Performance

Report

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| Name: | HammondCare Daw Park |
| Commission ID: | 8241 |
| Address: | 216 Daws Road, DAW PARK, South Australia, 5041 |
| Activity type: | Site Audit |
| Activity date: | 22 May 2024 to 24 May 2024 |
| Performance report date: | 26 June 2024 |
| Service included in this assessment: | Provider: 749 HammondCare  Service: 28380 HammondCare Daw Park |

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 HammondCare Daw Park (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others
* the provider’s response to the assessment team’s report received 21 June 2024, and additional documentation submitted on 24 June 2024.
* other information and intelligence held by the Commission in relation 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 and representatives said consumers were treated with dignity and respect. Staff were observed to treat consumers respectfully and understood consumer’s identity, background and their individual care preferences. Policies, procedures and training provided, guided staff practice to ensure consumers were treated respectfully.

Consumers and representatives said care and services were tailored to meet consumers’ needs and cultural preferences. Staff gave practical examples of how care was altered in respect to consumer’s cultural traditions and individual needs. Staff were knowledgeable of consumer’s care requirements, including when they wanted their room cleaned outside of scheduled cleaning routines and when consumers did not wish to participate in celebrations for certain days of significance.

Consumers said they were supported to choose who they wished to involve in their care decisions, how they would like their care and services delivered and to maintain relationships of importance to them. Care documentation identified who the consumer had nominated as their representative, when they required support to make decisions regarding their care. Staff demonstrated knowledge of what supports consumers required to maintain relationships and how they wished to stay connected with those of their choosing.

Consumers felt supported to take risks to enable them to live life as they wished. Care documentation demonstrated risks were identified using risk assessments and responsive actions were planned in consultation with consumers and representatives to ensure informed decisions were made. Policies and procedures guided staff practice to support consumer’s dignity of choice and managing consumer risks.

Consumers and representatives confirmed they were kept informed either verbally or by receiving schedules, menus and newsletters. Posters and information displayed was observed to be accurate and enabled consumers to choose their meals and whether they participated in upcoming events. Representatives confirmed they received timely advice regarding potential changes to consumer’s care needs or health status.

Consumers said their privacy was respected and staff do not discuss their personal information in front of others. Staff advised handover was conducted in a private area behind closed doors and consumer information was stored in a password protected electronic care management system (ECMS). Staff were observed to seek consent prior to entering consumer’s rooms and computers were locked when not in use.

# 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 confirmed an assessment process is embedded within the ECMS and risks to consumers, such as restrictive practices, malnutrition, pressure injuries and falls were identified through reviewing their medical histories and using validated assessment tools. Care documentation evidenced assessments had been completed as scheduled and strategies had been planned to inform staff of the care and services required by consumers, where risks had been identified. Policies, procedures and a checklist guided staff in the completion of assessments and the development of care plans.

Care documentation contained consumer’s personal care preferences, behaviour support needs and included advance care directives, where these had been given. Staff advised consumers and representatives were invited to discuss consumer’s care needs and end of life (EOL) planning when the consumer entered care and during care plan reviews. Representatives confirmed care documentation reflected consumer’s current care needs and preferences. However, 2 named consumers expressed a preference to leave the service independently, rather than be accompanied by staff, identified as a need within the environmental restrictive practice assessment.

The Site Audit report and the provider’s response submitted on 21 June 2024 evidenced, for one named consumer, their care documentation confirmed their preference to leave independently was unable to be supported due to risks to their safety, and following assessment, various alternate strategies had been planned to address the consumer’s need to leave the service for exercise and to visit places of interest to them.

