Performance

Report

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| Name: | Estia Health Lockleys |
| Commission ID: | 6294 |
| Address: | 8 Mellor Street, Lockleys, South Australia, 5032 |
| Activity type: | Site Audit |
| Activity date: | 22 November 2023 to 24 November 2023 |
| Performance report date: | 22 December 2023 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 7252 Estia Health Lockleys |

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 Lockleys (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 19 December 2023.
* other information held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements were assessed as Compliant.

Consumers described how staff treated them with dignity and respect and understood important parts of their life, including their identity and background. Staff explained how they always treated consumers with respect and understood each consumer’s background, needs and preferences. Consumers’ care plans confirmed the service sought detailed information about consumers’ identity, culture and diversity to provide them with appropriate care. Staff were observed to be respectful when addressing and listening to consumers to understand their needs.

Consumers said the service was respectful of their culture, beliefs, and values, and supported their cultural and religious practices. Staff explained how they provided a supportive and culturally safe environment to consumers from all different backgrounds, and said consumers were comfortable making suggestions about cultural activities. Care plans documented each consumer’s culture and religion, and written policies and procedures were available to guide staff in the delivery of culturally safe care.

Consumers felt supported to make decisions about their care and to communicate, their decisions to those they wanted involved. Staff explained how consumers determined their own care and were supported to make choices and maintain relationships of their choice. Care plans detailed consumers’ decisions, preferences, and their important relationships.

Consumers said the service enabled them to make choices involving risks and participate in activities they wished to. Clinical staff explained the assessment processes in place to assist consumers wanting to make choices and participate in activities involving risks. Care plans recorded risk assessment details appropriately and risk mitigation strategies were identified. The service had written policies and procedures regarding supporting consumers to take risks and understand potential consequences.

Consumers explained how information communicated to them was accurate, timely and helped them make decisions about their care. Staff explained how they communicated effectively with consumers to enable them to make informed choices about their care and services. The service’s Resident Handbook and information displayed around the service was observed to be accurate, current and suitable to inform consumers.

Consumers considered the service to be respectful of their privacy and believed their information was kept confidential. Staff described how they maintained consumers’ privacy and kept their information confidential. Staff were observed knocking on consumers’ doors before entering and complying with signs on consumers’ doors.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 2(3)(a) was Not Met. Consumers and representatives said the assessment and care planning considered risks and informed safe and effective care. However, the Assessment Team identified 3 consumers that were potentially restrained from being able to freely enter or exit the service due to their inability to use the key-code pad on the service’s front door. Evidence brought forward.

* Care planning documents showed assessment and care planning was completed with regards to consumers’ condition, needs, preferences and risks.
* Management advised 16 consumers resided in the memory support unit and 8 other consumers residing outside the memory support unit were assessed and documented as being environmentally restrained.
* The Assessment Team identified 3 other consumers that were not documented as being environmentally restrained on the basis they could not freely exit the service as they could not operate the keypad code on the main exit entry door.
* Two of the 3 consumers said they had no desire to exit the service and none of these consumers expressed any concerns about requesting staff assistance, should they wish to exit the facility.
* Management advised they assessed the cognitive and functional capacity of consumers upon entry to the service and provided the door code to consumers based on this assessment. The Assessment Team could not find evidence of this assessment in the care documentation.
* All doors to exit/enter the service had keycode locks and there was also a button to call staff to open the doors if consumers could not operate the keypad.
* Management said they did not consider the service’s exit/entry door system to constitute environmental restraint, as staff were always available to assist any consumers that required assistance with the doors.

In its response of 19 December 2023, the provider disagreed with the Not Met finding and provided additional information and evidence in relation to the assessment and care planning for the consumers potentially subject to environmental restraint.

* Further details of the circumstances of the 3 consumers potentially subject to environmental restraint showed they had been individually assessed for safe mobilising and their ability to access their environment.
* Two of the consumers were unable to independently mobilise and the other consumer had been assessed for independent mobilisation and risk management strategies agreed with them and their representative. The consumer and representative had been provided with the door code and the consumer was known to exit the service.
* While activating the door code was not the limiting factor in relation to any of the 3 consumers, the provider had also displayed the door code at the exit/entry doors.

