Performance

Report

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| Name: | Gallipoli Home |
| Commission ID: | 1071 |
| Address: | 11 Gelibolu Parade, Auburn, New South Wales, 2144 |
| Activity type: | Site Audit |
| Activity date: | 3 September 2024 to 5 September 2024 |
| Performance report date: | 17 October 2024 |
| Service included in this assessment: | Provider: 6914 Gallipoli Health Services Limited  Service: 22921 Gallipoli Home |

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 Gallipoli Home (**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.
* other information and intelligence held by 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives reported consumers were treated with dignity and respect and felt their identity, culture, and diversity was valued. Staff explained how they treated consumers with dignity and respect and demonstrated in-depth knowledge of all consumers’ life experiences and cultural backgrounds. Care planning documents reflected consumers’ background, identity and culture, and staff were observed treating all consumers with dignity and respect. The service had policies and procedures to ensure staff treated all consumers with dignity and respect.

Consumers and representatives said consumers’ care and services were delivered in accordance with their cultural needs and preferences. Staff were aware of consumers’ diverse cultural backgrounds and explained how their care was tailored to meet their individual cultural needs and preferences. The service had policies and procedures to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers were supported to make and communicate independent decisions about their care and services, choose who was involved in their care, and maintain relationships of choice. Staff described how they supported consumers to make choices about their care and to maintain their chosen relationships. Care planning documents detailed consumers’ choices about their care, who they wanted involved in their care, and their important relationships.

Consumers and representatives said consumers were supported to assess, and choose to take, risks, to live the best life they could. Staff described the risks taken by consumers and how they supported them to understand the potential harms and benefits of their choices involving risks. Care planning documents identified and assessed risks taken by consumers and outlined the agreed risk mitigation strategies.

Consumers and representatives stated they received current, accurate and timely information about their choices, which was communicated in a clear and easy-to-understand way. Staff described how they communicated information to consumers, including consumers with sensory and cognitive impairments, to ensure it was clear and easy to understand. Current information such as the activities calendar, menus, and other information was clearly communicated to consumers, in a way they could understand.

Consumers and representatives said consumers’ privacy was always respected and their personal information kept confidential. Staff described ways they respected consumers’ privacy, such as by knocking and waiting to be invited into their rooms, and closing the door to deliver personal care. Staff and management explained the electronic care management system containing consumers’ personal information was stored on password protected computers, and any hardcopy personal information was locked in nurse’s stations. The service had a privacy policy and training to guide staff practice.

# Standard 2

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

Findings

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

Consumers and representatives confirmed the assessment and care planning process, considered risks to consumers’ health and well-being, and they received safe and effective care and services. Management and clinical staff detailed the assessment and care planning process, and how it identified risks to consumers’ health and informed the delivery of safe and effective care and services. Care planning documents showed the assessment and care planning process included assessment of risks and identification of mitigation strategies. The service used validated risk assessment tools and processes to assess risks and guide the assessment and care planning process.

Consumers and representatives said assessment and care planning addressed consumers’ current needs, goals, and preferences, and they discussed advance care plans and end of life care plans. Clinical staff described how assessment and planning addressed each consumer’s current needs and preferences, including their advance care and end of life plans, if consumers wished. Care planning documents reflected consumers’ current needs, goals, and preferences, and their advance care plans and end of life wishes.

Consumers and representatives described being partners in the assessment and planning of consumers’ care and services, along with other providers as required. Care planning documents confirmed consumers, representatives, and other health professionals were involved in the assessment and planning of consumers’ care and services. Clinical staff explained how assessment and care planning was done in partnership with consumers, representatives and others they wished to involve. The service had documented policies regarding consulting with other health professionals in the as**s**essment and planning of care and services.

Consumers and representatives said the outcomes of health assessments were regularly communicated to them, and they could get a copy of the consumer’s care plan. Some consumers and representatives said they did not need a copy of the care plan, as they were regularly consulted. Staff detailed the processes for documenting and communicating the outcomes of assessments to consumers and representatives, and confirmed they offered a copy of the care plan. Case conference documents included a prompt to offer consumers/representatives a copy of care plans. Care planning documents showed outcomes of assessment and care planning were communicated to consumers, representatives, in a timely and appropriate way.

