Performance

Report

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| Name: | Kardinia Parkside Care Community |
| Commission ID: | 4026 |
| Address: | 299 LaTrobe Terrace, GEELONG, Victoria, 3220 |
| Activity type: | Site Audit |
| Activity date: | 29 January 2024 to 31 January 2024 |
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| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 2619 Kardinia Parkside Care Community |

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 Kardinia Parkside Care Community (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect and staff value their identity and culture. Staff demonstrated knowledge of consumers’ life journey and cultural backgrounds and described how they tailored care and services in a dignified and respectful manner. Care planning documentation included individualised information regarding consumers’ background, culture, interests, and personal preferences to guide staff practice. The service has a diversity and inclusion policy that states the service’s commitment to create a culture that is diverse, inclusive and respects and celebrates differences.

Representatives considered staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported celebration of customs and traditions. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ cultural needs and preferences.

Consumers and representatives said consumers were supported to make and communicate decisions about their care, including who is involved in their care and decision making. Care planning documentation identified consumers’ individual choices pertaining to how and when care is delivered, who participates in their care, and how the service supports them in maintaining the relationships that are important to them. Staff interviewed were able to describe how they support consumers to make choices, maintain their independence and engage in relationships of their choosing. The service has policies and procedures which provide guidance to staff around consumer choice and independence which outline strategies for fostering choice and independence for consumers, such as listening to consumers, updating care plans regularly, and revisiting decisions made by consumers regularly.

Representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

The service demonstrated information was provided in a timely manner that is clear, easy to understand, available in different languages, and enables consumers to exercise choice. Representatives said consumers were informed about meal choices and the activities offered within the service through menus and activities schedules and announcements over the services public announcement system. Lifestyle staff described how a weekly activities schedule is displayed and translated to other languages to meet consumer needs.

Representatives said consumers privacy was respected and provided examples of how staff maintain their privacy including by knocking on consumers doors before entering their room. Staff described practices used to maintain consumer privacy, dignity and confidentiality of information including not discussing consumer needs in open areas and only escalate information to their team leaders and management, and utilising ‘care in progress’ door hangers, when providing consumers care needs. The service has policies and procedures in place to guide staff practice in maintaining consumer privacy and security of personal information.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said assessment and care planning identified risks to them. Staff could describe the assessment and care planning processes, including how they consider risks for individual consumers, and how these processes inform the delivery of safe and effective care and services. Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as falls and diabetes. Clinical assessment tools were available on the electronic clinical care system and the service utilises an admission checklist for consumers upon their entry to the service.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate. Representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences of, and the service had discussed and documented their preferences for their end-of-life (EOL) care.

Consumers said they were involved in the assessment and care planning process and aware of input of other providers. Clinical staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of multiple health professionals and services into consumer assessments and care planning.

Review of care planning documents and progress notes identified assessment and planning was communicated to consumers and representatives and a copy of consumers care plan was offered, with a copy observed to be available in consumers’ bathrooms. Consumers said the service regularly communicates changes relating to care and services with them and that staff explain things to them if needed. The outcomes of assessment and planning were communicated to consumers and representatives, including face to face conversations, during consumer reviews and assessments and at four-monthly care planning reviews.

Care and services were reviewed regularly for effectiveness, with weekly monitoring, and every 4 months as part of the care plan review process. Clinical staff advised care plans for consumers subject to restrictive practices were reviewed on a 3 monthly basis. Care planning documentation evidenced regular reviewing of care plans for effectiveness and sooner if incidents occurred circumstances change which impact 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The service had policies, procedures, and work instructions for key areas of care, including restrictive practice, behaviour management, skin integrity, pain management and other areas to support best practice personal and clinical care.

Consumers said known risks were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management, pressure injuries, pain, and diabetes management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced end-of-life care was delivered in a way to support consumers’ comfort. A representative of a recently passed consumer was satisfied with the end-of-life care provided to their family member and said they felt well supported. Palliative and end- of- life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives expressed confidence that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Consumers were satisfied their needs and preferences are accurately communicated between staff and they do not have to repeat themselves to different staff about their care needs. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Consumer care files reflected information about consumers was documented and shared with others as appropriate.

Overall, care planning documentation demonstrates the service collaborates and makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers. Consumers and representatives said the service’s referrals were timely and appropriate and they had access to a range of external health professionals. Management and clinical staff described other providers of care available to consumers, including but not limited to, Medical Officers and a range of health professionals with management able to provide records demonstrating timely referrals, and continuous improvement activities developed in response to an identified delay. Care planning documentation demonstrates the service collaborates and makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.

Consumers reported their rooms are kept clean and staff take precautions to minimise infection risks including wearing of masks and gloves. Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship and said they had received relevant training. Hand sanitising stations were observed throughout the service and staff members using them before delivery of care and service, and COVID-19 screening procedures were in place at the service. The service had an outbreak management plan and demonstrated review to identify improvements and an appointed infection prevention control lead.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Representatives said they were satisfied the service supports consumers to do the things they want to do and were able to explain how services and supports for daily living have maintained consumers independence and well-being. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers and activities were designed with consumers’ input. Care planning documentation identified the needs, goals, and preferences of consumers.

Consumers reported the service supports and promotes their emotional well -being and staff encourage them to engage in group and one -to-one activities. Care planning documentation encompassed the emotional and spiritual needs of consumers, along with established strategies to assist staff in meeting these needs. Staff could describe practical examples to support consumers emotional, spiritual or psychological well-being such as encouraging consumers to assist facilitating activities and spending one-to-one time with consumers.

