provided examples of consumers’ families who regularly visit the service and take consumers on outings.

Staff were aware of when consumers’ activities included an element of risk and spoke of appropriate measures taken to support these consumer choices. Staff described how information was provided to consumers about daily care and services. Staff protected and respected consumers’ privacy and gave examples such as knocking before entering a consumer’s room and being respectful when discussing consumers with other staff.

The service provided culturally safe care and services. Staff were observed providing gentle and culturally safe care. The service’s policies and procedures ensured consumers were supported to take risks which enabled them to live their best lives. The service ensured consumers were provided with information which was accurate, current and easy to understand, which enabled consumers to make informed choices.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and representatives were involved in the assessment and care planning process and had an ongoing role in the process.

Care and services met consumers’ needs and consumers and representatives advised they were happy with the care planning in place. Care planning documents included advanced health directives and end-of-life wishes.

Consumers and representatives were aware of their care plans and knew how to access their care plan when desired. Consumers’ care and services were reviewed when requested, after changes to consumers’ conditions, or when incidents occurred.

Staff described their role in the assessment and care planning process, which included an assessment of risks and the assessment of consumers’ clinical conditions. Staff confirmed and described the involvement of consumers and their representatives in the care planning process. Staff described how the assessment and care planning process identified consumers' goals, needs and preferences, which then informed the care plan development and delivery of care.

Assessment outcomes were documented in care consultation records and care planning outcomes were communicated to consumers and their representatives through telephone calls, face-to-face discussions and e-mail correspondence. Staff advised care plans were reviewed every 3 months or as consumers wished and when any changes in circumstances occurred. Staff were aware of the incident reporting process and how incidents generated a reassessment of a consumer’s needs.

Care planning documentation showed assessment and planning included risks to consumers’ health and wellbeing and was used to inform the delivery of safe and effective care and services. The service demonstrated assessment and planning identified and addressed the consumer’s needs, goals, and preferences, including advance care planning as the consumer wished.

Progress notes showed consumers and their representatives were involved in the assessment process. Documentation confirmed representatives were contacted following incidents.

The service had a range of policies and procedures for assessment and planning which identified consumers and representatives as partners in care planning to support delivery of care. In addition, the service had procedures which guided the referral process to relevant health professionals and sharing of information about consumers.

The Assessment Team observed handover meetings where outcomes of assessment and planning were communicated and discussed, including changes in consumers’ needs, goals, and preferences. Care plans were available and offered to consumers and their representatives as they wished.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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

I have found the service Non-compliant in Standard 3, the non-compliance is in relation to Requirement (3)(a) and is based on the summarised evidence below.

The Assessment Team found the service was not consistently ensuring consumers prescribed psychotropic medications were being monitored, managed and assessed in line with best practice including consideration of the medications as restrictive practice. Relevant evidence included:

* Fourteen consumers were recorded as being prescribed ‘as required’ psychotropic medication for the management of behaviours and symptoms, including agitation, aggression, and hallucinations. However, the service could not demonstrate they had considered the use of these medications as possible restrictive practices in line with relevant restrictive practice legislation.
* One consumer was prescribed and being administered ‘as required’ psychotropic medication for agitation. The alternate strategies tried before administration of the medication were not always documented or demonstrated and the consumers behaviour support plan, while completed and including strategies from specialists was not comprehensive with personalised strategies to manage the agitation and other behaviours.
* One consumer was prescribed and being administered ‘as required’ psychotropic medication for agitation and insomnia not in line with the medication indications for use. The documentation did not clearly demonstrate alternatives tried prior to administration.
* Management were unable to demonstrate they understood or applied the principles of the legislation in considering psychotropic medications to ensure they were being administered and used for appropriate diagnosis and associated indications.
* Management did review and update consumer behaviour support plans, particularly strategies to be used prior to medication based on the Assessment Team feedback.

The Approved Provider’s response disagreed with the Assessment Team’s finding in relation to the above and provided the following relevant evidence:

* The service has a robust monitoring system in place which identifies consumers prescribed psychotropic medications. Seven of the 14 consumers referenced in the report were prescribed psychotropic medications for end of life symptom management and not for management of behaviours.
* The service does not administer the psychotropic medications for the purpose of altering of managing consumers behaviours and therefore they are not used as a chemical restraint.
* One consumer example used, requests the ‘as required’ medication to assist with sleep and the other consumer example used has other strategies used prior to the medication.
* The positive outcomes and consumer feedback throughout the report and particularly Standard 3 in relation to clinical care have not been given sufficient weight.
* A review has been undertaken of all consumers prescribed psychotropic medications. The review included medical officer’s being requested to document and confirm the relevant diagnosed condition the medication is prescribed for and to state if they consider it is used as a chemical restraint.