Consumers and representatives confirmed consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Clinical staff explained the process for reviewing care plans 3-monthly, and when consumers’ condition or circumstances changed. Care planning documents showed they were regularly reviewed for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# 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 assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care, that met their needs, goals and preferences. Management and clinical staff described consumers' individual needs and preferences, and how care was delivered in line with their documented care plans and best practice. Care planning documents confirmed staff followed documented strategies to deliver safe and effective clinical and personal care, consistent with best practice. The service had a suite of policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives said high-impact and high-prevalence risks to consumers were effectively managed. Clinical staff described the high-impact and high-prevalence risks to consumers at the service, and the interventions in place to manage them. Care planning documents showed risks to consumers had been identified, assessed, and personalised mitigation strategies put in place. The service had policies and procedures to guide staff in the management of high impact and high prevalent risks to consumers.

Consumers and representatives said the service discussed consumers’ needs, goals and preferences for end of life care, and they were confident the service would support their preferences. Staff described how they assessed consumers nearing the end of life and ensured their comfort was maximised and their dignity preserved. The service had policies and procedures to guide palliative and end of life care.

Consumers and representatives said the service responded promptly to a deterioration or change, in consumers’ condition. Staff described how they recognised and responded to deterioration or change in consumers’ condition, such as by escalating the case to medical officers or sending the consumer to hospital, if required. Care planning documents confirmed the service responded promptly to a deterioration, or change, in consumers’ condition. The service had clinical procedures to guide staff in managing clinical deterioration.

Representatives confirmed current information about consumers’ condition, needs and preferences was documented and communicated effectively between relevant staff and external providers involved in their care. Management and clinical staff described how current information about consumers’ condition, needs and preferences was documented and communicated within the service and with other care providers, through shift handovers and the electronic care management system. Care planning documents contained adequate information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service provided timely and appropriate referrals to other organisations and individuals providing care and services. Clinical staff described the process for referring consumers to other health professionals to meet their individual care and service needs. Care planning documents showed timely referrals to other individuals and organisations providing care and services.

Consumers and representatives confirmed staff took appropriate infection prevention and control measures, such as wearing personal protective equipment. Staff described how they implemented infection prevention and control measures at the service and minimised the use of antibiotics to reduce antimicrobial resistance. The service had a vaccination program for influenza and COVID-19. The service had two infection prevention and control leads onsite, and policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff explained how they consulted consumers to identify and document their lifestyle needs, goals, and preferences. Care planning documents reflected consumers’ background, culture and lifestyle interests, and the supports needed to optimise their independence and quality of life.

Consumers and representatives said the service supported consumers’ emotional, spiritual, and psychological well-being. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being, such as by providing religious services, or spending one-on-one time with them if they were feeling low. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being.

Consumers and representatives said consumers were supported to participate in activities, within and outside the service, maintain social and personal relationships, and do things of interest to them. Management and staff described how they supported consumers to participate in their community, do things of interest, and maintain important relationships. Care planning documents detailed consumers’ activities of interest and important relationships. Consumers were observed engaging in activities and socialising with other consumers and visitors.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively between staff, who were always aware of their current needs. Staff described how accurate and current information about consumers’ condition and needs was shared between staff and external providers, through handover processes and by accessing records on the electronic care management system. Care planning documents confirmed current information was communicated effectively between staff and other providers of services and supports for daily living.

Consumers and representatives confirmed timely referrals to appropriate other individuals and organisations providing care and services. Management and staff described how consumers were referred to other individuals and organisations providing care and services, if they wished. Care planning documents showed the service collaborated with external services to support consumers’ needs.

Consumers and representatives reported the meals were of a suitable quality, quantity and variety. Consumers and representatives said they enjoyed the dining experience, and they could choose alternatives, if they did not like the menu options. Staff were aware of consumers’ dietary needs and preferences, and always accommodated their choices. Care planning documents recorded consumers’ dietary needs and preferences, and consumers had input into the menu through food focus meetings and feedback processes. The kitchen appeared clean, safe, and well-organised and consumers appeared to be enjoying their meals.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they felt comfortable requesting any maintenance. Staff confirmed there were effective processes in place for keeping the equipment safe, clean, and well maintained. The equipment was observed to be safe, clean and well-maintained.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, comfortable, easy to understand, and they could personalise their rooms, which created a sense of belonging. Staff explained how they assisted consumers to mobilise around the service. Consumers’ rooms were personalised, and the service had features which promoted consumers’ sense of belonging, independence, interaction, and function. The service environment appeared welcoming, well-lit, with wide unobstructed corridors, and adequate signage to aid navigation.

