Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | MercyCare Joondalup |
| Service address: | 21 Aldwych Way JOONDALUP WA 6027 |
| Commission ID: | 7241 |
| Approved provider: | Mercy Human Services Limited |
| Activity type: | Site Audit |
| Activity date: | 7 December 2022 to 9 December 2022 |
| Performance report date: | 17 January 2023 |

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 MercyCare Joondalup (**the service**) has been prepared by M. Nassif 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 they were treated with dignity and respect and felt valued. Staff spoke about consumers in a respectful manner and were familiar with their individual backgrounds and preferences. Care planning documents showed consumers' culture, diversity, and identity were acknowledged, and personal preferences were recorded.

Consumers and representatives felt staff respected consumers’ culture and the service demonstrated care and services were culturally safe. Care planning documents contained information about consumers’ life histories and backgrounds including their cultural and spiritual needs. Staff identified the culturally and linguistically diverse consumers and described how their culture influenced the delivery of their care and services.

Consumers said they were supported to exercise choice and independence and are able to make decisions about their care and services. Consumers said their choices and preferences were respected by staff. Management and staff described how they supported consumers’ choices, helped support their independence and maintain relationships of choice. Care planning documents identified consumers’ individual care delivery choices, who else was involved in their care, and their relationships of importance.

Consumers described how the service supported them to understand and take risks. Staff were aware of the risks taken by specific consumers and described how they supported their activities involving risks. Documentation showed risk assessments were completed and signed by consumers or their representative and included strategies to mitigate risks.

Consumers and representatives said they received current, accurate and timely information which was always easy to understand. Management and staff demonstrated the information provided to consumers was up to date, clear and in a form they could comprehend. The service’s menu and monthly activity program calendar were displayed around the service, readily available to consumers and easy to understand.

Consumers described how their privacy and confidentiality was respected by staff. Staff described the practical ways they respected the personal privacy of consumers and gave examples. This was consistent with observations. The service had written privacy information policy and procedures in place to guide staff practice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Staff described how the assessment and care planning process informed the delivery of safe and effective care and services including any risks to consumers. Care planning documents showed assessment and planning informed the delivery of safe and effective care and services. Consumers and representatives said they received the care and services they needed.

Care planning documents demonstrated the assessment and planning of care and services identified and addressed consumers' current needs, goals, and preferences, including end of life wishes. Consumers and representatives confirmed they had discussed their end of life wishes with the service. Management and clinical staff explained how end of life wishes are discussed with consumers or their representatives upon entry to the service if they wish to discuss.

Consumers and representatives said they were involved in the care assessment and planning processes. Care planning documents evidenced consumers and others the consumer wishes to be involved are involved in care planning and assessment. Staff described the process for making referrals to allied health professionals and described recent situations which required input from external organisations.

Consumers and representatives said outcomes of assessment and planning were effectively communicated. Progress notes showed staff updated consumers and representatives on assessment and planning outcomes. Management and clinical staff described how they effectively communicated outcomes of assessment and planning to consumers and their representatives and described the methods of communication the service utilised.

Care planning documents showed they were regular reviewed for continued effectiveness, when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer. Consumers and representatives said the care and services were reviewed regularly and when changes occurred. Management and clinical staff described how consumers’ care plans were reviewed 6-monthly and annually or as required.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 and representatives said they received care that was safe and right for them and their individual needs and preferences were met. Care planning documents reflected individualised care that was safe, effective, and tailored to each consumer’s needs and preferences. Staff described how the care and services they provided to consumers aligned with best practice. The service's clinical and personal care policies and procedures were in line with best practice and guided staff in the delivery of care and services.

Consumers and representatives said their care was safe and staff explained implemented strategies designed to reduce risks to them. Management and staff described how they identify, assess, and manage risks to consumers. Care planning documents showed high-impact and high-prevalence risks were identified and monitored and strategies were implemented to manage the risks.

Consumers and representatives expressed confidence that when they needed end of life care, the service would support them to be as comfortable as possible and to have people important to them near. Staff explained the practical ways they supported the comfort and dignity of consumers nearing the end of life, in accordance with their needs and preferences.

Consumers and representatives said the service responded well to changes or deterioration in condition, health or ability. Management and staff described how deterioration and changes were identified and communicated through shift handovers, clinical meetings, records and feedback from staff, representatives and consumers. Care planning documents confirmed deterioration or changes in consumers’ condition was recognised and responded to in a timely manner.

Staff described how current information about consumers’ condition, needs and preferences was documented and effectively communicated with those involved in their care. Care planning and shift handover documents provided information to support effective and appropriate sharing of the information needed to support effective care. Consumers and representatives said their needs, goals and preferences were effectively communicated between staff and they received the care they needed.

