Performance

Report

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| Name of service: | Estia Health Ardeer |
| Service address: | 30 North Street ARDEER VIC 3022 |
| Commission ID: | 4314 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 19 December 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 Estia Health Ardeer (**the service**) has been prepared by S Byers, 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; 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 provider’s response to the assessment team’s report received 5 December 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 | **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

All consumers and representatives were satisfied that staff and management treat the consumer with respect and dignity, and their culture and diversity are valued. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of each consumers individual choices and preferences. Care plans detailed what was important to the consumer, including personalised needs and preferences.

Consumers and representatives were satisfied the service provides care and services that are culturally safe. Staff demonstrated how they provide culturally safe care and services according to the consumers’ needs and preferences. Care documentation reflected individual consumers' identity, cultural needs and preferences.

Consumers and representatives were satisfied the consumer can make and communicate decisions about care and services, are supported to make connections with others and maintain relationships of choice. Consumers provided examples of how they are supported to maintain relationships with family and friends and independently access the local community. Staff described how they encourage and support consumers to make informed decisions.

Consumers and representatives were satisfied the service supports consumers to do the things they want to do, including where activities involved risk, so they could live the best life they can. Consumers confirmed being involved in the planning and risk assessment of their activities of choice. Staff described how they support consumers to understand the risks and benefits when engaging in risk-taking activities. Care planning documents confirmed risks are discussed with consumers and included risks assessments with strategies to minimise to the risks.

Consumers and representatives were satisfied they are provided with current, accurate and timely information and felt they are well informed by the service. Representatives provided positive feedback about the electronic family application the service has implemented that connects representatives with the service to provide real time updates. Consumers are provided information about activities and reminded to attend. Consumers provided examples of attending regular consumer meetings which was supported by meeting minutes.

All consumers and representatives expressed satisfaction that the consumers’ privacy is respected, and their information is kept confidential. Consumers described how staff respect their privacy, and staff were observed knocking on consumers’ doors before entering their rooms. Staff demonstrated understanding and practical application of supporting consumer privacy. The service has a privacy policy in place to guide staff practice.

# 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

Consumers and representatives provided positive feedback about how their risks are identified, assessed and managed. Care planning documents detailed timely and comprehensive risk assessments completed in consultation with consumers and representatives. Staff described individual consumer risks and the associated strategies to minimise and manage the risk.

Consumers and representatives said care and services are planned around what is important to the consumer and were confident information was reflective of their current care needs. Consumers and representatives confirmed discussing advance care planning and end of life wishes. Staff demonstrated an understanding of the consumers’ care needs including at the end of life. All consumers had an advanced care plan completed and uploaded into the electronic documentation system.

All consumers and representatives were satisfied they are ongoing partners in assessment and planning. Staff feedback and care planning documents demonstrated assessment and planning is a collaborative approach through partnership between consumers, representatives, other organisations, individuals and providers of care. Care planning documents reflected the ongoing consultation with the consumer and their representatives in assessment, planning and review of care.

All consumers and representatives said they are well-informed and were aware of the consumer’s care plan. While most consumers and representatives said they have not seen the consumer’s care plan, they are aware it can be provided on request. Outcomes of assessment and planning were documented in the consumer’s care and services plan, which was readily accessible. Care plans and progress notes detailed ongoing and regular communication with consumers and representatives about care and services.

All consumers and representatives expressed satisfaction with the review of consumer care and services. Care planning documents for all consumers sampled demonstrated timely and responsive review of care and services following all incidents, deterioration in health, changes in clinical care and following hospital admissions. Clinical staff demonstrated understanding of review processes and described how they monitor and review consumers following incidents or changes in consumer’s care.

