Performance

Report

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| Name: | Fronditha Lower Templestowe |
| Commission ID: | 3688 |
| Address: | 11 Omar Street, LOWER TEMPLESTOWE, Victoria, 3107 |
| Activity type: | Site Audit |
| Activity date: | 5 June 2024 to 7 June 2024 |
| Performance report date: | 11 July 2024 |
| Service included in this assessment: | Provider: 1245 Fronditha Care  Service: 5814 Fronditha Lower Templestowe |

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 Fronditha Lower Templestowe (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission relating to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and said their identities were maintained by sharing stories of importance to them and personalising their rooms. Staff had knowledge of consumers’ identities and cultural backgrounds and were observed treating them with kindness, dignity and respect as assistance was provided during mealtimes. Care documentation evidenced consumers’ identities, cultural backgrounds and how these influenced the delivery of care.

Consumers and representatives confirmed staff were respectful of consumers’ cultural backgrounds and provided care consistent with their preferences. Staff gave practical examples of how consumers’ cultures were respected, such as being supported by gender specific staff for personal care, and the menu was tailored to consumers’ cultural preferences. Care documentation evidenced consumers’ cultural preferences and how care was adjusted to meet their needs.

Consumers and representatives confirmed consumers were supported to be their own decision maker and had choice in how their care was delivered, how they wanted to maintain relationships with people of importance to them and how they wanted to spend their leisure time, with support provided to make connections with others. Staff gave practical examples of how they supported consumers to maintain relationships, such as ensuring couples’ privacy was respected and seating them together for meals. Care documentation evidenced consumers and those important to them were involved in making decisions about their care.

Consumers and representatives gave practical examples of how consumers were supported to take risks and live life as they chose, such as leaving the service independently to attend activities. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety, with risk assessments recorded in the electronic care management system (ECMS). Care documentation evidenced consumers had made informed decisions regarding risk.

Consumers and representatives confirmed they received timely information which enabled them to make informed choices about consumers’ care and daily living needs, particularly via phone calls, emails, the menu and the activities program. Staff explained information was provided to consumers in person, in writing and in ways which met their differing sensory and communication needs. Care documentation evidenced consumers received timely communication in ways which met their needs.

Consumers confirmed their information was kept confidential and gave practical examples of how their privacy was respected, such as staff knocked on their doors and sought consent before entering their rooms. Staff demonstrated knowledge of how to protect consumer privacy and said their confidentiality was maintained by keeping consumers personal information secure in the ECMS, and sensitive discussions were held in private areas. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their rooms.

# 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 found Compliant, as:

Staff described how risks to consumers were identified, and used to develop the care plan, which informed how they delivered care. Care documentation evidenced comprehensive care plans were developed through an assessment process embedded in the ECMS, which included assessment tools to identify risk of skin injuries and falls, with responsive strategies to inform the delivery of safe and effective care. However, the risk of inappropriate environmental restrictive practice had not been considered and consumers ability to independently operate the keypad had not been assessed. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during the assessment of their needs, goals and preferences. Care documentation reflected consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as medical officers, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist services was sought during the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as dieticians, with their recommendations included in planning processes.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives. Care documentation evidenced outcomes of assessment were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, following which their changed needs were updated in their care plan. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs. Care documentation evidenced consumers’ needs were reviewed as scheduled, and reassessment occurred in response to incidents and when their circumstances changed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said met consumers’ needs and preferences. Care documentation evidenced consumers received care in line with their assessed needs. Staff were knowledgeable about consumers’ personal and clinical care needs; however, the application of environmental restrictive practices had not been individualised to the needs of each consumer nor had consent for the restrictive practice been obtained. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were supported by their representative and kept comfortable through pain medications, symptom management, psychological support and their cultural and spiritual needs were met, as per their wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and meet their needs and preferences, with support available from specialist palliative care services. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were regularly monitored for changes in their vital signs, weight and general health, with any changes documented and the consumer escalated to clinical staff or medical officers for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood consumers’ requirements and delivered the care they needed. Staff explained changes in consumers’ care and services were documented and communicated at meetings, during shift handovers, and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as medical officers, dieticians and speech pathologists, and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly as there was a COVID-19 outbreak during the Site Audit, with staff observed following infection prevention protocols and using personal protective equipment when delivering care. Staff understood infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, particularly in the event of a COVID-19 outbreak.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, either by participating in group activities or spending time on solo interests. Staff explained consumers participated in a lifestyle assessment which captured their leisure time preferences, personal interests and social, emotional, cultural or spiritual needs and traditions, which were used to inform their lifestyle activities. Consumers were observed participating in a range of activities which catered for their differing needs and abilities, whilst staff provided support, if needed.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through staying connecting with loved ones and receiving regular pastoral care visits. Staff had knowledge of consumers’ emotional and psychological needs and advised they supported consumers by spending one-on-one time with them when their mood was low. Care documentation evidenced consumers’ emotional, psychological and spiritual needs, with guidance on how those needs could be met.

