Performance

Report

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| Name of service: | Performance report date: |
| Estia Health Flagstaff Hill | 15 July 2022 |
| Commission ID: | Activity type: |
| 6191 | Site audit |
| Approved provider: | Activity date: |
| Estia Investments Pty Ltd | 8 June 2022 to 10 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 Estia Health Flagstaff Hill (**the service**) has been considered by Denise McDonald, 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 provider’s response to the assessment team’s report received 04 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 | 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 | | 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

Consumers and representatives said staff treated consumers with dignity and respect and valued their identity, culture and diversity. Consumers from diverse backgrounds reported staff knew their cultural needs and preferences. Consumers said they were supported to exercise choice regarding how care and services were delivered including risks they wanted to take to improve their quality of life. Consumers and representatives said the service communicated relevant information in a timely manner through verbal conversations, weekly activity calendars, newsletters, and consumer meetings

Staff described how consumer preferences influenced how they delivered care and services; this was evidenced in care planning documentation. Staff were aware of consumer’s preferences, culture, values and beliefs and supported consumers to follow their spiritual beliefs by ensuring onsite faith services were open to all consumers. Some consumers had family members also residing within the service; staff described how they encouraged these consumers to maintain their relationships such as placing relatives in rooms next door to each other.

Care planning documentation confirmed barriers to communication, such as impaired vision, hearing, speech or cognition as well as interventions, such as adapting speech by slowing down and using cue cards, were documented. Risk assessment documentation evidenced consumers and representatives were involved in identifying solutions to reduce risks. The service had policies, procedures and training modules to guide staff practice on privacy, confidentiality and dignity.

Staff were observed interacting with consumers in a kind and respectful way by knocking on consumer’s doors and waiting for a response before entering. All consumers’ personal information was observed to be stored securely in locked areas.

# 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 said they were involved in ongoing assessment and planning of consumer care and well-being, staff explained care plans to them adequately and they could access a copy of the consumer's care plan when they wanted. Representatives confirmed assessment and planning included identification of risks to the consumer and management strategies were effective.

Care planning documentation demonstrated effective assessment and care planning processes were in place and staff described how they used information in care plans to inform how they delivered care and services. Assessment and planning commenced when consumers entered the service and care plans were regularly reviewed for effectiveness or if changes to care needs, and preferences occurred. Consumers and representatives said advance care and end of life planning was considered during planning discussions and these needs and preferences documented and delivered according to consumer’s wishes.

Care assessment and planning reflects an ongoing partnership between the consumer, the service and other health professionals, including medical officers. Care planning reviews occur every three months or when circumstances change or when an incident impacts on the consumers’ health and well-being.

# Standard 3

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| Personal care and clinical care | | 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. | 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 said consumers received care which met their needs and preferences. Consumers’ representatives said deterioration or change in consumers’ condition is recognised quickly and a timely response occurs. Representatives said the service provided information for consumers who wish to take risks, such as consuming foods outside their recommended diet. Consumers felt their needs were effectively communicated between staff.

Staff desmonstrated an understanding of consumers individual needs or preferences and how these were met, including individual consumer’s risks. Staff described relevant high impact and high prevalence risks to consumers, and how these were assessed, reviewed and managed. Staff described how they identified and responded to changes, including escalating information to clinical staff. Staff said any changes to a consumer’s condition, an incident, or change were communicated through the handover process. Staff described how they minimised infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship, by ensuring consumers were well hydrated and practising good hygiene when providing care. Staff confirmed they have received training in infection minimisation strategies including infection control.

Care planning documentation reflected consumers needs and preferences, and evidenced how care was tailored, safe and best practice. Information was communicated effectively within the service, to external care providers and referrals were made when appropriate and in a timely manner. Care planning documentation identified how high impact and high prevalence risks were effectively managed by the service, and strategies implemented to minimise risks. Care documents showed consumers nearing the end of life received care in line with their wishes, which maximised comfort and preserved their dignity.