# 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

Consumers and representatives were satisfied with the personal and clinical care provided by the service. Care documents demonstrated wounds, pain and restrictive practices are effectively managed and reflected relevant assessment, monitoring and review. Staff demonstrated sound knowledge of each consumer’s care needs and this aligned with the consumers care planning documents and assessed needs. All consumers subject to chemical restrictive practice have detailed behaviour support plans in place, evidence of informed consent and ongoing medical review. Representatives confirmed being consulted and providing consent for psychotropic medications prescribed to the consumer. Staff were observed delivering care to consumers that was tailored to their needs and in line with their care planning documents.

Consumers and representatives were satisfied that high risk care needs are effectively managed. Staff described the high impact and high prevalence risks associated with the care of

consumers at the service including falls, chronic wounds, dysphagia, diabetes and fluid restrictions. Staff demonstrated understanding and provided practical examples of care interventions in place to manage, mitigate and minimise risks to consumers. Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring by a range of health specialists to minimise and manage the risks. Staff were aware of the policies and procedures and demonstrated understanding of incident reporting obligations.

Care planning documents demonstrated care was provided in accordance with consumers end of life wishes and comfort is maximised. Advance care directives were personalised and staff demonstrated understanding of the needs of consumers nearing the end of life and described how they recognise and respond to consumer end of life wishes.

Consumers and representatives expressed satisfaction with the service’s response to a change or deterioration in the consumer’s condition. Care documents demonstrated the timely identification of, and response to, deterioration or changes in the consumer’s condition including prompt transfer to hospital for assessment and monitoring. Staff described how deterioration or changes in a consumers health status is identified, actioned and communicated.

The service demonstrated that information about the consumer’s condition, needs and preferences was documented in progress notes, care plans and is effectively communicated within the service. Staff described individual consumer care needs and preferences and were observed providing care in line with documented care interventions. Consumers and representatives said that staff knew the consumers’ well and they did not have to repeat information often. Consumer files demonstrated consumer information was accurate and updated in a timely manner to reflect any changes in care needs and input by external specialists and services.

Consumers and representatives expressed satisfaction that referrals are timely and appropriate. Care planning documents including progress notes detailed timely and appropriate referrals to individuals, other organisations and providers of other care and services including medical practitioners, physiotherapists, dieticians and wound specialists. Management and staff demonstrated understanding of the service’s referral processes.

The service has an outbreak management plan and relevant antimicrobial stewardship policies and procedures in place to guide staff practice. Staff confirmed completing infection control training and education documentation demonstrated the completion of competency-based training in PPE usage and hand hygiene. All staff demonstrated understanding of the principles of antimicrobial stewardship and infection control practices consistent with their scope of practice. Staff were observed wearing appropriate PPE in line with the current guidelines.

# 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

Consumers and representatives were satisfied the consumers get safe and effective services and supports for daily living which meets their needs, goals, and preferences, optimises their independence, improve their well-being and quality of life. Care planning documents were tailored and identified consumers’ individual lifestyle choices including the type of the services and supports provided to the consumer. The services current lifestyle program includes group and one on one activities. Staff demonstrated understanding of the supports for daily living for individual consumers, including those consumers with external supports in place. The Assessment Team observed consumers participating in a service wide planned group activity that aligned with the lifestyle schedule.

Consumers and representatives were satisfied consumers’ emotional, spiritual, and psychological well-being is supported. Consumers described being supported to use the chapel area of the service and attending local church. Staff demonstrated they know consumers well and described how they provide effective services and support for consumers, including emotional support.

Consumers and representatives were satisfied the services and supports enable the consumer to participate in the community, maintain relationships and do things of interest to them. Staff described how they support consumers to do the things that are important to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on individual consumers’ interests and identified the people important to them.

The service has processes in place to ensure consumers’ needs and preferences are communicated within the organisation and with others where the responsibility for care is shared. Care planning documentation and staff feedback demonstrated that current and accurate information about individual consumer care needs is shared and communicated effectively between relevant staff within and external to the service.

The service demonstrated it has effective referral processes in place. Consumers and representative feedback and care documentation confirmed that referrals to individuals, other organisations and providers of care and services are appropriate and actioned in a timely manner.

