Performance

Report

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| Name of service: | Estia Health Werribee |
| Service address: | 8 Russell Street WERRIBEE VIC 3030 |
| Commission ID: | 3644 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 13 April 2023 |

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 Werribee (**the service**) has been prepared by E Blance, 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 02 April 2023.
* Any other relevant information given to the Commission.

# 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

I find this Standard compliant.

Consumers and representatives provided feedback they are always treated with respect and staff are friendly and polite. Staff described the way they support consumers, respect their preferences and know them as individuals. Staff were observed having respectful conversations with consumers, knocking on doors, waiting and speaking in a friendly manner during each interaction.

Consumers and representatives said the staff respect them and knew about their background and cultural interests. Staff said they used a range of resources, family members and other multi-lingual staff to communicate effectively and respectfully with consumers. Materials for consumers and families were provided in multiple languages.

Consumers said the service respects their decisions about the care they want and who they want to involve in decision making. Staff demonstrated their respect for relationships and consumer’s involvement in decision making, and this was reflected in the service’s documentation practices.

Clinical staff said risk assessments were conducted and other health professionals are involved as needed where consumers choose to undertake risk. Documentation of risk assessments, consumer decisions and agreed protocols was observed. Consumers were observed doing activities they enjoyed, with appropriate modifications for safety if needed.

Consumers said staff were friendly and talked to them in ways they could understand. Staff said they spoke with consumers about the work they were doing and ensured the consumers were aware of the support being provided. Information about activities and upcoming celebrations was available and displayed through the service. A regular newsletter was provided to consumers and families, as was information about planned activities, menu choices, feedback forms and letterboxes, COVID-19 precautions and information about support services for consumers and their families was displayed in the service in multiple languages.

Consumers and representatives said staff respect their privacy. Clinical and care staff described their practices to ensure they maintain each consumer’s privacy while interacting with them each day. Observation of staff practices and of documentation demonstrated the service has appropriate processes to support consumer privacy and ensure consumer information stays confidential.

Policies and procedures were available to support staff practice.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers and representatives said they were involved in assessment and planning, and they were confident the information gathered informed the care provided. Discussion of risks occurred and was documented in the care plan to support provision of safe and effective care. The clinical staff said they managed the assessment and development of care plans with consumers and their representatives.

Consumers and representatives said they were involved in end of life planning discussions. Clinical staff described end of life discussions were approached and conducted at the time and place determined by the consumers’ and their families. Documentation included advance care plans which detailed preferences for comfort, dignity and pain free support at the service, as well as involvement of family.

Consumers and representatives said they were involved in the assessments, care plan reviews and regular discussion about restrictive practices. Clinical staff described how they include consumers and other relevant providers of support in the regular and as needed, care plan review, and respected the decision made by consumers. Care plans and progress notes demonstrated consumers and representatives were participants in care planning and together with other health professionals and organisations where appropriate.

Consumers and representatives said they were offered a copy of care plans following regular reviews or when consumer’s health, personal care needs or participation in activities were observed as changed. Staff described how information about consumers was shared at the handover meetings at the start of each shift.

Consumers and representatives said they knew changes in the consumer’s behaviours and condition initiate a review of the care, and additional support was provided. Clinical and care staff described how the information was shared between staff and between shifts in a timely manner. Care plans demonstrated regular reviews and those initiated by a change for the consumer.

Policies and procedures were available to support staff practice.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers and representatives reported they were receiving safe and effective care. Care plans and behaviour support plans demonstrated they were individualised and reflected each consumer’s clinical, personal care and behaviour support needs, preferences and strategies for care.

Consumers subject to restrictive practices had appropriate consent and documentation.

Consumers reported they were receiving regular treatment for wound care and pressure injury prevention care. Clinical and care staff could describe their actions and equipment used to support pressure injury and wound care. Care documentation evidenced wound care provided in line with care directives. Care staff said skin integrity checks were conducted daily and any changes observed was reported to the registered staff.

Staff described the signs of pain as well as the tools used to assess pain. Both pharmaceutical and non-pharmaceutical pain management methods are used including analgesia and cold/heat packs, massage, repositioning and a pain therapy program is run by the physiotherapist.

Consumers reported other complex care needs they receive is safe and effective including for stoma and diabetes management.

The service was able to demonstrate risks for each consumer are effectively managed, including high impact and high prevalence risks identified by the service including but not limited to falls. Clinical staff said they document information related to changing conditions and incidents and shared information in handover meetings with all care and clinical staff. Care plans demonstrated the service was effectively identifying risks and implementing strategies to these risks.

Consumers and representatives said they had discussions about end of life care and the documentation for most consumers included an advance care plan. The service demonstrated they were managing the palliative and end of life processes appropriately, and in accordance with the service’s policy and the consumers wishes. Clinical and care staff described the personal and clinical care provided to ensure the consumer was comfortable, pain free, and the consumer and their family were supported with kindness and respect.