Consumers and representatives said the service environment was safe, clean, comfortable and well-maintained, and enabled them to move around freely, both indoors and outdoors. Cleaning and maintenance staff described the systems in place for keeping the service safe, clean, and well maintained. Management explained consumers who were not subject to environmental restrained are regularly reassessed to ensure they can safely exit/enter the service independently. The service environment was observed to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, well maintained, and suitable their needs. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

# 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 assessed as Compliant.

Consumers and representatives said they felt encouraged and supported to provide feedback and make complaints, and most said they preferred to speak directly with management or staff. Management and staff described the ways they encouraged and supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and a secure lodgement box were readily available to consumers. The service had policies and procedures for managing feedback and complaints.

Consumers and representatives said they felt comfortable raising issues directly with staff or management but said they were aware of external complaint avenues, advocacy and language services available to them. Management and staff knew how to access external complaint, advocacy and interpreter services. Information regarding translation, advocacy, and external complaint services, such as the Commission and the Charter of Aged Care Rights, was available throughout the service.

Consumers and representatives said the service took appropriate and prompt action to resolve their complaints, using open disclosure. One representative advised they had not been kept informed about an investigation into an incident however, management immediately arranged a conference with the representative. Staff confirmed open disclosure training was mandatory and described how they put it into practice. The complaints register showed complaints were recorded, and timely and appropriate actions were taken in response, using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives said their feedback and complaints were used to improve the quality of care and services. Management explained how feedback and complaints were reviewed daily and used to improve the care and services provided. The complaints register, meeting minutes and the continuous improvement plan demonstrated feedback and complaints were used to improve the quality of care and services.

# 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 assessed as Compliant.

Consumers and representatives confirmed the service had enough staff to meet consumers’ care needs, and call bells were answered in a timely manner. Staff said they were well supported and there were enough staff to finish their tasks on time. Management explained how they planned and rostered the workforce to provide safe and quality care, and said vacant shifts were always backfilled. Records showed vacant shifts were back filled and most call bells were responded to well within the benchmark of 10 minutes. The service met the requirements for care minutes and 24/7 registered nurse coverage.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Management and staff were familiar with each consumer’s identity and culture, and described how they treated them with respect. Staff were observed interacting with consumers in a kind, caring and personable manner. Aged Care Code of Conduct training was a mandatory requirement for all staff.

Consumers and representatives said staff were efficient, competent and skilled to provide the care and services consumers needed. Staff demonstrated they had the knowledge and competence to provide the care and support consumers needed. Management explained how the recruitment and onboarding processes ensured staff were competent and met the qualification, registration, competencies and security requirements outlined in the relevant position descriptions. Documentation confirmed staff qualifications, professional registrations, vaccinations and security checks were current.

Consumers and representatives confirmed staff had the appropriate skills and training to ensure the delivery of safe and quality care and services, and described how improvements had recently been made. Staff confirmed receiving orientation, ongoing optional and mandatory training, and completing core competencies. Management described the training and support provided to staff which enabled them to deliver safe and effective care in line with the Quality Standards. Training records showed high completion rates for all staff training.

Consumers said they were encouraged to provide feedback on staff performance. Management described how the performance of staff was monitored, assessed, and reviewed through formal performance appraisals, observations, feedback processes and regular catch ups. Staff confirmed they had completed performance appraisals within the last year. Records showed performance appraisals for all active staff were up to date. The service had policies and procedures in place for the development and management of the performance of the workforce.

# 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.

Consumers and representatives said the service was well-run and they participated in the development, delivery and evaluation of the care and services through feedback mechanisms, resident meetings, consumer surveys, and the Consumer Advisory Committee. Management described how consumers and representatives were encouraged to be involved in the development, delivery and evaluation of care and services. Documentation confirmed consumers and representatives were involved in the development, delivery and evaluation of the care and services.

Consumers and representatives said the service provided a safe and inclusive environment with access to quality care and services. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The Board monitored and evaluated the service’s performance against the Quality Standards through various reports, performance measures, incidents and feedback. The Board and the Quality Care Advisory Committee had a suitable membership.

The organisation demonstrated they had effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were familiar with the governance systems and confirmed they were implemented in practice. The Board actively ensured the systems and processes delivered care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff were aware of the policies and explained how the policies were implemented. Risks and incidents were analysed and reviewed by management and the Board.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Management and staff described how they were trained and able to apply these policies in the delivery of care and services. Consumers confirmed the service practiced open disclosure when things went wrong.

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)