Performance

Report

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| Name: | Lerwin Nursing Home |
| Commission ID: | 6966 |
| Address: | 67 Joyce Street, MURRAY BRIDGE, South Australia, 5253 |
| Activity type: | Site Audit |
| Activity date: | 13 August 2024 to 16 August 2024 |
| Performance report date: | 23 September 2024 |
| Service included in this assessment: | Provider: 1605 Rural City of Murray Bridge  Service: 4374 Lerwin Nursing Home |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Lerwin Nursing Home (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the Approved Provider’s response received on 4 September 2024.

# 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 | **Not 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 4(3)(g)** – The service must ensure where equipment is assessed as required for consumer use, it is made available within a timely manner and is safe, suitable, clean and well maintained.

# 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.

Consumers felt valued as individuals and confirmed staff treated them with dignity and respect. Staff demonstrated an understanding of consumers’ backgrounds, needs and preferences, and outlined how they were respectful when interacting with consumers. Care planning documentation reflected consumers’ diversity and preferences in the way their care was delivered.

Consumers and representatives advised the consumers’ cultural backgrounds were recognised and respected, and staff provided care which was consistent with their cultural preferences. Care planning documentation evidenced consumers cultural needs and preferences were captured. Staff were aware of the diverse cultural backgrounds of consumers, and received mandatory training on cultural diversity and safety.

Consumers confirmed they were supported to make their own choices and decisions about care and maintaining relationships, and chose when others should be involved in their care. Staff described how they enabled consumers to exercise choice and independence by providing consumers appropriate information and support. Care planning documentation outlined consumers’ choices regarding who was to be involved in decisions about their care.

Staff were aware of the activities which contained an element of risk that consumers chose to engage with, and advised they informed consumers of the potential risks and mitigation strategies. Consumers described how they were supported live the life they choose by engaging in activities of importance to them which contained risk. Care planning documentation evidenced risk assessments had been completed, and the risks, benefits and strategies to promote safety had been discussed with consumers and their representatives.

Consumers and representatives advised they were provided with up-to-date information which enabled them to make decisions regarding their daily living care and services. Staff described how they communicated information to consumers, including those living with cognitive impairments. Consumer meeting minutes evidenced consumers were provided with current information regarding upcoming activities, catering, cleaning and laundry services.

Consumers and representatives advised consumers’ privacy was respected, and staff knocked on the consumer’s door prior to entry. Staff described how they respected consumers’ privacy by closing doors and curtains prior to providing personal care, and ensuring the consumer’s information was discussion in a confidential manner. Staff were observed to conduct a handover whereby the consumer’s personal information was discussed within an audible range of consumers, and this was raised with management who later provided a plan to address this issue and to ensure handovers were conducted in private to maintain 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 found Compliant.

Care and service plans evidenced risk assessments were completed to identify and manage high impact risks and inform staff practice. Consumers and representatives reported they were involved in discussions regarding the assessment of risks to inform the delivery of safe care and services. Management advised risks to the consumer’s well-being were assessed during their initial entry into the service and during regular care and service plan reviews to develop interventions to manage risks and to review the effectiveness of risk mitigation strategies.

Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Consumers and representatives advised they were consulted to capture the consumer’s needs, preferences and advance care planning directives. Policies and procedures were in place which guided staff practice to capture advance care planning directives during assessment and planning processes.

Consumers and representatives confirmed the assessment and planning process was completed in partnership between themselves, health professionals and specialised providers of care. Care planning documentation evidenced the involvement of Medical officers, clinical staff, consumers and representatives in the development and assessment of the consumer’s care.

Consumers and representatives reported they had been offered a copy of their care and service plan, and knew they could request a copy when desired. Care planning documentation evidenced the communication of assessment outcomes with consumers and representatives. Staff confirmed they always offered a copy of the care and service plan during the consumer’s initial entry into the service and during regular reviews.