The service has a system, including policies, guidance and education to support staff in identifying and managing restrictive practices. The service has a monitoring system which records all psychotropic medications prescribed for consumers and consultation and consent in relation to medication occurs. However, the service did not demonstrate the psychotropic medication monitoring has been effective at identifying and considering each medications use is in line with a relevant and appropriate diagnosis and indication. While relevant diagnosis’ have been recorded by medical officers, the service has not demonstrated they have undertaken their own appropriate assessment to ensure medications are being administered only for associated relevant diagnosis and not for the management of behaviours in line with restrictive practice legislations. Behaviour support plans are in place and specialists have been consulted and their directions reflected in care plans where relevant. However, evidence provided shows strategies in behaviour care plans are generic and not always personalised to the consumers. Consumers’ documentation does not consistently demonstrate alternative strategies tried or the effectiveness of alternative strategies prior to the administration of psychotropic medications to ensure the service has all information to support its consideration, assessment and use of psychotropic medications for each consumer.

The service has implemented a review of its use of psychotropic medication and further training and information has been provided to relevant staff in response to the issues raised at the site audit. However, based on the evidence summarised above I find at the time of the site audit the service did not demonstrate a consistent understanding and application of assessment and consideration of psychotropic medications being prescribed and administered to each consumer to ensure the use was in line with current legislation and practice and are non-compliant with Standard 3 Requirement (3)(a).

The service did demonstrate compliance with all other Requirements in relation to Standard 3 and did demonstrate other areas of personal care and clinical care delivery including in relation to pain and wounds were managed safely, effectively and in line with best practice.

Consumers and their representatives interviewed confirmed consumers are receiving personal care and clinical care in line with consumers needs and preferences. Consumers and their representatives confirmed they are satisfied the service identifies and manages risks associated with consumer clinical care including falls, pain and behaviours and are consulted and informed when incidents, changes or deterioration occur.

Staff provided examples of how they are informed of consumers needs, including when changes, deterioration or end of life occurs. Staff described how they support consumers personal care and clinical care and communicate, refer and share information with other health professionals and medical officers when required for the care of the consumer.

Consumer files viewed show consumers clinical and personal care needs are identified, assessed, monitored and reviewed to ensure consumers receive safe and effective personal and clinical care. Incident reports are completed and monitored, and clinical data is used to identify trends and implement improvements to clinical care delivery.

The service has policies, procedures and guidance to support staff in delivery of personal and clinical care including in the management of infections and infectious outbreaks. Observations and documentation show staff practice is in line with guidance and that staff and management refer to relevant policies, procedures and guidance.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Consumers were supported to engage in activities of interest to them. Consumers received the services and supports for daily living which were important for their health and well-being and enabled them to do the things they wanted to do.

Consumers provided examples of how staff supported their emotional and psychological well-being as well as their spiritual needs. Consumers were supported to maintain contact with people who are important to them.

Consumers’ conditions, needs and preferences were effectively communicated within the service and with others involved in their care.

Consumers received care and services from other organisations as they needed to support their health and wellbeing. Consumers’ meals were of suitable quality and quantity, and they could request other options as they wished. Consumers and representatives had access to equipment on a daily basis and the equipment was in good order.

Staff were aware of what was important to consumers and activities they enjoyed; Staff confirmed the care plans reflected the same information. Staff supported consumers to continue doing the things they enjoyed, including things they did independently and supported activities. Staff knew what is normal for consumers and when they identified a change in mood or emotional need, they reported it to the clinical staff and provided additional support.

Staff described the ways they supported consumers to maintain relationships and do the things the wanted to do, this included supporting contact with loved ones and going out into the community to visit. Staff said they were provided with information about changes to consumer’s needs through clinical or other staff during shift handover and at staff meetings., this also included staff from other areas as relevant.

Staff described the various outside provider services used to provide consumer care and supports as well as the processes for communicating these needs within and outside of the service. Staff used the processes to ensure quality food service and to ensure the food is enjoyed by consumers. Staff described the feedback processes in place and quality monitoring processes used. Equipment has been available to staff as required and they used established practices to report any issues arisen.

The service demonstrated consumers have received safe and effective services and supports for daily living met the consumer's needs, goals and preferences and optimised their independence, health, well-being, and quality of life. Consumers engaged in activities and there were activity schedules posted at several locations throughout the service as well as each consumer receiving a copy.

The Assessment Team observed staff talking to consumers, participating in activities, and engaging with them in a supportive and caring way and having religious denomination noted in care planning documents. The service has an Electronic Care Management System (ECMS) which contained all consumer care planning documentation. Access to the ECMS was available for all staff, and external organisations where services and supports has been shared. The service was guided by organisational procedures when referring consumers to services outside the service.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers felt safe and comfortable in the service, and they could move about freely within the service including the communal indoor areas as well as the gardens and outdoors areas.

Consumers described the service as easy to navigate and supported their independence and interactions. Consumers advised the service was in good safe condition with well-maintained equipment and environment, Consumers said the furniture and fittings were in good order.

Staff described features of the service to support independence and mobility of all consumers. Staff used internal electronic systems to raise requests for maintenance.

