Performance

Report

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| Name of service: | McNamara Lodge |
| Service address: | 41 Portrush Parade MANDURAH WA 6210 |
| Commission ID: | 7259 |
| Approved provider: | Air Force Association (Western Australian Division) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 7 November 2022 to 9 November 2022 |
| Performance report date: | 16 December 2022 |

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 McNamara Lodge (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treated them with respect and valued their identity, culture and diversity. The Assessment Team observed staff treating consumers with care, dignity and respect and showing awareness of individual choices and preferences. Care planning documents reflected what was important to consumers to maintain their identity, independence, and culture and the service has documents and processes outlining consumer’s rights to privacy, respect, dignity, and confidentiality.

Consumers felt care was inclusive and culturally safe. Staff at the service used information about consumers’ cultures and backgrounds to shape their care. Care planning documents showed the service recorded the needs and preferences of consumers relating to their heritage and progress notes showed direction for staff on how to provide culturally safe care to consumers. The service provided an information package to new consumers, with details of what consumers can expect in relation to their cultural safety.

On reviewing care documents, the Assessment Team found the service collects information about consumers during the service’s admission process, including information about what they want to do, their background, their likes and dislikes. It uses this information to inform how it supports consumers to exercise choice. Care planning documents showed details of next of kin and others who are involved in decisions about the consumer’s care. Other documents, such as surveys and records from consumer/representative meetings, showed consumers were involved in choice and decision making for the menu and lifestyle activities.

Staff knew which consumers wanted to take on more risk, and how best to support them to understand the benefits and possible harm in doing so. Care planning documents showed the risks consumers wanted to take and how the service would support them. The service had a policy on consumer choice, which included the completion of risk assessments.

Consumers advised they received up-to-date information about activities, meals, COVID-19, meetings, and other events at the service. Consumers also receive specific correspondence relating to well-being, care, and medical updates. Staff knew how to help consumers to understand information, including menu and activity schedules, to enable them to exercise choice. There was signage and pamphlets available throughout the service, notifying of upcoming activities. The consumer meetings and newsletter provided up to date information on activities, staff, feedback and complaints, and continuous improvement initiatives.

Care staff reported protecting consumers’ privacy when they collected, used, and communicated personal information, and provided care. For example, staff knocked on bedroom doors and waited before entering. Carer stations were always locked when unattended and required user authentication to unlock and use. The service had an up-to-date privacy policy, and this was included in the admission pack for new consumers. Care plans documented consumers’ expectations for how staff should maintain consumers’ privacy during care delivery.

# 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

The Assessment Team found the service considered individual risks to consumers’ health and wellbeing when undertaking care planning, and as changing needs arose, using validated risk assessment tools. Consumers agreed the service provided safe and effective care. Staff knew individual consumer risks and interventions and could access the care management system for further information. Care documents identified individual risks to consumers, such as falls, pain, pressure injury, challenging behaviours, altered blood glucose levels and weight loss in consumer care plans.

Advance care planning formed part of the service’s admission process and was discussed with consumers when there were clinical changes. This was to help ensure that consumers received care that aligned with their values, goals, and preferences. The service’s assessment and planning is built on an ongoing partnership with consumers, and the consumers chosen people, and includes other organisations as appropriate.

Consumers’ care planning documentation reflected the involvement of the consumers, representatives and other health professionals such as dietitians, allied health professionals, medical officers, and other specialists. Staff reported that consumers are involved in care planning from the point of admission onwards, which consumers confirmed. A review of progress notes and care plans showed that clinical staff and allied health perform assessments on admission, at 6 monthly reviews, and in response to changes or incidents. The service had created an initiative where staff engaged with consumers regularly and ensured any changes were identified quickly.

Consumers confirmed they were informed of care planning outcomes, and that the service gave them a copy of their care plan upon request. Care documents of all sampled consumers contained entries reflecting that the service communicated with consumers, including about care conferences and any changes to consumers’ needs or conditions, among other subject matter. Staff informed representatives through telephone conversations, electronic correspondence and consumer/representative meetings, and documented this in progress notes for other care providers.