Care and service plans were reviewed for effectiveness in response to changes in the consumer’s circumstances, and updated to reflect the recommendations of specialist health care providers. Management advised care and service plans were reviewed during monthly Resident of the Day reviews and in response to changes or incidents. Consumers and representatives reported they were made aware of changes to the consumer’s care and service plan following reviews.

# 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.

Consumers and representatives were satisfied with the standard of personal and clinical care delivered to consumers. Care planning documentation evidenced consumers’ complex care needs were monitored and evaluated in alignment with their individual needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs, and the strategies in place to ensure the delivery of best practice care.

Management identified the high impact and high prevalence risks associated with the care of consumers, and outlined the risk mitigation strategies in place to promote their safety. Consumers and representatives reported the high impact risks to the well-being of consumers were effectively managed. Care planning documentation outlined the risks associated with the care of consumers and detailed risk mitigation strategies to direct staff.

Policies and procedures were in place to guide staff practice during palliative care and to ensure care was delivered in alignment with the consumer’s end of life needs, goals and preferences. The care planning documentation for a late consumer evidenced the implementation of strategies to maximise the comfort of the consumer and provide emotional support. Management advised each consumer’s wishes were respected during end of life care, and efforts were made to accommodate the consumer’s family to stay with them.

Staff described the actions they would take in response to identifying signs of deterioration, which included the referral to specialist providers of care. Management advised progress notes were monitored daily to identify signs of deterioration and to ensure ongoing monitoring practices. Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and escalated in a timely manner.

Consumers and representatives advised the consumer’s needs and preferences were effectively communicated between staff. Staff described how the consumer’s information was shared during handovers and through the electronic care management system. Management advised a daily clinical huddle had recently been implemented for all clinical staff to discuss any concerns for high risk consumers.

Consumers and representatives confirmed consumers received timely and appropriate referrals to external providers of care. Care planning documentation evidenced prompt referrals were made for consumers following changes in the consumer’s condition. Management advised of the various health care services available for consumers to be referred to as required.

Consumers and representatives reported staff wore personal protective equipment and observed staff to wash their hands to reduce infection. Staff demonstrated an understanding of antimicrobial stewardship, including to await test results prior to the commencement of antibiotics. Policies and procedures, including an outbreak management plan informed staff practice, supported by the Infection prevention and control lead, and vaccination clinics were held for consumers with immunisation records maintained.

# 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. | Not Compliant |

Findings

This Quality Standard is assessed as Not Compliant as one of the 7 Requirements have been found Not Compliant.

The Assessment Team recommended Requirement 4(3)(g) Not Met, as they considered not all consumers were provided with suitable equipment to receive safe personal care. Feedback from staff and a review of documentation evidenced 2 consumers, assessed as requiring a height adjustable mobile commode chair, had been waiting for their equipment since September 2023. Staff advised they required management approval to purchase the equipment and provided evidence of several emails sent to management between September 2023 and February 2024. These emails included a hazard report outlining the difficulties with providing personal care to the consumers, and requests for action from management to approve the equipment requests, however, there were no replies from management. Staff stated the use of a regular commode for the 2 consumers created a safety issue, as due to the height of the 2 consumers they were required to push themselves upwards onto the commode but did not have the appropriate strength to do so. This feedback was raised with management, and they advised they were first aware of the equipment requests in June 2024, and confirmed the commode had been ordered on 18 July 2024. Management could not recall any communication regarding the equipment needs for these consumers prior to February 2024, and advised there had been difficulty in finding an equipment supplier until July 2024 when the equipment was ordered. Management acknowledged the communication issues and the significant period of time the 2 consumers had been waiting for their equipment, and advised they would review their processes to ensure all equipment requests were actioned in a timely manner.