Staff have access to policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practices, pressure injury prevention, pain management, recognising and responding to consumer deterioration. The organisation had a risk management framework which guided how risk is identified, assessed, managed and recorded. Policies and procedures gave staff guidance related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Practices were in place to minimise the risk of infection, including encouraging hydration and practicing good hygiene.

# 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 and representatives said consumers received effective supports for daily living and provided examples of how staff supported their spiritual, emotional and psychological well-being, such as connecting them with community volunteers. Consumers felt supported to participate in their community, maintain relationships and do the things they liked to do, including meeting with other members of their faith. Consumers advised the variety, quality and quantity of food met their dietary needs and preferences. Consumers reported equipment used was safe, suitable, clean and well-maintained.

Staff described how they engaged with external organisations to supplement the lifestyle activities offered within the service, including volunteers to assist consumers access the community or having services such as pet therapy attend the service. Staff said information about changes in consumers’ care and services were communicated via care plans, progress notes, communication books, handovers, and monthly meetings.

Consumers were observed engaging in various individual and group activities. Equipment was observed to be clean, suitable and stored appropriately. The kitchen environment was observed to be clean and safe. Staff were observed reassuring and supporting consumers during activities in a caring and respectful way.

# 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

The Assessment Team recommended, Requirement 5(3)(b), was non-compliant. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s written response and have come to a different view from the Assessment Team and find the service Compliant with Requirement 5(3)(b). I have provided reasons for my findings below.

The Site Audit report brought forward feedback from some consumers who advised they were not able to access the balconies, as they were locked, however, if requested staff would supervise their access. Consumers also advised they were not able to access the outdoor gardens areas on occassions.

The Site Audit Report confirmed management were aware some consumers were not able to access balconies as a risk assessment had been undertaken evidencing the risk of falls, trips and consumers climbing the railing, should balconies remain unlocked and strategies to manage those risks included consumers having supervised access. I note the assessed risks and management strategies had been verbally communicated to all consumers and they had consented to the arrangements. I acknowledge some of the consumers observed to attempt and unable to access those areas were confirmed to have an environmental restrictive practice authorisation and consent in place. I note management stated doors leading to outdoor gardens had only been locked temporarily due to bad weather and these were also observed to be open during the audit.

The Approved Provider’s response provided the following information in support of compliance of this requirement:

Free movement of consumers at the service was not impaired by barriers to the environment but by consumer’s mobility issues; all consumers who had provided negative feedback regarding access issues had been assessed as unable to mobilise independently or had deficits requiring them to be assisted to access these areas.

Balconies had been the subject of a risk audit and assessed as a risk to consumers who had a sensory, spatial, or cognitive deficit; following assessment, balcony access was secured with a keypad, consumers who were independently mobile could access these areas using keypad codes while consumers with deficits were assisted by staff or their representatives to access the balconies.

Information regarding processes to access balconies including supervised access for cognitively impaired consumers had been provided to consumers and representatives; and agreement to the arrangement had been provided.

Identified risks and support strategies for consumers with deficits was evidenced in care planning documentation and assessed as compliant in Standard 2(3)(a).

At the time of the Site Audit, the weather was cold and recent storms had occurred resulting in wet outdoor furniture and debris on the pathways requiring some doors to be locked whilst maintenance was undertaken, as such, this was only a temporary measure.

All consumers confirmed at the time of the Site Audit, the weather was cold and raining and not conducive to going outside; the provider advised they would have facilitated access to the gardens had a consumer requested to this.

Following the Site Audit, the service had undertaken a consumer and representative survey regarding access to outdoor areas. Results showed all respondents were satisfied with processes to access balconies and outdoor areas including those independent consumers who gained access using a code and those consumers requiring support to access outdoor areas. No further negative feedback regarding accessing balconies or external areas was received.

The service has since reissued the keypad codes to all consumers and representatives and met with consumers who provided negative feedback to discuss their preferences and feedback.