The Assessment Team’s review of care planning documents showed care planning information was regularly reviewed and updated. All sampled consumers said they were regularly informed of care changes and when incidents occurred. Staff said a consumer’s care plan was fully reviewed annually, and partially reviewed semi-annually, or when changes or incidents occurred. If the consumers’ representative had concerns at any time, clinical staff addressed them, and updated care plans accordingly. If any risks were identified, risk assessments will be performed, care plans will be updated, and referrals were made to the relevant care provider. A multidisciplinary team meeting was held weekly, to discuss new admissions, assessment results, and care planning.

# 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

Consumers were happy with the care they receive, and care planning documents reflected individual care was safe, effective, and tailored to the specific needs and preferences of consumers. Staff and management knew consumers’ most significant personal and clinical care needs and staff were observed delivering care in alignment with their care plans.

The service conducts meetings in which staff discussed high-impact, high prevalence risks, including multidisciplinary team meetings, and six-weekly clinical governance meetings. The service also has procedures in place to respond appropriately to identified risks. For example, if the service identified that a consumer lost more than 3kg of body weight, a medical officer, dietitian, and speech pathologist reviewed the consumer. Staff were found to effectively manage and assist consumers with high risk of falls, behaviours, pressure injuries or weight loss.

The service provided comfort care in accordance with consumers’ documented preferences. End of life (EOL) care plans were created on admission, placed on the service’s consumer information management system, and reviewed in response to consumer deterioration. Staff take EOL goals into account when providing care. Staff use policies and procedures for managing EOL care, including policies concerning pain management and comfort care, among others. The service’s policies were kept on the service’s consumer record management software, and staff could access them easily. The service recognised and responded to changes in consumers’ cognitive or physical health, function, capacity or condition in a timely manner.

The service had policies and procedures to address a change or deterioration in a consumer’s health and staff knew and used these procedures. The service identified changes in consumers’ conditions through processes connected with handovers, progress notes, scheduled reviews, incident reports, clinical charting, and feedback about consumers’ conditions. Care planning documents and progress notes show the service monitored consumers’ vital signs, and changes in condition.

The Assessment Team reviewed care documents, including fluid balance charts, fluid intake charts, wound charts, care plans and progress notes which showed that staff shared information effectively among themselves, with other practitioners, and with consumers and their representatives. Staff knew most consumers’ conditions, needs and preferences, and their retained information aligned with care documentation. Staff were able to describe individual risks such as consumers who are high falls risks, and consumers’ experience of pain. Staff attended shift-handover to ensure information regarding consumers is consistently shared and understood.

Consumers reported the service made timely and appropriate referrals, and that they have access to allied health professionals, dietitians, medical officers, and other specialists as needed. When a consumer had a change in condition, a clinical incident or a change in care needs, staff notified relevant alternative providers, such as the consumers’ medical officer, or allied health professionals. The service had policies and procedures for staff to refer consumers to external health services. Staff used these procedures, and documented information accordingly, as was evident in in progress notes.

Pharmacists and service staff reviewed which consumers received antibiotics every 6 weeks, to ensure the service was compliant with the Anti-Microbial Stewardship (AMS) policy. Care staff knew how to prevent infections and were aware of standard precautions and the need to confirm infections through testing.

# 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

Consumers reported the service helped them do things they wanted, and that it had supports available to facilitate consumers to be as independent as possible, enhancing their quality of life. Staff had knowledge of consumers’ needs and preferences, and care planning documents were consistent with consumer interviews, identifying consumer choices and what supports consumers needed to do the things they wanted.

The service utilised an external clinician specifically for depression, emotional support and grief counselling. Care planning documents identified consumers’ spiritual beliefs and provided guidance for staff on how to support individual consumers. Consumers could attend the chapel adjacent to the service, where weekly services alternated between Anglican, Catholic and Uniting Church faiths, with non-denominational songs of praise scheduled once a month. The service had brochures discussing mental health support at various locations throughout the facility.