The service demonstrated information on the care needs of each consumer is shared between staff and each shift ensured clinical, personal care and involvement in activities or conversations was supported in a timely manner. The site audit report noted timely documentation of some clinical information for one consumer was not present. Management and clinical staff responded with appropriate actions to rectify the issue. Clinical staff said they have frequent phone contact with families, providing them with information about any change in a consumers condition, followed by further updates as needed.

Consumers and representatives said staff knew their needs and preferences which informed the way clinical and personal care was provided. Staff said review of the care plan, progress notes and the information shared at handover meetings at the start of each shift ensured they were aware of changes a consumer was experiencing. Care plans and progress notes were available to staff, medical officers and allied health professionals via the electronic care management system. Medical officers were available to consumers and to support staff.

Consumers and representatives said referrals were made as needed to specialists or other health professionals. Health professionals such as medical officers visited the service, physiotherapists were onsite on weekdays and other allied health providers including but not limited to a dietitian and speech pathologist were made as needed.

Consumers, representatives and staff said staff were diligent about wearing appropriate personal protection equipment (PPE) in relation to COVID-19. Clinical and care staff were all able to describe the arrangements and processes used when there were any infectious outbreaks in the service. The service had current antimicrobial stewardship, infection prevention and control policies and a current and comprehensive suite of COVID-19 outbreak management plans and resources. Care and clinical staff described their roles in infection prevention and control.

Policies and procedures were available to support staff practice.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers provided feedback they get services and supports for daily living which meets their needs, goals and preferences. Consumers provided feedback theycan live life in a way to pursue their individual interests and how they are able to access choice. Staff demonstrated individual knowledge of consumers, what is important to them and what their likes and dislikes are which aligned with consumer’s care plans. The lifestyle calendar was observed throughout the service and in consumer rooms. Consumers were observed engaging in activities such as bingo and daily exercises.

Consumers said they felt supported and described how the service caters for their needs, and how they are respected to attend spiritual services. Staff described the services and supports in place to promote consumers’ emotional, spiritual and psychological well-being such as spending one on one time with consumers who do not wish to partake in group activities, visits from faith based organisations, music or use of aromatherapy. The service’s noticeboard displayed information including activity calendars, flyers for counselling sessions and direct numbers to faith based organisations. Consumers and relatives are informed of services through consumer and representative meetings.

Consumers provided feedback they are supported by the service to participate in their community within and outside the service environment as they choose. The service supports consumers to maintain social and personal relationship and do things are of interest to them. Staff described how individual consumers participate in the wider community and maintain relationships. Care plans identify activities of interest for the consumers and how the service and staff support ongoing participation. Care plans identify consumers who engage in the external community as having risk assessments completed. Consumers were observed participating in the daily walking group.

Consumers said they feel confident staff are aware of their current conditions, needs and always clarify preferences. Consumers said they felt staff communicate well between each other. Care plans demonstrated how important information is added as an alert and is automatically populated on handover sheets. Meetings were observed with the workforce to ensure information is shared to meet consumer’s needs.

Consumers said the service has, after consultation, referred them to appropriate individuals, organisations, or other providers to meet their service and support needs and they have been satisfied with those referrals. Care plans identify external organisations collaborate with the service and the consumer to support diverse needs. There is evidence the service has established links with individuals, organisations, or providers, to ensure consumers have access to a range of service and supports.

Consumers said their meals are good quality, varied and plentiful at mealtimes and in between meals. Consumers said overall they liked the food; however, some meals were not their preference. Consumers said they are always offered an alternative if some meals were not to their preference. Observation of the consumer dining experience showed it was comfortable, not rushed and consumers were receiving appropriate assistance in a dignified and timely manner. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences including meal size, dietary needs, and any support they need.

Consumers said they felt safe using the provided equipment and is clean, well-maintained, and suitable for use. Staff demonstrated awareness of how to report any maintenance issues. Maintenance documentation demonstrates aspects of preventative and reactive maintenance. Staff said the equipment was easily accessible such as equipment used for lifestyle activities. Mobility aids such as walkers, wheelchairs, hoist machines, and slings were observed to be clean and labelled, and appeared to be functioning appropriately.

Policies and procedures were available to support staff practice.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers and representatives said the service was a welcoming place to live in and they enjoy their time there. Rooms were observed to be personalised with items from home such as small furniture and pictures. All bedrooms had numbers on the door and some doors had personal pictures on them to help consumers identify their room. Handrails were in place down one side of each of the corridors and the wall paint colours changed in each corridor to help with way finding. Artwork and large photos on the walls were attractive and related to the eras of the time of the consumer as well as farming and market gardening. Corridors all linked into the main lounge and dining area and private sitting areas for consumers and their families were available. The memory support area had a courtyard area with gardens and animals including rabbits, as well as a small internal glass courtyard.

Consumers and representatives said the service was clean and comfortable. They said they could move around freely, and they could access courtyard areas to do some gardening or sit quietly. Consumers who enjoy gardening had flowers and vegetables growing in various parts of the garden courtyards.

Consumers and representatives said the service is clean and well maintained, with any need for repairs dealt with quickly. They said the equipment used to support them was always ready for use and it was well-maintained and clean. The observed equipment, fittings and furniture was clean and well maintained and appropriate for the intended use.