Maintenance staff followed processes and procedures for ensuring equipment was maintained and kept in good condition, this included scheduled maintenance and repairs. Staff confirmed equipment was safe and met the needs of consumers.

The service environment was observed to be safe, clean, well-maintained, and comfortable; and enables consumers to move freely both indoors and outdoors. The Assessment team noted consumers had personalised their rooms through displays of photographs, decorations, and personal items.

The service had plenty of light available, individualised signage for each room to assist in room identification, and handrails to support safe mobilisation.

The assessment saw maintenance issues were promptly addressed and the environment was monitored with regular reviews of equipment, hazards identified, and effective communication for repairs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

Consumers and representatives were encouraged and supported by staff to provide feedback and lodge complaints with the service. Consumers and representatives did this through various options such as feedback forms, consumer meetings and directly with staff and management. Consumers and representatives were aware of internal and external channels available to them for feedback as well as access to language and advocacy services as required.

Consumers and representatives were comfortable when providing feedback and confirmed matters were resolved as a result. Consumers said staff used open disclosure when things went wrong and were open and honest in dealing with issues.

Staff were aware of their roles in the feedback and complaints process, which included listening and responding appropriately to feedback or complaints raised. Staff were trained in the complaints process including the principles of open disclosure. Staff supported consumers and representatives to provide feedback, including those from diverse backgrounds, and assisted consumers to engage with language services and advocacy organisations. Staff used the service’s electronic complaints register to record feedback and complaints and gave examples of how the service performed trends analysis and identified continuous improvement opportunities.

The service had policies and procedures for complaints and feedback, which demonstrated a commitment by the service to encourage and support consumers to provide feedback and to seek opportunities for improvement.

The service demonstrated consumers were made aware of, and had access to, internal and external mechanisms to raise and resolve complaints. The service advised interpreting services were available for culturally and linguistically diverse consumers if necessary.

The service’s electronic complaints register informed continuous improvement within the service as well as ensuring feedback and complaints were trended, analysed, and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints were evaluated in consultation with consumers and representatives.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers reported they were consistently treated well by staff who were appropriately trained and equipped to do their jobs. Consumers said staff delivered care and services to them in a kind and respectful manner. Consumers and representatives said there were sufficient staff at the service, and they did not experience delays or poor-quality care.

Staff were satisfied with the quantity of staff rostered on at the service and were confident in providing safe and effective care to consumers in a timely and professional manner. The Assessment Team observed staff providing services to consumers in a caring and compassionate manner. Staff were well trained and used the care management systems effectively, with easy access to information they needed.

Management monitored call bell response times and demonstrated sufficient staff coverage and response times.

The service has supports and equips staff to have appropriate knowledge, including through mandatory and additional training programs, including; cultural awareness, infection control, emergency and fire, risk management, manual handling, food safety, SIRS, elder abuse and restrictive practices.

The service demonstrated it regularly reviewed staff performance, set goals for staff and took action in response to staff performance.

The service had a comprehensive staff recruitment and induction process which ensured staff were trained and skilled for their roles, including background and qualification checks.

The Assessment Team observed the rostering and workforce planning system and considered it demonstrated an appropriate mix of staff and ensured a sufficient quantity of staff were available at all times.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

## I find Standard 8 Compliant, while the Assessment Team recommended the service did not meet Requirement (3)(e), I have found the service compliant with this Requirement and all Requirements in this Standard.

In relation to Requirement (3)(e) the Assessment Team found the service did not have an effective clinical governance system in relation to the management of chemical restraint. Relevant evidence included the service staff and management didn’t demonstrate sound knowledge and application of consideration of psychotropic medication use as chemical restraint.

The Approved Provider’s response disagreed with the Assessment Team’s recommendation and provided evidence the service has a robust system to identify, monitor and manage restrictive practices. Evidence included that all psychotropic medications are monitored through a register, the service takes steps to actively reduce restrictive practices and has minimal in place.

The service has an imbedded clinical governance framework in place and has policies, procedures, guidance, training and monitoring systems which are actively and effectively used. Positive clinical outcomes and results for consumers are demonstrated through the consumer feedback and examples of effective clinical care. The deficits identified in inconsistent application and knowledge in relation to consideration of psychotropic medication as a chemical restraint for each consumer has been more relevantly addressed in Standard 3 Requirement (3)(a). The deficits are not sufficient to demonstrate a systemic failure and the service has demonstrated policies, procedures and guidance is in place and they are actively working towards minimisation of the use of restrictive practice.

In relation to all other Requirements, the service demonstrated effective governance systems to manage information, ensure compliance with regulation, manage the workforce, ensure ongoing continuous improvement and manage feedback and complaints. The service has a risk management system to ensure staff are trained and aware of their responsibilities in relation to incident management and identifying and responding to elder abuse.

Consumers and their representatives confirmed they are engaged by the service and feel consulted in the delivery and improvements to care to and services. The governing body ensures they are accountable for the safe delivery of care and services and meets regularly and is provided with appropriate information to inform their governance and decision making.

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-2)