Service staff supported consumers to have social and personal relationships by facilitating visits, phone calls and video calls. The service tailored its activities planner to ensure consumers had activities available that were of interest to them. The Assessment Team reviewed the activities schedule, which showed a wide variety of activities available that were tailored to suit the needs of consumers. While on site, the Assessment Team observed multiple visitors to the service and observed several consumers leaving and returning to the service throughout the day. Care planning documents identified important people for each consumer, along with their contact details.

The service’s consumer information system contained all information relevant to consumers’ conditions, needs and preferences, and enabled staff to easily check care documents for any updates. Care planning documents and progress notes were regularly reviewed and updated. Consumers indicated they thought service staff communicated well about changes in their condition, needs and preferences.

The service made timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers’ care planning documents showed the service collaborated with external providers to support consumers’ needs. The service had relevant policies to support referring consumers to other organisations, including volunteers.

While on site, the Assessment Team the dining experience appeared relaxed and consumers were observed enjoying their meals, care staff patiently assisted those who required help. The service has a system for responding to changes to consumer dietary needs and preferences, which included processes to support consumers with dietary requirements. If menu items did not suit consumers’ preferences, they had all-hours access to additional food options such as sandwiches, fresh fruit, yoghurt, tinned food, tea, coffee and biscuits. Some consumers reported the quality of some meals had previously been poor, but that the service improved the variety and quality based on feedback.

Where the service provided equipment, it was safe, suitable, clean and well maintained. There were activities, games, books, other entertainment on site, and a range of mobility and care equipment, such as lifting machines, available throughout the service. The Assessment Team observed that all lifestyle equipment appeared clean and well maintained and consumers who required mobility aids always had them within reach. Consumers reported that equipment was always available and was 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

The service consisted of four wings, each containing a dining and living area. The service also had multiple outdoor garden areas and adequate signage to assist consumers. Consumers contributed to the service environment through feedback forms and at consumer/representative meetings. Sampled consumers said it was easy to navigate around the service and that they felt comfortable. Consumers were free to access most areas of the service without staff assistance. Where appropriate, staff assisted consumers to mobilise around the service and otherwise support them to go where they liked. The service had floor plans and signage up to support consumers and representatives to navigate the service.

The maintenance officer described the process for reporting safety issues and said this worked effectively and laundry staff members said the laundry systems were effective. Throughout the visit, doors were kept unlocked and consumers were supported to move as they wished. The service environment was well-maintained. Consumers reported they could move freely both indoors and outdoors.

The service kept thorough maintenance logs, and maintenance tasks were actioned in a timely manner. The Assessment Team found the equipment and furniture to be clean and well maintained. The call bell system worked effectively, and any issues were resolved in a timely manner. Systems were regularly reviewed to monitor for issues and prevent malfunction.

# 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

The service encouraged consumers, their family, friends, carers and others to provide feedback and make complaints. The service had multiple channels available to consumers who wished to make a complaint or provide feedback, including feedback forms, a collection box, consumers confirmed staff supported them to raise any issues.

Consumer information confirmed the service supported them to be aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff knew the internal and external mechanisms for providing feedback and making complaints, and how to support consumers to provide feedback. The Assessment Team observed signage for advocacy services displayed around the facility, and the complaints register showed evidence that staff had raised feedback on behalf of consumers.

The service took appropriate action in response to complaints and used an open disclosure process when things went wrong. Consumers confirmed this, reporting that the service responded to feedback quickly and appropriately. The service apologised and acted promptly to resolve issues and was found to apply an open disclosure process, with the complaints register showing evidence the service used open disclosure in accordance with the services’ policy.

The service was found to have analysed feedback and complaints to identify trends. It then used this information to improve its care and services. The service additionally sourced feedback from meetings and surveys and used this information to evaluate the efficacy of its responses to complaints. Consumers reported they had seen the service use feedback and complaints used to improve its care. During interview, staff cited instances when the service had responded to consumer feedback, including food services and a wider variety of activities.

# 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

The service regularly reviewed the number and skill-mix of its workforce to respond to consumers’ needs. Registered Nurses were rostered on every shift and the service had strategies to cover planned and unplanned leave, including extending the hours of rostered staff, existing staff taking additional shifts, and some staff working across multiple departments. Care planning documents indicated the service provided quality care that met consumers’ needs and preferences.

