Performance

Report

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| Name: | IRT Sarah Claydon |
| Commission ID: | 2706 |
| Address: | 130 Princes Highway, MILTON, New South Wales, 2538 |
| Activity type: | Site Audit |
| Activity date: | 20 August 2024 to 22 August 2024 |
| Performance report date: | 26 September 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 1063 IRT Sarah Claydon |

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 IRT Sarah Claydon (**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 said staff treated consumers with dignity and respected their identity, culture and diversity. Staff and management described how they treated consumers with dignity and respect and supported their identity, culture, and preferences. Care planning documentation reflected consumers’ background, identity and culture. The service had policies and procedures to guide staff in relation to the service’s diversity and inclusion framework.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural background and provided culturally safe care and services. Staff and management had an in-depth understanding of consumers’ identity, values and cultural backgrounds, and explained how they delivered culturally safe care and services. The service had policies, procedures, and training programs to enhance staff comprehension of cultural safety.

Consumers and representatives said consumers were supported to make independent choices about their care and services, choose who else to involve, and to maintain relationships of choice. Staff and management described how they supported consumers to make independent decisions about their care and maintain their chosen relationships, both inside and outside the service. Care planning documentation identified consumers’ choices about their care, who was involved in their care, and their important relationships. Consumers were observed socialising with visitors and exiting the service for activities.

Consumers and representatives confirmed the service supported consumers to make informed decisions about taking risks, to live the life they chose. Staff were aware of the consumers who took risks and supported their right to make choices involving risks, whilst informing them of risks. Management explained how they supported consumers to understand the potential harms involved in taking risks. Care planning documents included signed risk assessments which detailed the risks taken by individual consumers and the mitigation strategies in place. The service had policies and procedures which acknowledge all consumers right to make choices involving risks.

Consumers and representatives confirmed the service communicated current, accurate and timely information to assist them to make decisions about their activities, events, meals, and other services. Staff described ways they communicated information to consumers to ensure it was clear and easy to understand, including for those with sensory or cognitive deficits. Care planning documents reflected consumers preferred methods of communication. Information posters and flyers were displayed throughout the service.

Consumers and representatives said the service always respected consumers’ privacy and kept their personal information confidential. Staff described various ways they ensured consumers’ privacy such as by knocking before entering their rooms, discussing personal information in private, and logging off password protected computers containing personal information. The service had policies and procedures to guide staff practice in relation to consumer privacy and confidentiality.

# 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 described how they were involved in the assessment and care planning process, which included the identification and mitigation of risks to consumers’ health and well-being. Staff and management detailed the assessment and care planning process, and how it assessed risks, to inform safe and effective care. Care planning documents confirmed the assessment and care planning process included assessment of risks and identification of management strategies. The service had policies and procedures to guide the assessment and planning of care and services.

Consumers and representatives confirmed consumers’ current needs, goals, and preferences, were discussed, and their end of life wishes, if they desired. Clinical staff described how they identified consumer’s current needs and preferences, and their advance care and end of life care plans. Care planning documents reflected consumers’ current needs, goals, and preferences, and their advance care plans.

Consumers and representatives described how the service partnered with them, and other health professionals they wished to involve, in the assessment and planning of care. Management and staff described engaging with consumers, representatives, and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives, and external health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives said the outcomes of assessments were always communicated to them, and they had a copy of the consumer’s care plan, if they wanted. Management and 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. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives, in a timely and appropriate way.

Consumers and representatives said they were involved in the regular review of consumers’ care plans, and changes were discussed when circumstances changed, or incidents occurred. Management and staff explained the process for the regular reviews of care plans, and review when consumers’ circumstances or care needs changed. Care planning documents showed they were regularly reviewed for effectiveness, and updated 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 personal and clinical care which was safe and right for them and met their needs and preferences. Management and clinical staff described how they delivered best practice personal and clinical care, in line with consumers' documented needs and preferences. Care planning documents reflected safe and effective personal and clinical care, tailored to the specific needs and preferences of consumers. 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 described how high-impact and high-prevalence risks to consumers were effectively managed by the service. Clinical staff described the high-impact and high-prevalence risks to consumers at the service, and the interventions in place to manage risks. Care planning documents showed risks to consumers had been identified, and effective mitigation strategies put in place. The service had a suite of clinical policies and procedures to guide staff in managing high impact and high prevalent risks to consumers.