Consumers and representatives expressed satisfaction with the quality and quantity of meals provided at the service. Consumers confirmed being offered alternative options if they did not like the meal on the menu. Staff demonstrated understanding about individual consumers’ meal preferences and dietary requirements. Care planning documents detailed consumers’ dietary needs, dislikes, allergies and preferences. The service has processes in place to ensure consumer nutritional needs and preferences are communicated to the kitchen and current nutritional and dietary information is kept in kitchen folders to guide staff practice. A variety of meals are offered to consumers based on a rotating menu. Consumers confirmed their feedback is gathered by the chef and incorporated into the menu. Consumers were observed sitting at their preferred tables or places in the service at meal-times, being assisted by staff in a dignified manner and having their meal choices confirmed.

Consumers, representatives and staff provided positive feedback confirming they had access to suitable and well-maintained equipment. Staff described the cleaning process for shared equipment, and reporting processes for maintenance and repairs. Consumers said equipment is repaired or replaced in a timely manner. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# Standard 5

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

Findings

Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms and associated living environments including gardens. Consumers and visitors were observed using communal areas and moving independently around the service using the available navigation signs. The service is welcoming and provides comfortably furnished communal areas that optimise consumer interaction and engagement. The service has a mixture of shared rooms with shared bathrooms and single rooms with ensuites.

Consumers and representatives said the service environment is comfortable, clean and well-maintained. Consumers and representatives provided positive feedback with how the buildings and gardens are maintained, they feel safe and the consumers can freely access the courtyard areas. Staff explained the walkways are kept free of obstructions and hazards, and if a hazard is spotted, it will be reported and cordoned off immediately. This aligned with feedback provided by consumers who confirmed the hallways are always free from obstructions which allows them to safely drive their electric scooters. Staff and management described the service’s preventative and reactive maintenance systems and schedules. This was supported by maintenance documentation that demonstrated regular preventative maintenance occurs with oversight by the organisation. The Assessment Team observed consumers freely accessing internal and external areas of the service.

Consumers and representatives were satisfied with the furniture and equipment available and confirmed it was suitable for their needs. Consumers and representatives said maintenance staff were responsive to their requests. The Assessment Team observed that furniture, fittings, and equipment are safe and clean and good working order. Staff demonstrated an understanding of maintenance request processes and procedures. Maintenance documentation demonstrated ongoing monitoring and timely response to breakdowns and repairs. Call bells were observed to be within reach of consumers.

# Standard 6

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

Findings

Consumers and representatives said they are encouraged and supported to provide feedback and make complaints. Practical examples included provision of regular feedback at resident meetings. Staff demonstrated understanding of complaint handling processes. The service receives feedback and complaints through feedback forms, emails, or verbally. Management described how consumers are supported to provide feedback and how the feedback is used to drive continuous improvement at the service. The service has organisational complaint management procedures in place to guide staff practice. Information on internal and external complaints avenues and feedback mechanisms was observed to be accessible throughout the service. Secure feedback boxes are located in each wing and the reception area of the service.

Consumers and representatives were aware of advocate, language services and other methods including external complaint services. Staff described how they support consumers to access advocates, interpreters and other methods for raising and resolving complaints. Information packages and meeting minutes demonstrated consumers and representatives are informed about how to raise concerns, provide feedback, access interpreter or advocacy services, and complete feedback forms. Advocacy and language service information was observed to be on display throughout the service.

Most consumers and representatives were satisfied that appropriate and timely actions are taken in response to complaints. Staff and management described using open disclosure principles in their handling of feedback and complaints. Complaints and feedback were observed to documented within the service’s complaints register. The complaints register and associated complaint documentation demonstrated timely resolution and consultation with complainants. Staff confirmed completing open disclosure training.

Consumers and representatives provided positive feedback in relation to the service using their complaints and feedback to improve the quality of care and services. Consumers provided examples where their complaints had resulted in improvements. Management described how they review complaints and feedback for trends. Complaints and continuous improvement documentation supported consumer and management feedback that appropriate action is taken to resolve complaints, resulting in improvements to care and services. For example, improved lifestyle program and the cleanliness of the service environment.