I note consumers expressed satisfaction with the arrangements for accessing their environment, including entering and exiting the service, should they wish. I consider the providers’ additional information confirmed all consumers were assessed for their preferences and capacity to mobilise inside and outside of the service, and they were supported to do so. Therefore, I find the service was Compliant with Requirement 2(3)(a).

I am satisfied the remaining 4 Requirements in Standard 2 are Compliant.

Consumers and representatives confirmed the assessment and care planning process identified consumers’ current condition, needs and preferences and they had an opportunity to express their end-of-life care needs and wishes. Management and staff explained the processes in place to identify the current needs, goals and preferences of consumers, and their end of life wishes. Care planning documents showed consumer’s current condition, needs, preferences were recorded, as well as their end-of-life wishes.

Consumers and representatives felt involved in the assessment and planning of their care, and confirmed they chose who else was involved in their care, such as medical officers, allied health professionals and family members. Management and clinical staff confirmed consumers and representatives were involved in care evaluations and when changes occurred.

Consumers and representatives said they were involved in care evaluations, and the outcomes of assessments and any changes to their care were communicated effectively to them. Management and staff confirmed consumers and representatives were consulted during care evaluations and offered a copy of their care plan. Care documentation confirmed consumers and representatives were consulted in relation to their care and services, and they were offered copies of their care plans.

Consumers and representatives confirmed their care was evaluated regularly, and when incidents occurred or there was a change in circumstances. Management and staff explained the care review process included scheduled reviews and reviews when consumers’ needs, goals and preferences changed. Care documents showed reviews occurred 3-monthly and when incidents or changes occurred.

# 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements were assessed as Compliant.

Consumers and representatives confirmed consumers received the appropriate personal and clinical care to support their needs, health and well-being. Staff knew individual consumer’s personal and clinical care needs, and described how they ensured they met their needs. Care documents reflected safe and effective personal and clinical care, tailored to the needs and preferences of consumers. The Assessment Team identified gaps in relation to monitoring the temperatures of refrigerators used to store medications requiring cold storage. The provider initiated appropriate corrective actions during the site audit which included providing additional staff training, requested modified recording forms, and resetting the refrigerators and out of range alarms.

Consumers and representatives expressed satisfaction with the management of risks to consumers health and well-being such as nutrition and hydration, behaviours, diabetes, medication, pain, restrictive practices, skin integrity, swallowing difficulties, unplanned weight loss and wounds. Management and staff described adequate practices and procedures to identify and effectively manage risks associated with each consumer’s care. The service had written policies and procedures which provided best practice guidance to staff in the delivery of safe and effective personal and clinical care. The Assessment Team identified some gaps in the assessment process for environmental restraint which I have considered under Requirement 2(3)(a).

Consumers and representatives confirmed they had been provided with opportunities to discuss their advance care and end of life wishes with management. Management and staff explained how they provided comfortable and dignified end of life care, including the involvement of family, health professionals and external organisations. Care documents showed consumers’ end of life wishes were documented and followed accordingly.

Consumers and representatives were satisfied with how complex care needs were managed and a deterioration or change in consumers’ condition was identified and responded to promptly. Management and staff described how they recognised and responded to deterioration or change in consumer’s condition. Written policies and procedures provided staff guidance in recognising and responding to changes in consumers’ health status and care documentation confirmed these processes were being followed.

Consumers and representatives felt each consumer’s current needs and preferences were being effectively communicated between staff and others responsible for providing care. Staff described the process for communicating and sharing information throughout the service and with others where responsibility of care is shared. Care planning documentation of consumers sampled demonstrated information was documented and communicated.

Consumers and representatives confirmed they were referred to other care providers including allied health professionals and external organisations, when required. Management and clinical staff described the process for referring consumers to other care providers, in accordance with their needs and preferences. Care documents showed evidence of timely referrals to other organisations and individuals providing care and services.