Consumers and representatives described how the service discussed consumers’ advance care and end of life plans with them, if the wished. Management and staff outlined strategies they used during end of life care to maximise the dignity and comfort of consumers, in collaboration with specialist palliative services. Care planning documents recorded consumers’ needs, goals, and preferences, and confirmed their comfort was maximised and dignity preserved during the end of life. The service had policies and procedures to guide palliative and end of life care.

Consumers and representatives described how the service recognised and responded promptly to a deterioration or changes in consumers’ condition. Management and staff described how they recognised deterioration or change in consumers’ condition and responded promptly. Care planning documents confirmed deterioration or change in consumers’ condition was responded to in a timely manner, and medical officers and external providers were involved. The service had clinical procedures to guide staff in the identification and management of clinical deterioration.

Consumers and representatives said current information about consumers’ condition, needs and preferences was exchanged effectively between staff and others involved in providing care. Staff described how current information about consumers’ condition, needs and preferences was communicated between staff and other care providers through the electronic care management system and shift handovers. Observations of meetings, handovers and documents confirmed effective information sharing within the organisation, and with others responsible for providing personal and clinical care.

Consumers and representatives said the service arranges timely and appropriate referrals to other health services. Management and clinical staff highlighted the importance of 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 expressed confidence in the infection prevention and control measures taken by the service. Management and staff described the training and measures in place to prevent and control infections and promote antimicrobial stewardship. The service had a consumer vaccination program, and records of vaccinations for influenza and COVID-19 were maintained for both consumers and staff. The service had an infection prevention and control lead, 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, well-being, and quality of life. Staff knew consumers’ lifestyle needs and preferences and described how they supported them to maximise their independence, well-being, and quality of life. Care planning documents captured consumers’ life story, interests, social affiliations, and the supports needed to optimise their independence, quality of life, and well-being.

Consumers and representatives said there were services and supports for daily living which promote consumers’ emotional, spiritual, and psychological well-being. Staff described how they supported consumer’s emotional, psychological, and spiritual well-being, such as by providing church services, spiritual support, and spending one-on-one time with them. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being. The activities calendar displayed activities including one-on-one staff visits, church services and pastoral visits.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, maintain social and personal relationships, and do things of interest. Staff described how they supported consumers to participate in their community, do things of interest, and maintain personal relationships. Care planning documents detailed consumers’ lifestyle interests and important relationships. The weekly activities calendar was displayed in all communal areas, and consumers were observed participating in activities.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively within the service, and staff understood their daily care needs. Staff described how they stayed informed about consumers’ current condition, needs, and preferences through daily handover meetings and alerts on the electronic care management system. Care planning documents confirmed current information was communicated effectively to support safe and effective care and services for daily living.

Consumers and representatives said the service provided prompt referrals to appropriate other individuals and organisations providing care and services. Staff described how consumers were referred to other individuals and organisations providing care and services with their consent. Documents showed the service had established links with other individuals and organisations providing a range of different services and supports to consumers.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the food offered, and said they could always request alternatives. Staff were aware of consumers’ dietary needs and preferences, and said they could provide food or drink at any time outside standard mealtimes. Management described how consumers were offered choices at every meal, and they had input into the planned menu through food focus meetings. Management immediately initiated improvement actions after the Assessment Team identified inconsistencies in the standard of service between some of the serveries. Care planning documents recorded consumers’ dietary needs and preferences. The dining experience was calm and unrushed, with consumers receiving assistance in a dignified and timely manner.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they knew how to request repairs. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. Maintenance logs showed all maintenance requests were attended to promptly and there were no outstanding items. 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, optimised their independence, interaction, and function, and being able to personalise their rooms made consumers feel at home. Management and staff described how they supported consumers to feel welcome and promoted a sense of belonging, independence, interaction, and function. Staff said they understood the service was the consumers’ home, and they enjoyed helping them to personalise their surroundings. Consumers and visitors were observed using different areas, both inside and indoors, to socialise or participate in activities.