Staff received ongoing training that guided them in providing consumer-centred care with a focus on consumers’ identity, culture, and diversity. During the site audit, staff described specific consumer needs and preferences for their care and support to the Assessment Team. Consumers reported staff as caring, respectful, gentle, polite and ‘interested in them’. They stated they would be comfortable reporting behaviours that did not align with the service’s intended approach to care. The Assessment Team observed staff engaging with consumers in a respectful and genuinely caring manner, conversing with them and supporting them to participate in mealtimes and activities.

The service’s position descriptions outlined essential competencies, knowledge, skills, and experience required for each role, including registration requirements. Operating policies, procedures and guidance materials provided clear direction for staff undertaking specific tasks. The service had mandatory training for all staff, including training in fire and emergency response, infection-control, abuse, the Serious Incident Response Scheme (SIRS), safe food handling, manual handling, use of chemicals and workplace health and safety. The service was also making an ongoing effort to provide additional training in response to the changing care needs of consumers, such as in oral hygiene, wound care, diversity awareness, palliative care, and catheter management. Staff confirmed the service had a focus on ongoing training, upskilling, and development. Staff were knowledgeable about SIRS, open disclosure and how to report incidents and hazards. The Assessment Team observed staff using guidance material when undertaking care tasks for consumers and consumers reported that staff were competent.

The service’s training records were comprehensive, with the corporate division ensuring both availability, efficacy and compliance with training requirements and needs. Staff could readily access training other than mandatory training through multiple channels. Management continually reviewed and analysed consumer feedback, staff feedback, changing consumer profiles and incidents to determine what training is needed, by who and when. Consumers reported staff delivered quality care and support, and that they were confident in the abilities of staff.

The service’s records showed it had a ‘two-way’ performance review process, which included training and educating staff in response to performance. The service had documented policies and procedures for monitoring staff performance, and how to manage performance concerns.

# 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

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(d) following a site audit in August 2021. Evidence in the site audit report dated 7 to 9 November 2022, supports that the Service has implemented improvements to address the previous non-compliance and is now compliant with this Requirement.

Consumers said the service was well run, and that it made ongoing improvements to care. They said they were offered opportunities to feed into the service’s care delivery and that the service kept them informed about changes in care or when things went wrong. The service’s actions in response to consumer feedback were depicted in various sources, including in the minutes from consumer and representative meetings, staff meetings, food focus meetings, and in newsletters, handovers notes, and in communications from the governing board. Service actions were well documented, detailed, and appropriate.

The Assessment Team reviewed a range of documents showing the service’s and the governing body’s strategic direction for the service and found that the governing body promoted a culture of safe, inclusive, and quality care. Management explained how it had navigated COVID-19 outbreaks, how vaccination clinics had been provided for both consumers and staff, and how it had communicated effectively with consumers in relation to COVID-19. Consumers reported they were impressed with how the service had been managed during COVID-19 outbreaks, and with how staffing levels had been managed. Materials describing how the service promoted safe, inclusive and quality care and services were located throughout the service.

The service had a robust incident management system in place and staff were knowledgeable about how to report incidents and hazards. Senior clinicians supported nursing staff, with further oversight by the quality and clinical care team from the corporate division. Opportunities for continuous improvement were regularly identified through audits, complaints, consumer surveys, and meetings. The service had effective workforce governance systems in place to support and develop its workforce. The service also made ongoing efforts in relation to regulatory compliance in multiple areas. Staff confirmed they had access to the tools and information they need to provide care and services.

The Assessment Team found that the service had a risk management framework in place to assist staff at the service in identifying, managing, and evaluating risks to consumers. The service had a Serious Incident Response Scheme register along with an Incident Management System.

The service was compliant with its antimicrobial stewardship policy, evidence for which was contained within care plans and the verbal evidence staff provided. Staff knew which policies they must adhere to and demonstrated their knowledge of implementation, review, and continuous improvement. Consumers reported that the service worked with them concerning restraint. Management confirmed that clinical care practice was governed by policies and procedures pertaining to antimicrobial stewardship, restrictive practices, and open disclosure.

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)