Consumers gave practical examples of how consumers were supported to participate in the service and wider communities, such as being provided a dedicated garden area to continue gardening as a hobby, and leaving the service to spend time with family. Consumers were observed participating in group activities, where they were being encouraged and supported by staff.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood their lifestyle needs, food allergies and dietary preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, dietary files and they accessed care documentation in the ECMS. Care documentation in the ECMS evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback about the services and supports they received. Staff explained volunteer programs were engaged to spend meaningful one-on-one time with consumers, with a counselling service engaged to provide them with psychological support, if needed. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers gave positive feedback about meals, which were varied, portion sizes were sufficient, aligned with their preferences and dietary requirements, and were developed based on feedback provided at food focus groups. Staff had knowledge of consumers’ dietary needs and preferences, including cultural needs, and explained consumers had access to food and drinks between mealtimes. Meal service was observed as calm, with an ambient atmosphere as staff assisted consumers in a dignified manner.

Consumers confirmed they felt safe when using equipment provided by the service, such as mobility aids, and maintenance staff attended to issues promptly. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Lifestyle equipment, such as mobility aids, were observed to be safe, clean, labelled with consumers’ names, functioned appropriately and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service had a welcoming atmosphere, consumers felt at home in rooms personalised with their own belongings, and representatives enjoyed spending time with their loved ones in common areas where they shared meals. The service was observed as easy to navigate with wayfinding signage supportive of Greek speaking consumers, whilst communal areas were comfortably furnished and offered activities which encouraged interaction. Consumers and their visitors were observed spending time together indoors in common areas and in furnished, shaded outdoor areas.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, with maintenance issues promptly addressed. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed to have free access to indoors and outdoors areas but exit to or entry from the community was restricted, as the front door was locked and controlled by a keypad, with assessment processes to be amended to ensure any impact on consumers free movement was understood. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives confirmed furniture, fittings and equipment were clean, well maintained and suitable for consumers’ use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. A range of furniture to meet consumers’ differing needs and preferences was observed to be safe, clean and well maintained, whilst electrical equipment and fire extinguishers had been tested for safety and routinely serviced.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they felt safe and supported to raise concerns and gave practical examples of speaking with staff, attending consumer meetings and completing feedback forms, as ways they could give feedback. Staff explained consumers and representatives could also make complaints and provide feedback by surveys, phone and email. Complaints documentation, survey results and meeting minutes evidenced consumers were encouraged to provide feedback and raise issues of concern.

Consumers and representatives understood how to access external complaints and advocacy services, whose contact details were included in the consumer handbook. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Multilingual posters and brochures promoted access to the Commission, advocacy services and language services.

Consumers gave practical examples of improved laundry processes, as appropriate action taken in response to their complaints of a clothing item being washed incorrectly. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers gave practical examples of how their feedback and complaints resulted in a renovated gardening area, so consumers had a sense of belonging and responsibility when tending to the garden. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and confirmed consumers’ needs were promptly met. Management explained the roster was developed based on meeting legislative responsibilities, consumers’ feedback and their clinical needs, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers and representatives said staff were kind, caring, gentle, respectful, understood what was important to them, and consumers and had appreciation for the time spent in conversation when care was delivered. Staff were familiar with consumers’ needs and preferences and explained how they spent time learning about their backgrounds, which supported friendly interactions during care delivery. Staff were observed consistently treating consumers with respect, were familiar with their identities and addressed them by their preferred names.

Consumers confirmed staff were suitably skilled, knowledgeable and competent in meeting their care needs. Management explained, and staff confirmed, their competency was determined through pre-employment checks, an orientation program, buddy shifts, regular training which reflected the Quality Standards, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers confirmed staff were well trained and gave positive feedback about their skills when providing personal and clinical care. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), antimicrobial stewardship, restrictive practices, incident management, infection control and open disclosure, with additional training arranged at the request of staff. Training records evidenced all staff had completed mandatory training as scheduled.

Management advised, and staff confirmed, staff performance was assessed and monitored through annual performance reviews, analysis of internal audit results and clinical data, with informal appraisals through competency assessments, observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and described the process as an opportunity for self-evaluation, training needs were discussed, and they were supported by management. Personnel records evidenced all staff performance reviews had been completed as scheduled.

# 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 found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through the consumer advisory body. Management advised consumers contributed to service evaluation through scheduled meetings, the feedback process, surveys and care plan reviews. Documentation evidenced consumers were actively engaged in providing feedback about aspects of their care and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through committees focused on clinical governance and medication management, and it received regular reports on infection control, routine audits, consumer and representative feedback and complaints, reported hazards and risks, and clinical incident data. Meeting minutes evidenced the board received regular reporting which supported oversight of the service’s performance against the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. However, restrictive practice policies and procedures gave insufficient guidance to clinical staff on the assessment of environmental restrictive practices, when cognitive, sensory or manual dexterity impairments may prevent consumers from independently using a coded keypad to exit the service. Management advised assessment processes relating to environmental restrictive practices would be reviewed and added to the CIP, with affected consumers appropriately assessed and support plans implemented during the Site Audit.

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)