I note favourable feedback provided by consumers and representatives in relation to the service environment being assessed as safe, clean, well maintained and comfortable as well as evidence brought forward under this and other Quality Standards, including Standards 2 and 3, which confirmed deficits in consumers ability including to safely access balconies had been assessed and for consumers who reside both inside and outside of the memory support unit, environmental restrictive practice documentation was evidenced consent. I consider this supports compliance with this Requirement.

Whilst some consumers raised concerns around accessing outdoor areas, I find the service had ensured the service environment remained safe for all consumers by conducting a risk assessment which highlighted hazards for some consumers with cognitive impairment leading to management strategies to keep all consumers safe yet enabled those with independence to access secured areas using a code. All consumer care plans had risks identified and management strategies including assistance to access outdoor areas. I consider this demonstrates compliance with this Requirement.

With regards to locked doors limiting consumer access to garden areas at the time of the site audit, I am satisfied these were temporary and short-term measures introduced for the purposes of cleaning up garden debris after a storm which, if left unattended, could be a safety hazard to consumers should they use the garden areas. Consumers confirmed the weather was not conducive to going outside and they were not impacted by the temporary locking of access doors during this time.

Therefore, I am satisfied the service has adequately demonstrated compliance against this Requirement.

In relation to the other Requirements:

Consumers said they belonged in the service, felt safe, comfortable and representatives confirmed the service is welcoming and homely. Consumers considered the service environment including the furniture, fittings and equipment, at the service were safe, clean, well maintained and suitable for their needs.

Staff described elements of the service environment designed to support consumers with cognitive impairment such as clear signage and photos of consumers at their bedroom doors. Staff could access an adequate supply of equipment for consumers and were familiar with maintenance request processes. Documentation evidenced how regular cleaning and maintenance was undertaken.

The service was observed to be welcoming with functional areas for consumers to engage in group activities or independently; corridors and hallways allowed for safe, unobstructed movement of consumers to support independent mobility. ‎Indoor and outdoor areas were well-maintained and spacious.

# 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 said they were encouraged and supported to provide feedback and make complaints and felt comfortable raising any issues with staff through feedback forms, consumer meetings, and speaking directly to staff. Consumers were aware of external services and how to escalate complaints if they were not resolved to their satisfaction. Most consumers and representatives considered the service actioned complaints and concerns in a timely manner, appropriate actions were taken and their feedback was used to improve services, such as improving menu choices.

Staff demonstrated an understanding of the complaints process and the importance of open disclosure, including offering an apology and providing reassurance when things went wrong. Staff described how they listened carefully to consumers, observed body language and used communication charts to ensure all consumers were understood. Staff were aware of interpreting and advocacy services where they could refer consumers, if required.

The service demonstrated an effective complaints process which encouraged feedback and used the information to improve services. Feedback forms and confidential lodgement boxes were located throughout the service and information about advocacy services and the Commission’s complaints service were on display. Incident reports identified how staff and management applied an open disclosure process following an incident, and details of the open disclosure process are documented. Resolution actions were recorded, evaluated and influenced care and service delivery.

# 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

The Assessment Team recommended, Requirement 7(3)(a), was Non-compliant. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s written response and have come to a different view from the Assessment Team and find the service Compliant with Requirement 7(3)(a). I have provided reasons for my findings below.

The Site Audit report brought forward evidence there was a shortage of staff with deficiencies noted to be an extended wait time for a consumer requiring toileting assistance, on one occasion, while other consumers identified slow or no response from staff or feeling rushed during personal cares. I also note representatives advised an inability of staff to provide mobility assistance or facilitate consumer participation in leisure activities was also indicative of insufficient staff. I also note staff described an inability to shower consumers daily, spend one on one time with consumers or complete their duties to maintain skin integrity and manage consumer’s pain.

While I note the staff feedback, the Site Audit report did not contain any identified deficits to consumers care in relation to personal hygeine, skin integrity, pain management or emotional support. Additionally, the feedback received from consumers was generally positive with confirmation consumers received the care, services and supports they need, when they needed them. The provision of personal hygiene, emotional support, pain management and skin maintenance was also confirmed by observations or other evidence highlighted in the Site Audit report.