Policies and procedures were available to support staff practice.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers and representatives felt comfortable providing feedback or making a complaint. Staff were able to describe the feedback and complaint mechanisms of the service and how they support consumers and representatives to make complaints. Information displayed at the service in multiple locations informed consumers and representative how to provide feedback.

Consumers said they receive advocacy information at meetings. Staff described how they provide information to consumers and representatives in relation to advocacy services and external complaints services, such as through the admission process and brochures are accessible at the front foyer and flyers on consumer notice boards throughout the service were available in different languages.

Consumers were satisfied appropriate action was taken by the staff and management in response to feedback and complaints. Staff demonstrated an understanding of using an open disclosure process. The service demonstrated an open disclosure process being used by the service when things have gone wrong.

Consumers and representatives said they felt the feedback and complaints were used to improve the quality of care and services. Management was able to detail processes by which the feedback provided is used to improve services and were able to provide examples. Improvements in these areas is evidenced on the service’s plan for continuous improvement.

Policies and procedures were available to support staff practice.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers felt there is enough staff and they are satisfied their needs are being met. Consumers said call bells are mostly answered promptly, however the site audit report raised that consumers said on some occasions staff can be busy at times although no impact was identified. Staff said they feel there is enough staff, management proactively recruit new staff and staff work cohesively as a team which enables consumer care needs to be met. Staff said agency staff are used only when needed. Staff were observed providing care to consumers, taking their time to chat and ask consumers what they needed.

Consumers and representatives said the staff are kind, caring and gentle when delivering care and services. They said staff are respectful of their identity and diversity and understand their background and preferences. Management said ongoing observations and feedback is used to monitor staff conduct with consumers.

Consumers and representatives feel confident staff are skilled and have the knowledge they need to provide quality care. Management detailed processes for ensuring the workforce is competent and has the qualifications or knowledge to effectively perform their roles. The staff described mandatory training and assessments required and how qualifications and competencies are monitored through the service.

Consumers said staff know what they are doing. Staff said they are trained, equipped, and supported to deliver care and services to meet consumers’ needs and preferences and the Quality Standards. Mandatory staff training requirements on recruitment and on an ongoing basis include key areas such as restrictive practices, the serious incident response scheme including elder abuse and reporting, infection control included PPE donning/doffing, hand washing, manual handling, and medication competencies.

The service regularly undertakes assessment, monitoring, and review of the performance of each member of the workforce. The service detailed ways various feedback is taken into consideration when completing regular reviews of each individual member of the workforce. Documents evidenced performance appraisals and management is undertaken at the service.

Policies and procedures were available to support staff practice.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard is compliant.

Management described how consumers are engaged to partner in the development, delivery, and evaluation of the care and services provided such as consumer experience surveys, feedback mechanisms, and consumer and representative meetings. Management advised any feedback made form the consumer and representative meetings is noted in meeting minutes and added to the plan for continuous improvement.

The organisation’s policies and procedures include information as to how the governing body promotes a culture of safe, inclusive, and quality care and services. Management demonstrated how information from the governing body is communicated down to the service, the staff and the consumers. The consumers and representatives felt the organisation promotes a culture of safe, inclusive, and quality care and is accountable for its delivery.

Organisation wide governance systems in relation to areas including but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints were effective. Consumers and representatives felt the service encourages feedback and complaints and uses this information for continuous improvement. Staff were able to describe key principles of the organisation wide governance systems such as feedback and complaints, and regulatory compliance. The organisation’s information management systems include an electronic care management system and a risk management system. The information systems have reporting capabilities and facilitate reports for the service and executive staff to monitor and review. Continuous improvement sources such as outcomes from surveys, feedback, incident reporting, data and trend analysis have been reflected in the continuous improvement log. Management advised how a budget for the service is in place for equipment and staffing costs and budget reports are provided to the executive management team. The service has a human resources team to manage recruitment. Workforce governance is managed by the organisation’s governance team and closely monitored by the governing body. Key responsibilities are outlined in position descriptions and feedback from consumers said staff effectively perform their roles. The organisation’s governance mechanism has a documented compliance framework to audit and monitor compliance with legislation and professional standards. The organisation has an effective system to document complaints, investigation of complaints and outcomes and report complaint information through various committees to the governing body.

The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management including the governing body. Staff were able to explain the processes of risk management at the service, including where key areas of risk had been identified and was being mitigated. Review and monitoring of clinical reports and data generated from the database system focusing on high areas of risk such as pressure injuries, falls management, restrictive practices and infections is reported. Incidents are reviewed and all high-level incidents are escalated to management and the quality executive team. High level incidents are investigated and actioned within a 24-hour period to ensure strategies for mitigation or risk are implemented in a timely manner. The service has a policy and procedure to support consumers freedom of choice and a consumer’s choice to engage in activities that may involve risk.

The organisation’s documented clinical governance framework includes policies and procedures to support the clinical governance framework, infection control management and antimicrobial stewardship, restrictive practices and open disclosure. Staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

In considering my decision I have placed weight on the information assessed within the site audit report.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)