For the other named consumer, the provider’s response clarified the consumers preference to leave the service independently had not been expressed prior to the Site Audit. The provider submitted additional documentation on 24 June 2024 including the consumer’s environmental restrictive practice assessment, geriatrician reports, behaviour support plan and care review meeting records. This documentation evidenced removing the environmental restrictive practice had been discussed with the consumer and their substitute decision maker, with the consumer revising their preference as the strategies in place reduced the potential for the consumer to become lost and they enjoyed the company of others. The provider’s response confirmed the need for application of environmental restrictive practice had been assessed, it was supported by an approved health practitioner and additional strategies to engage the consumer in outdoor activities, including when they expressed a desire to leave, had been included in the consumer’s behaviour support plan.

Consumers and representatives said they felt involved in the assessment, planning, and review of the consumer’s care. Care documentation evidenced routine contact with consumers representatives and the ongoing input of allied health professionals, medical officers and specialists into assessment and care planning processes. Staff described how consumers and representatives were partnered in assessment and planning processes to ensure consumers’ care decisions and preferences were understood.

Consumers and representatives said staff regularly communicated assessment outcomes to them and a copy of the consumer’s care plan was offered. Care documentation was observed to be readily accessible via the ECMS and consultations with consumer and representatives discussing assessment outcomes was included. Staff confirmed advising consumer and representatives of assessment outcomes and copies of consumer’s care plans were offered routinely.

Care documentation evidenced consumer’s care strategies were reviewed following changes to their condition, when an incident occurred and routine care evaluations had been completed, as scheduled. Staff described consumers’ care needs were reviewed every 3 months with case conferences held 6 monthly to ensure changes to needs or preferences were updated. Consumers and representatives confirmed consumers’ care documentation was updated following reassessment, changes to their health or in response to incidents.

# 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 confirmed consumers received safe and effective personal and clinical care which was tailored to meet consumers’ individual needs. Staff interviewed demonstrated knowledge of the individualised personal and clinical care required for consumers, who had restrictive practices applied or who required wounds, pain or their skin integrity managed. Care documentation evidenced consumer’s care was tailored to their individual needs with policies and procedures guiding staff on best practice care delivery.

Care documentation for consumers with high impact risks evidenced staff provided care in line with the strategies planned and in accordance with medical officer directives to effectively manage the risk. Policies and procedures guided staff practice in the management of high impact or high prevalence risks such as falls, changed behaviours and specialised nursing care needs. Consumers and representatives confirmed staff followed care instructions, when managing risks.

Care documentation for a consumer who commenced EOL care, evidenced they were kept comfortable through routine comfort care provision and administration of EOL medications. Staff confirmed they had access to palliative care specialists, and they knew how care was required to be delivered to consumers who were nearing EOL. Policies and procedures guided staff practice in providing EOL care.

Consumer’s representatives advised staff were responsive to changes in consumers health condition. Care documentation evidenced consumer’s health status and physical condition was monitored regularly to ensure signs of deterioration would be identified quickly and any follow up required, was undertaken in a timely manner. Policies and procedures guided staff practice in identification of and response to clinical deterioration.

Consumers and representatives confirmed staff had a shared understanding of consumer’s specific care needs. Staff demonstrated knowledge of effective communication strategies to ensure consumer information was available to staff, allied health professionals and external medical specialists. Staff were observed handing over information on changes to consumers care requirements, their care preferences and monitoring needs.

Care documentation evidenced consumers were quickly referred to allied health professionals for review, when needed. Staff understood referral processes and gave practical examples or referrals made to dietitians, speech pathologists and other specialist services. Consumer and representatives confirmed they were referred to a range of medical and health professionals, as required.

Consumers and representatives said staff utilised infection control practices, such as hand hygiene and personal protective equipment (PPE) to reduce transmission of infection. Staff demonstrated knowledge of strategies used to minimise the inappropriate prescription of antibiotics such as increasing fluids, completing pathology testing and providing personal hygiene to prevent infection. Policies and procedures guided staff in antimicrobial stewardship (AMS) and management plans assigned staff roles and responsibilities when infectious outbreaks occurred.