Consumers and representatives said the service supported consumers to participate in their community within and outside the service environment, to have social and personal relationships, and do things of interest to them. Staff described the services and supports in place to promote consumers’ social interaction how they are supported to participate in these activities and in the wider community. Care planning documents noted consumers hobbies and interests, and people important to them.

Staff explained the processes in place to communicate information about consumers within and outside the organisation, such as updating care planning documentation, shift handover processes, updating lifestyle and kitchen staff of changes, and completing referrals. Staff were observed sharing relevant information about consumers to support the delivery of care and services.

Consumers said they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified appropriate referrals to other organisations and services such as library services, volunteer services and pet therapy. Staff described other individuals, organisations, and service providers involved in the delivery of care and services.

Consumers and representatives said there was a variety of meals and consumer requests for alternative meals were accommodated. Staff could describe how they were informed of consumers’ dietary needs and preferences such as referring to printed information available. Menus are seasonal with input from consumers gathered, including feedback from Consumer meetings and the Food Focus meetings.

Consumers considered equipment was clean, available when they require it and well maintained. Lifestyle staff said they have access to well-maintained lifestyle equipment, and any need to purchase new lifestyle equipment, was approved by management. Staff said they had access to supplies and equipment for daily living. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Representatives said consumers were able personalise their rooms how they choose, and the service environment is welcoming. Consumers were observed to move freely around communal and garden areas of the service; and consumer rooms were personalised with personal belongings, photographs and items of importance displayed. The service environment had spacious outdoor courtyards with seating and shared areas for the consumers.

Consumers and representatives said the service was clean and well maintained. The service had wide corridors with sufficient lighting, flat even flooring, and all walls had handrails attached. Consumers said they can move freely between the indoor and outdoor areas of the service including garden areas. Cleaning and maintenance staff were guided by work schedules. Review of the service’s paper based maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

Furniture in communal areas were observed to be clean and in good condition Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they were made suitable for each consumer. Maintenance staff could describe the process for staff submitting maintenance requests at nursing stations and these are checked daily and actioned accordingly.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were supported to raise complaints and management had an open-door approach for consumers to raise complaints. Management and staff advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback and how they support them to raise any issues. These avenues included, consumer meetings, directly verbal feedback to staff, using the service's paper-based or online feedback form or through consumer and representative surveys. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives said they were provided with information on advocacy, language services, and ways to raise suggestions and complaints. Management described the translation and advocacy services available to consumers and described how the service had engaged with interpreter and translation services to assist consumers. Information on how to raise external complaints and access to advocacy and translation services was displayed around the service.

Consumers and representatives said the service responded to and resolved their complaints in a timely manner. Management and staff demonstrated their awareness of complaints management and open disclosure processes. Review of complaint information identified complaints were recorded and responded to appropriately and in a timely manner.

Consumers said changes occur at the service as a result of their feedback and complaints, for example a recent request for specific meals was accommodated. The service demonstrated feedback and complaints received via different avenues are recorded, reviewed, and used to improve the quality of care and services. The service’s plan for continuous improvement and meeting minutes evidenced various improvements in response to feedback and complaints.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported there were enough staff at the service to meet consumers’ needs, and staff responded promptly to consumers requests for assistance. Management advised the service has a Registered nurse on each shift providing 24 hour coverage, and rosters were reviewed every fortnight to ensure adequate and appropriately skilled staff to meet consumer needs. Staff said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave including extending staff shifts and utilising agency staff. Call bell response times are monitored, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

Consumers and representatives advised staff interacted with consumers in a kind and caring manner and respected their cultural background, needs and preferences. Management has established a set of documented policies and procedures to guide staff practice. These policies cover areas such as assessment and care planning, dignity and respect, diversity, and privacy. This framework provides clear guidelines for staff to support consumers' identity, culture, and diversity. Staff were observed interacting with consumers in a kind, and respectful manner.

Consumers and representatives said staff were capable, and new staff were familiar with consumer’s needs. Management explained they monitor staff competency through orientation processes, including competency-based assessments, buddy shifts, and ongoing and annual competency training. Position descriptions for staff were established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Review of staff records identified professional registrations; national police checks are monitored for compliance and up to date.

Consumers and representatives reported staff were well trained and they were able to deliver care and services which meet consumers’ needs and preferences. Staff considered they were appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation processes, buddy shifts, on-line training, and additional training. Review of mandatory training records identified training is provided on a range of topics and completion of all training was recorded and monitored by management.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management described the processes for assessment, monitoring and regular review of performance of each member of the workforce. Clinical and care staff interviewed described the annual performance appraisal process and the outcome of their last performance appraisal.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant. delivery and evaluation of care and services

Consumers said the service is well run and they are involved in the delivery and evaluation of care and services. Management described the various ways the service engages and supports consumers in designing and improving care and services, such as consumer meetings, food focus meetings, surveys, audits, feedback, and complaint mechanisms and the recently formed Consumer Engagement Committee.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, quality initiatives, feedback and complaints, incidents and audit outcomes. Management said the clinical governance committee analyses incidents and Serious Incident Response scheme incidents to identify any areas of improvement.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management and staff described effective governance systems in the service to enable them to effectively provide care and services. Documentation reviewed evidenced effective governance systems such as various organisational and service-level meeting minutes.

The service had a risk management plan, which identified current and emerging risks. Records demonstrated the service had implemented its risk-management frameworks, policies, and guidelines effectively. Management and staff could describe the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management and advised the service has weekly head of department meetings to monitor risks at the service. Management and staff demonstrated processes in place to support consumers to live the best life they can with processes in place to support them when this involves risk.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)