Within their response, the Approved Provider stated the commode was delivered on 20 August 2024 and is now in use, and they did not identify any incidents which occurred due to the delay in receiving the equipment. To ensure improvements within the management of equipment requests, the Approved Provider has implemented weekly meetings to discuss equipment needs and to enhance management’s awareness of equipment trials and quotes.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the Approved Provider has implemented improvement initiatives to prevent the recurrence of similar incidents regarding the approval of equipment. However, the Approved Provider has not explored the issues with the significant delays in the approval of the equipment to effectively understand where the deficiencies in their processes have occurred, nor is it clear if management have reviewed all other consumers to identify whether there were any further pending equipment requests which required actioning. In addition, although the Approved Provider has noted there were no incidents identified resulting from the delay of equipment for the 2 consumers, it is unclear if this was determined primarily through a review of incident data, or whether an investigation and follow-up had occurred with staff and the named consumers to understand the impacts and risks associated with the delays in providing equipment. I therefore find the service is Not Compliant with Requirement 4(3)(g).

I am satisfied the other Requirements in Standard 4 Services and supports for daily living are Compliant.

Consumers and representatives advised consumers received daily living supports which met their needs goals and preferences, and optimised independence and well-being. Staff were familiar with the needs and preferences of consumers, and described how they supported consumer participate independently. Consumers were observed to participate in activities which aligned with their preferences.

Consumers and representatives confirmed the emotional, spiritual and psychological well-being needs of consumers were effectively supported. Staff described how they identified consumers who were feeling low by observing their body language and levels of engagement, and would provide the consumer with emotional support through one-to-one time or encouraging them to engage in their preferred activities.

Consumers and representatives stated consumers were supported to participate in activities within the internal and external community, maintain contact with people of importance to them, and engage in their preferred activities. Consumers were observed to be engaged in a range of group and social activities, and to receive visits from their families. Staff advised they supported consumers to engage in the wider community by organising external activities including scenic bus trips and visits to the library.

Consumers and representatives confirmed information regarding the consumer’s needs and preferences was effectively communicated between staff. The consumer’s information was observed to be communicated through handovers, the electronic care management system and verbal updates. Staff advised changes to the consumer’s condition, needs and preferences was shared during daily handovers, and they could speak to the Registered Nurse for further information.

Care planning documentation evidenced referrals were created in a timely manner to support consumers to engage in lifestyle activities. Consumers and representatives reported consumers received supports from external providers of care. Staff outlined their involvement in a volunteer scheme program, whereby consumers who required additional one-to-one emotional supports could be referred to and receive further supports.

Consumers and representatives provided positive feedback regarding the quality, variety and quantity of their provided meals. Care and service plans evidenced the dietary needs and preferences, and level of required meal assistance were documented. Staff advised the menu rotated every 3 weeks, and was developed in consultation with a Dietitian and consumer feedback.

# 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.

Consumers and representatives confirmed the service environment was welcoming and easy to understand, and enabled consumers to maintain their independence. Management advised of the accessibility features within the service environment which optimised consumer’s sense of interaction, including automatic doors and handrails fitted throughout the environment. The service environment was observed to be spacious and well-lit, with navigational signage to assist consumers to navigate.

Consumers and representatives advised the service environment was clean, well maintained and comfortable, and consumers could move freely through indoor and outdoor areas. Staff confirmed their cleaning scheduled included a weekly deep clean of consumers’ rooms as well as regular spot cleaning of rooms, communal areas and high touch points. The service environment was observed to be clean and well maintained, with cleaning chemicals stored securely.

Consumers and representatives reported their equipment and furniture was safe, clean and well maintained. Staff described how they reported maintenance issues through verbal conversations and through the electronic system, and confirmed requests for repair were actioned in a timely manner. The preventative maintenance logs were evidenced to be up to date, and reactive requests were well documented and addressed promptly.

# 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.

Consumers and representatives confirmed they were comfortable to provide their feedback and make complaints. Management advised consumers and representatives were supported to provide their complaints through completing feedback forms, by raising their issues during consumer meetings or speaking directly with staff. Feedback forms and submission boxes were accessible throughout the service, and allowed for anonymous complaints to be made.

Consumers and representatives were aware they had access to advocacy and language services to raise and resolve complaints on their behalf. Staff described the interpreter services available to consumers, and outlined available services and supports for complaints. Information regarding various advocacy services and contact details, including the Commission, were displayed at the entrance of the service.