Consumers and representatives said the service environment was safe, clean, well-maintained, and they could 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. The service environment appeared 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 appropriate for consumers. 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 supported and safe to provide feedback and make complaints, preferring to speak directly to staff or management. Management and staff outlined the ways they supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and a suggestion box were readily available to consumers. The resident handbook detailed the internal and external feedback and complaints processes available to consumers, and the service had a written policy to guide staff in managing feedback and complaints.

Consumers and representatives said they knew other avenues for making complaints and advocacy services such as the Commission. Management and staff described how they supported consumers to access external complaint, advocacy and interpreter services, although all present consumers spoke English. Information regarding the Commission, advocacy, and interpreter services was displayed around the service and in the resident handbook.

Consumers and representatives said the service took appropriate and timely action to resolve their complaints, and used open disclosure. Management and staff explained how they received training on open disclosure and applied it in response to complaints and when things went wrong. Documents showed timely and appropriate actions were taken in response to complaints 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 feedback and complaints were reviewed to improve the quality of care and services. Management said they reviewed feedback and complaints daily to ensure prompt responses and identify and capture potential improvements to care and services. The complaints register, meeting minutes and the continuous improvement plan confirmed 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 sufficient staff to meet consumers’ care needs, and they did not have to wait long for assistance. Staff said there were enough staff, and they felt well supported with vacant shifts always backfilled. Management explained how they planned and rostered the workforce to meet consumers’ care needs, and had recently increased staff numbers and were actively recruiting. Management said call bell response times were monitored and investigated, if they exceeded the service’s benchmark time of 10 minutes. The service demonstrated they met the requirements for care minutes and 24/7 registered nurse coverage.

Consumers and representatives said the staff were kind, caring and respectful of their identity, culture, and diversity. Staff were familiar with each consumer’s needs, identity and background and were observed interacting with them in a kind, caring and personable manner. The service had mandatory Aged Care Code of Conduct training to guide staff behaviour.

Consumers and representatives said staff were competent and skilled, and provided the care and services consumers needed. Management described the recruitment and induction processes which ensured staff were competent and met the qualification, registration, and security requirements before they were employed. The service rarely used agency staff however, there was an orientation process for agency staff before commencing any shifts. Staff records confirmed qualifications, professional registrations, and security checks were current.

Consumers and representatives said staff had the appropriate skills, knowledge and training to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training in delivering care and services in line with the Quality Standards. Management described the ongoing training and support provided to staff, including assessment of competencies. The training register showed mandatory training was up to date.

Consumers said they were encouraged to provide feedback on the performance of staff. Management described how the performance of staff was monitored, assessed, and reviewed through performance reviews following 6-month probation period, and annually thereafter. Staff described the performance appraisal process and confirmed they received feedback from management throughout the year. 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 confirmed they were involved in the design, delivery and evaluation of the care and services through avenues such as feedback processes, resident meetings, surveys and the organisation's Consumer Advisory Body (CAB). Management and staff described how they assisted consumers and representatives to be actively engaged 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 was safe, inclusive, and provided 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. Management and staff described how data such as clinical indicators, quality initiatives, incidents and consumer feedback were reported and reviewed by the Board Governance Committee, who was accountable for the performance of the service and compliance with the Quality Standards. The Board instigated mock audits against the Quality Standards periodically. The Board had an appropriate membership and a Quality Care Advisory Body (QCAB) overseen by clinicians which met quarterly.

The organisation demonstrated effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff had access to the governance policies and confirmed they were implemented in practice. The Board satisfied itself the governance policies and processes were effective in delivering 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. Consumers and representatives said they were supported to take informed risks to live they best life they could. Management and staff explained how they implemented the policies in practice.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. The service had a Quality and Clinical Governance Committee which provided clinical oversight and guidance. Management and staff described how they were trained to apply these policies in the delivery of clinical care and services.

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)