Consumers and representatives were satisfied with the service’s measures to prevent and control infections and manage outbreaks. The service documented policies and procedures had a designated infection prevention and control lead. Staff had received appropriate training in infection control and clinical staff described how they minimised the use of antimicrobials.

# 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements were assessed as Compliant.

Consumers said their daily living needs, goals and preferences were supported, and their independence, well-being and quality of life optimised. Staff explained how they provided the necessary services and supports and to each consumer to ensure their needs, goals and preferences for daily living were met. Staff were observed supporting consumers with their daily living requirements and helping them navigate the service.

Consumers spoke about how the service supported their emotional, spiritual and psychological well-being. Staff explained how they provided a wide range of psychological supports including one-on-one support. Care plans noted consumers’ spiritual and emotional needs and detailed how staff could support them.

Consumers reported the service supported and encouraged them to participate in activities of interest, inside and outside the service, and enjoy personal and social relationships. Staff said they knew consumers and understood their needs, goals and preferences, and who was important to them. Care plans showed a detailed lifestyle assessment recorded their life’s history, needs, and preferences.

Consumers felt the service effectively communicated their needs and preferences within the organisation and with others responsible for their care. Staff explained how they kept each other informed about consumers’, changing condition, needs and preferences. Care plans were current and accessible to the necessary staff and care providers. Staff were observed sharing up to date information about consumers condition and needs during a shift handover meeting.

Consumers said they received timely referrals to appropriate external organisations and individuals providing care and services. Staff described the external supports services they could access and the process for referring consumers to these supports.

Consumers were satisfied with the food provided said it was of good quality and quantity. The chef described the effective processes used to ensure each consumer’s dietary needs and preferences were met, including any allergies. Documents outlined each consumer’s dietary needs, preferences, dislikes, allergies and special requirements. The kitchen was observed to be clean, and staff operated according to relevant food safety practices.

Consumers said the equipment provided was safe, suitable and well-maintained. Staff said suitable equipment was available when required, and there had been no recent issues. Maintenance documentation indicated the equipment was appropriately maintained through a preventative maintenance system. Equipment available appeared to be safe, clean and in good repair.

# 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

The Quality Standard is assessed as Compliant as 3 of the 3 specific requirements were assessed as Compliant.

Consumers described feeling at home in the service, and said they felt safe, comfortable and as independent as possible. Staff explained how they created a welcoming environment and assisted consumers maintain their independence. Consumer’s rooms were personalised to their taste, and consumers were observed navigating the service easily to socialise with family, friends and other consumers.

Consumers said the service was clean, safe and well-maintained and they could mobilise freely. Staff described how they assisted consumers to freely mobilise throughout the service, including to exit the service. Cleaning staff explained the cleaning processes and in accordance with the documented schedule. The service appeared to be safe, clean and well maintained and consumers were moving freely around the service, both indoors and outdoors.

Consumers said the furniture, fittings and equipment was safe, well-maintained and suitable for them. Staff described effective processes for reporting hazards and safety issues with furniture, fittings or equipment in the service. Maintenance logs indicated reactive maintenance issues were addressed promptly and the preventative maintenance schedule was current. The furniture, fittings and equipment appeared to be safe, clean and well-maintained.

# 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

The Quality Standard is assessed as Compliant as 4 of the 4 specific requirements were assessed as Compliant.

Consumers and representatives understood the complaints processes and said they were encouraged to provide feedback or make a complaint. Staff described how they assisted consumers to raise concerns and bring them to the attention of management. Feedback forms, secure lodgement boxes and information about the feedback mechanisms available was readily available around the service and in the Resident Handbook.

Consumers and representatives were aware of external advocacy services and described how they would make a complaint however, they said they were comfortable raising concerns with staff and management. Staff described the advocacy and language services available to consumers and brochures, posters and information about advocacy and language services was displayed around the service.