# 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 confirmed they receive services which promote their independence, well-being, and quality of life, including being able to garden, go grocery shopping and assist in the preparation of their meals. Staff confirmed consumer’s preferences for doing daily living activities independently and any supports needs were assessed upon entry. Consumers were observed undertaking activities of daily living including tending to the garden, preparing vegetables and setting the table for meals.

Consumers said their emotional and spiritual needs were met. Staff demonstrated knowledge of consumers' spiritual beliefs and practices and gave practical examples of facilitating engagement with family members or spending one on one time with consumers to promote their emotional wellbeing. The activities calendar included regular religious services and one-on-one room visits with consumers who preferred not to participate in group activities.

Consumers gave practical examples of how they were able to maintain their personal relationships by visiting friends who live in the broader community or how they were assisted to attend activities so they could socialise with other consumers living within the service community. Care documentation reflected activities of interest for individual consumers and included any supports required to facilitate consumer participation. Consumers were observed undertaking activities aligned to their interests and socialising with visitors and friends.

Staff confirmed information on consumers daily living needs and preferences was documented within the ECMS, with any changes communicated via automated alerts or handover. Care documentation and dietary profiles contained consistent information evidencing effective communication between these staff. Consumers felt information about their conditions and preferences were communicated effectively.

Staff confirmed consumers had been referred promptly to other organisations, such as the local library for additional services or supports as required. Care documentation reflected the engagement of external service providers to meet daily living needs. Staff confirmed a range of community groups were available to refer consumers to, if their service and support needs were not able to be met by staff.

Consumers gave positive feedback regarding the meals provided, confirming they were given choice of meals, additional servings when requested and their personal preferences were available. Staff were knowledgeable of consumers nutritional needs including diet type, texture modification needs, allergies and any assistive equipment required. Staff confirmed food safety training had been completed to ensure the quality of the food prepared and the menu had been developed in consultation with consumers.

Consumers said their equipment was cleaned regularly and it was checked by staff to ensure it was safe. Staff said consumers were assessed to ensure any equipment provided, such as slings and mobility aids were suitable for them, these were inspected routinely, and shared equipment cleaned between use. Maintenance documentation evidenced mobility, manual handling, personal care and electrical equipment was inspected for safety.

# 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 confirmed the home styled environment was welcoming, comfortable and consumers enjoyed using the communal areas and gardens. Staff confirmed consumers were encouraged to personalise and furnish their rooms with their own belongings and design principles, of open kitchens and outdoor courtyards, promoted the independence and interaction of consumers. Consumer rooms were observed to be personalised and directional signage assisted consumers to find their way around.

Management confirmed the service caters specifically for consumers with a cognitive impairment, therefore, while consumers were able to freely move around indoors and within an external courtyard, the environment was secured to promote consumer safety. Consumers and representatives confirmed consumer’s room, and the shared environment was well maintained, kept clean and staff were available to accompany consumers when they wished to enter and exit the secured environment. However, 2 consumers raised concerns with their ability to move freely because they need to be escorted by staff to leave the secured environment. They both expressed a preference to exit independently. This is further considered under Requirement 2(3)(b) as it relates to the current needs and preferences of consumers.

Consumer representatives felt consumers’ rooms were safe and well maintained, with furniture always observed to be clean. Maintenance documentation evidenced equipment was inspected routinely and when fittings were identified as not working, they were fixed promptly. Furniture, fittings, and equipment were observed to be safe, clean, well-maintained, and suitable for use by consumers.

# 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 said they were supported to provide feedback and make complaints through feedback forms, meetings and directly with staff. Staff were knowledgeable of the various ways in which consumers could raise feedback or lodge complaints. Written material given to consumers and posters displayed encouraged consumers to give feedback or lodge complaints via feedback forms, which were observed to be readily accessible.