Consumers reported satisfaction with the actions taken to resolve their complaints, and confirmed they received an apology. Management outlined their actions in response to receiving complaints following the open disclosure process which included acknowledging the complaint and gathering further information, and implementing a resolution in collaboration with the individual that made the complaint. The feedback register evidenced complaints were documented, apologies were provided and corrective actions were taken to minimise future incidents.

Management advised feedback and complaints were electronically recorded and analysed for trends to identify improvement opportunities. Consumers reported their feedback and complaints were utilised to improve the quality of their care and services. Policies were in place to ensure feedback and complaints were documented and analysed to contribute towards continuous improvements.

# 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.

Consumers confirmed staffing levels were appropriate to provide them with safe and quality care and services. Management advised development of the staffing roster considered the needs of consumers, staff qualifications and regulatory care minute requirements. Staff reported there were sufficient staffing levels to allow sufficient time to complete their roles and shifts impacted by unplanned leave were regularly filled.

Consumers and representatives advised staff were kind and caring and catered to consumers’ individual needs. Staff were observed interacting with consumers in a kind and caring manner and were respectful of their identity and privacy. Documentation was available to inform staff in provision of care aligning with the service mission and vision and focusing on inclusive care.

Management advised they determine the competency of staff during the recruitment process which involved interviews and reference with criminal history and registration checks. Consumers and representatives reported staff were competent and knowledgeable to perform their roles. Personnel records evidenced staff had the required checks and registrations for their respective roles.

Staff described the training they received to support them to perform their roles, including on topics on infection control, restrictive practices, manual handing and medication management. Training records were monitored to ensure staff completed their annual mandatory training. Management advised training was provided to staff through in-person and online training modules, and they maintained oversight of training completion rates.

Management described how they monitored staff performance through performance reviews, training and informal observations, and outlined how they would address staff mistakes and incidents. Staff confirmed they received performance appraisals on an annual basis, whereby they could provide feedback on their role, their performance, the working environment and could request further support and training. Appraisal data evidenced appraisals were occurring on a regular basis to monitor staff performance.

# 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.

Consumers and representatives reported they were engaged in the development, delivery and evaluation of care and services. Management advised consumers and representatives were supported to be involved in the development of their care and services through feedback processes, consumer meetings and focus and advisory groups. Consumer meeting minutes evidenced consumers and representatives were in attendance and offered input and feedback.

Management advised the governing body incorporated members from a mixture of clinical and non-clinical backgrounds. Management advised they met with the governing body on a quarterly basis and provided reports on clinical data, complaints and incidents.

Governance systems for key areas informed staff practice and oversight. Staff advised they had access to information including policies, training and care and service plans when required. Management outlined a financial delegations policy was followed to request additional expenditure to meet the needs of consumers. Management advised they monitored legislative changes through their involvement with various compliance services, and any identified changes were communicated to the workforce. Effective systems were in place to document and action feedback and complaints to ensure open disclosure was practiced and continuous improvement opportunities were identified.

Management outlined how they identified and managed the high impact and high prevalence risks associated with consumers. Staff described how they would report incidents including falls, near misses, abuse and neglect to Registered Nurses and management. A review of the Serious Incident Response Scheme register evidenced incidents were appropriately investigated and managed in a timely manner. Management advised consumers were supported to live the best life they can through the identification, discussion and management of risks.

The clinical governance framework included policies, procedures, training, and service delivery practices to inform best practice clinical care. Oversight practices for antimicrobial stewardship included role of the Infection prevention and control lead, staff training, medication management committee reviews, and systems for monitoring and reducing antibiotic use detailed within policies and procedures. Management described how they minimised and monitored the use of restrictive practices by ensuring alternative interventions were trialled first and obtaining informed consent. Staff demonstrated a practical understanding of open disclosure, including providing open, transparent and timely communications and apology when things go wrong, aligned with the feedback and complaint handling policies and procedures.

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)