Consumers and representatives who had made complaints said the service dealt with their complaint appropriately and they were satisfied with the outcome. Management and staff described the open disclosure process they used when an issue or concern was raised. The complaints register recorded complaints and the corrective actions taken, and all complaints were addressed within a reasonable timeframe.

Consumers and representatives were satisfied with the improvement actions taken by the service in response to complaints. Staff described changes made as a result of recent complaints and management explained how feedback and complaints were added to the service’s Plan for Continuous Improvement. The Plan for Continuous Improvement confirmed that actions had been taken to improve the quality of care and services as a result of feedback and complaints.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers and representatives reported the service was adequately staffed and provided quality care. Management described effective workforce planning and rostering systems that ensured the service was adequately staffed to meet consumers’ care needs. Records showed the service had access to a suitable pool of staff and call bell response times were monitored daily and investigated if they exceeded the target response time.

Consumers and representatives said staff were kind, caring, and respectful regardless of their culture or background. Management and staff were observed treating consumers with care and respect and addressing them respectfully in their preferred language. The service had written policies to staff on being respectful to consumers’ identity, culture, and diversity.

Consumers and representatives considered staff to be competent in their roles. Management described how they ensured staff were competent and had the qualifications and knowledge necessary for their roles. Workforce records confirmed staff had the appropriate qualifications, knowledge and registrations with the Australian Health Practitioner Regulation Agency.

Consumers and representatives said staff were skilled in providing suitable care and services. Staff said they had the induction, support and training they needed to perform their duties. Documentation showed the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management and staff described how performance was monitored and how regular performance appraisals were conducted. Workforce records confirmed staff performance was continually assessed and monitored, including through ongoing supervision, and identifying and addressing issues as they arose.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(c) was Not Met. The service had appropriate governance systems in place related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, the Assessment Team did not consider the service’s regulatory compliance governance to be effective due to the service not identifying 3 consumers that were potentially subject to environmental restraint due to the keypad code system on the entry/exit doors.

I have considered these issues and the provider’s response under Requirement 2(3)(a) and found the service was Compliant with Requirement 2(3)(a).

I acknowledge consumers generally expressed satisfaction with their ability to move freely into and out of the service, if they wished. The provider’s response showed the relevant consumers were assessed as being limited by other aspects of their functional abilities and were not restrained from accessing their environment due to the type of locking mechanism on the doors. I note staff were aware of those consumers requiring daily supervision and/or assistance to safely mobilise and accept there were various methods available to summons staff’s assistance. I acknowledge the organisation had current written policies and processes in place regarding minimising the use of restrictive practices, which confirmed their commitment to complying with the relevant regulations.

Therefore, I find the service Compliant with Requirement 8(3)(c).

I am satisfied the remaining 4 Requirements in Standard 8 are Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services. Management and staff could describe the various mechanisms used to engage consumers such as Resident and Relative meetings, surveys and the feedback processes available. Records confirmed that consumers and representatives were supported in providing input to the operation of the service and were involved in improving the care and services provided.

Consumers and representatives said they felt safe and received the care they needed. Management described how the organisation’s governing body promoted a culture of safe and inclusive, quality care and services, and was accountable for their delivery. Management explained how the Board oversights the governance arrangements and works with the management team to satisfy itself the service meets the Aged Care Quality Standards. Governance frameworks, policies and meeting records confirmed the Board was accountable for ensuring the delivery of safe, effective, consistent, and person-centred care.

Management and staff described effective risk management systems and practices related to areas including managing high-impact and high-prevalence risks to consumers, identifying and responding to neglect and abuse, supporting consumers to live their best lives, and managing and preventing incidents. The service’s Risk Management Framework Policy outlined its commitment to identify inherent, residual, and acceptable risk levels, assess the effectiveness of control measures and identify required actions to be taken.

The service operated under the organisation’s clinical governance framework which included policies pertaining to antimicrobial stewardship, minimisation of restraint and open disclosure. Management and staff had received training and demonstrated an applied understanding of the policies.

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)