Consumers and representatives said they knew they could raise concerns externally with the Commission or seek the support of an advocate. Staff demonstrated knowledge of external complaints, interpreter, and advocacy services and gave practical examples of accessing these for translation support. Posters and pamphlets displayed promoted consumers to access advocates, the Commission, and translation services.

Consumer representatives said open disclosure was used when they lodged a complaint, and actions were taken quickly to resolve their concerns. Staff confirmed training on open disclosure had been provided, with policies and procedures guiding them in complaints management practices and timeframes for resolution. Complaints documentation evidenced apologies were given when things went wrong, complainants were involved in determining solutions and actions were completed promptly.

Consumers and representatives said their feedback was listened to and improvements occurred as a result. Meeting minutes evidenced changes to the menu and commencement of library delivery services had been undertaken in response to consumer feedback. Continuous improvement documentation contained suggestions from various sources and actions taken were monitored through to completion to ensure improvement occurred.

# 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 said there was adequate staff to meet consumers’ needs, staff were prompt to provide care and in responding to calls for assistance. Management advised, as the service was new and the number of consumers was continually increasing, the roster, skill mix, and number of staff required was constantly being reviewed to ensure consumers care needs were being met. Rostering documentation evidenced, all shifts had been filled, a registered nurse was continuously on duty and care minute targets were being exceeded.

Consumers and representatives provided positive feedback regarding workforce interactions. Staff were observed interacting with consumers in a kind, caring and respectful manner, and demonstrated knowledge of consumer identities as they referred to them by their preferred name. Policies, procedures and a code of conduct guided staff on their expected behaviours when interacting with consumers.

Consumers and representatives felt staff were competent in performing their roles and meeting their care needs. Personnel records evidenced professional registrations and suitability to work in aged care were checked prior to staff commencement and monitored for currency. Staff confirmed they must meet minimum qualification levels as outlined in position descriptions; their competency was practically assessed through completion of an orientation program and observations of practice.

Consumers and representatives felt staff were well trained as staff knew what they were doing. Management confirmed staff must complete mandatory training which consists of elder abuse, incident management, food safety and the Quality Standards, with attendance monitored to ensure completion. Education records evidenced staff had completed training when commencing, as scheduled and in response to trends identified in clinical data.

Management confirmed workforce performance was monitored through supervisory arrangements, including observations, with representatives confirming they often observed management monitoring staff practice. Management advised formal appraisal of staff performance had not yet occurred as staff were still to reach the anniversary of their commencement date. Policies and procedures guided performance monitoring and performance management processes, with examples given of response, where staff performance was less than ideal.

# 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 and representatives said the have ongoing input into how care and services and were encouraged to attend consumer meetings to provide their feedback. Management advised an engagement group had been established to enhance their current verbal and written feedback processes to support consumer and representative involvement in designing care and service delivery. Meeting minutes evidenced consumers feedback informed the development of activities programs, including places of interest for external outings.

Management confirmed a hierarchical structure is in place with the governing body (the Board) responsible for the quality of care provided at the service. Management advised monthly reports are provided to the Board and its supporting committees, to ensure oversight of clinical trends, incidents, regulatory compliance, feedback and complaints. Meeting minutes evidenced the Board maintained accountability through monitoring performance and had established a Quality Care Advisory Committee to provide further insight and oversight into the quality and safety of the care delivered.

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 monitor and support compliance with the Quality Standards. Staff understood their roles, could describe their responsibilities and knew what delegations were assigned to their position.

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 their reporting responsibilities under the Serious Incident Response Scheme (SIRS). Staff were guided by policies, processes and decision- making tools to support the identification and management of risks to consumers, whilst supporting them to live life as they choose.

A clinical governance framework, with supporting polices and staff training modules, promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, open disclosure and restrictive practices with staff giving practical examples of how these were applied in care delivery. Documentation evidenced a use of antimicrobials was monitored, psychotropics medications were routinely reviewed and ceased when no longer required and the apologies were given in response to negative feedback or adverse clinical incidents.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)