In relation to named consumers, I note the consumer who required mobility assistance was observed to not have staff present when moving around the service environment, with their care plan recording the consumer as having a cognitive impairment and often refuses staff assistance. I also note additional evidence included in the providers response, demonstrating the consumer, is monitored and supervised while mobilising and other falls management strategies, including the use of a helmet, hip protectors and a mobility aid, have been implemented. Therefore, the observation on its own is insufficient to demonstrate non-compliance with this Requirement.

For the named consumer, who reported a delay in toileting assistance on one occasion, I note the consumer’s representative, raised a complaint with the service and an improvement project was initiated, with both the consumer and the representative expressing the service’s actions had prevented any further delays. I agree with the provider and find one instance of a delayed call bell response does not support non-compliance with this Requirement.

In relation to the representatives feedback, advising insufficient staff may be the result of the consumer not being encouraged out of his room and involved in activities. I have placed weight on the feedback from the consumer, contained in the providers response, which confirms he wishes to stay in his room and does not wish to participate in group activities. I also concede the feedback in relation to insufficient staff leading to exercises not being undertaken is not supported due to the exercise program not having been implemented as the consumer had declined the physiotherapist review.

I also accept the provider’s response, where a named consumer had raised concerns, regarding the delayed or no response to call bells, with this relating to one agency staff member, who worked on one occasion and is not demonstrative of a systemic deficiency. I note the provider has contacted the supplying agency and requested the staff member not to return to the service.

I acknowledge both the Site Audit report and the provider’s response demonstrated they have systems in place to ensure sufficient workforce planning, active recruitment is undertaken with strategies used to fill any vacant shifts and these initiatives are effective in the deployment of the right number and mix of staff to deliver safe quality care, services and supports. I also acknowledge the service took actions to investigate and address, where required, the deficiencies identified in the Site Audit report.

Therefore, I am satisfied the service has adequately demonstrated compliance against this Requirement.

In relation to the other Requirments:

Most consumers and representatives believed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services and felt the service had managed the recent COVID-19 outbreak adequately.‎ Overall, consumers considered they received safe and effective personal and clinical care which was best practice, tailored to their individual needs and preferences.

Consumers felt staff were kind, caring and gentle when providing care; staff were observed interacting respectfully with consumers and each other. Staff were confident training provided has equipped them with the knowledge to deliver care and services for consumers. Staff described having annual reviews regarding their performance and competency which identified education required to further their skills and knowledge.

# 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

Consumers and representatives stated the organisation is well run and they felt engaged in the development and delivery of services through formal and informal feedback mechanisms and monthly consumer meetings.

Staff confirmed consumers and representatives were active participants in the development, delivery and evaluation of care and services. Staff provided examples of how they apply the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure.

The organisation’s governing body displays accountability and promotes a culture of safe, inclusive and quality care and services through acting in response to feedback and identified trends. Changes impacting the service’s operations are communicated to staff through notices, training and via handover.

The service has effective governance systems to support staff to access information and maintain regulatory compliance. Continuous improvement opportunities are identified through consumer meetings, feedback and complaints processes, trend analysis of clinical indicator data, internal audits, staff performance and surveys. Feedback and complaints were suitably addressed. Despite deficits being identified in workforce planning by staff, consumers and representatives, the service was able to demonstrate clear systems for hiring and managing staff with defined skills and competencies.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Staff demonstrated understanding of these policies and provided examples of how they applied to their work. Staff described training received in identifying abuse, reporting incidents and supporting consumers to live their best lives. Internal audit reports identified how monthly audits monitor the service’s processes to ensure care delivery is safe and effective, with audits completed on cultural safety, access to advocates, safe inclusive culture, end of life care, partnership incare planning, medication administration, preventing or managing pressure injuries, risk management systems, dignity, respect, privacy, confidentiality, workplace safety and injury management.

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)