# 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

Most consumers and representatives were satisfied with staffing levels at the service. All staff provided positive feedback about staffing and confirmed that unplanned leave is always covered. Staff described working as a team to ensure consumer care and safety is not compromised. Management described how workforce planning is based on consumer care needs and the skill mix of staff. Roster and allocation documents demonstrated a consistent mix of registered nurses, care staff and allied health personnel. Registered nurses are allocated across all shifts and rosters are planned with the allocation of care staff in excess of day-to-day operations to cover planned and unplanned leaves. Call bell response times are monitored, and actions are taken to address any identified delays. Staff were observed responding to call bells in a timely manner.

Consumers and representatives were satisfied staff interact with consumers in a kind and caring manner. Staff demonstrated understanding and respect of individual consumer backgrounds and cultural preferences. All staff confirmed completing annual training in cultural diversity. Some care staff described attending a language classes provided by the service and how it has supported them to communicate effectively with consumers at the service. Staff were observed addressing consumers by their preferred name, using keywords in the consumer’s preferred language and providing information in a manner the consumer could understand. Observations of staff practice during the site audit were consistent with information provided by consumers.

Consumers and representatives said that staff are competent and confirmed the nursing staff have the skills to look after the specialised nursing care needs of the consumers. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing and allied health professional registrations for relevant staff. Documentation demonstrated that staff have qualifications relevant to their role and their competency is monitored. Education and monitoring records demonstrated staff are required to complete mandatory training, a range of core education and/or competencies relevant to their roles.

Management described the recruitment, retention, and education processes used to ensure staff are able to provide quality and safe care and services. Clinical management explained how they identify areas of improvement in clinical care and develop a monthly toolbox education calendar. Education and toolbox records confirmed staff have completed a range of education, including mandatory training relevant to their roles and responsibilities. Education has been delivered to staff in relation to legislative and regulatory changes such as the Serious Incident Response Scheme (SIRS), restrictive practices, infection control and clinical care.

The service demonstrated it has a performance management framework in place supported by policies and procedures in performance management and disciplinary procedures. The Assessment Team observed most staff have completed their 2022 performance appraisal and appraisal documentation has been completed. Staff confirmed completing regular performance appraisals with an opportunity to receive and provide feedback. Management described how they review incident data and feedback from stakeholders and provide additional support and training where deficits in staff knowledge or practice is identified.

# 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

Consumers and representatives provided positive feedback in relation to their engagement in the development, delivery and evaluation of care and services. Consumers and representatives said they can provide feedback formally and informally, participate in ‘resident’ meetings and surveys. Management described how the service is encouraging consumers to be on interview panels for recruitment, this was supported by the services continuous improvement plan and confirmed by consumers.

Consumers and representatives confirmed feeling safe at the service and living in an inclusive environment. The governing body is accountable for the delivery of safe, inclusive and quality care and services through established committees, governance frameworks and reporting structures that include hierarchy of oversight, accountability, monitoring and review of key performance indicators.

Consumers and representatives were satisfied the service is well run, and management is approachable. The organisation demonstrated it has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management demonstrated understanding of the policies and processes that supported each of the governance systems.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Management described the systems for identifying and reviewing clinical risks, identifying and responding to incidents, and supporting consumers to live their best lives. Documentation including National Quality Indicator reports, incident registers and audit reports demonstrated high prevalence risks are identified, managed, and reported. Staff demonstrated understanding and practical application of incident reporting processes. Dignity of risk assessments demonstrated that consumers are supported to safely participate in activities of their choice that involve risk and live the best life they can.

The organisation demonstrated it has a documented clinical governance framework in place which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Management and staff demonstrated understanding of the clinical governance framework in practice including how restrictive practices are minimised at the service, documentation requirements, and requirements for consent before using restrictive practices. The Board is engaged and has oversight in monitoring the services performance in clinical care.

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)