Records showed the service referred consumers to other individuals and organisations providing care and services promptly. Consumers and representatives said referrals were timely and appropriate, and they had access to a range of health professionals. Management and clinical staff described how care at the service was supplemented by other providers of care and services.

The service had documented policies and procedures to minimise infection risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Consumers and representatives said they observed staff implementing infection prevention and control measure. Staff exhibited knowledge of infection prevention and control strategies and antimicrobial resistance.

**Standard 4**

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team recommended Requirement 4(3)(f) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 4(3)(f), the Site Audit report found most consumers and representatives expressed some dissatisfaction with the variety, quality and quantity of the meals provided at the service.

The provider’s response detailed a number of actions that have been, and will be, undertaken to address the deficiencies identified in the Site Audit report and provided evidence and information in support of compliance.

* The most recent Food Satisfaction Survey (November – December 2022) found 80% of consumers had a positive experience with regards to meals and is an improvement on the previous survey conducted 12 months ago.
* The service has been working closely on an individual basis with consumers that expressed dissatisfaction with the meals. The negative commentary provided by some consumers at interview was not always consistent with their favourable feedback previously provided.
* In addition to the surveys, consumers and representatives can provide feedback on meals through the consumer meetings, food focus groups and fortnightly taste testings.
* The process for the collection of feedback via instant feedback and focus groups is being reviewed for improvement and an action plan being developed to ensure all suggestions are captured and this will be part of the internal quality audit system.
* Food focus groups are to be increased in frequency to fortnightly and all residents will be invited to attend. Any feedback will be captured in the menu amendment forms and the menu matrix can be updated immediately.
* All consumers who provided negative feedback in relation to meals did not have any adverse impacts to their health as a result of them not eating appropriate meals.

While some consumers and representatives expressed complaints with aspects of the meals, the service had identified these concerns through their existing feedback processes and was actively working to address them with the few consumers involved. The Site Audit report also evidenced:

* Consumers at the service with specific dietary needs were accommodated and staff were knowledgeable regarding their needs.
* Alternative meals were offered to consumers if the menu options did not meet their preferences.
* Management demonstrated knowledge of the complaints about food and evidenced action being taken to improve the dining experience for consumers.

Therefore, on the balance of the evidence before me, I find Requirement 4(3)(f) compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 4 are compliant.

Consumers and representatives confirmed they were supported to participate in activities they liked and were supported to optimise their independence and quality of life. Management and staff advised the activity schedule is tailored to the interests and likes of consumers. Staff described what was important to specific consumers and this aligned with their care planning documents.

Consumers and representatives said their emotional, spiritual and psychological needs were supported by the service. Staff described various ways they supported consumers’ emotional and spiritual needs including through lifestyle activities, religious services, and by maintaining relationships. Care planning documents included information about consumers’ emotional, spiritual and psychological needs, goals and preferences.

Consumers and representatives felt supported to participate in activities within and outside the service, maintain contact with the people who were important to them, and do things of interest to them. Staff described how they assisted consumers participate in the community and engage in activities of interest to them inside and outside the service. Care planning documents aligned with the information provided by consumers, representatives and staff.

Consumers and representatives said their preferences, needs, and condition were effectively communicated within the service, and with others who shared responsibility for their care. Staff described ways they shared information and were kept informed about the changing condition, needs and preferences of each consumer. Care planning documents provided adequate information to support safe and effective care related to daily living.

Consumers said they were supported by other organisations, support services and providers of other care and services. Care planning documents showed the service referred consumers to other service providers and collaborated with external providers to support the diverse needs of consumers. Staff described how the service’s care and services was supplemented by other providers of care and services.

Consumers said they had access to safe and suitable equipment to assist them with their daily living activities. Staff said they had access to suitable equipment, and they described how it was maintained and cleaned. Cleaning and maintenance schedules were up to date and equipment provided to consumers appeared to safe, suitable, clean, and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said the service environment was welcoming, easy to understand. Management and staff described features of the service environment that helped optimise consumers’ sense of belonging, independence, interaction and function. The service was observed to be a welcoming, home-like environment with wide corridors, sufficient lighting, signage and handrails to help consumers move around. Consumers’ rooms were personalised with their own belongings, photographs and items of importance to them.

Consumers and representatives considered the service to be safe, clean and well-maintained and they could move around freely. This was consistent with observations. The service's maintenance logbook and scheduled maintenance program showed all scheduled maintenance had been carried out.

The furniture, fittings and equipment appeared safe and well maintained. Consumers confirmed their equipment was checked, cleaned and maintained regularly. Staff demonstrated how they kept equipment clean and safe. The cleaning and maintenance schedules were completed and up to date.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 Assessment Team recommended Requirements 6(3)(b) and 6(3)(d) were not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 6(3)(b), the Site Audit report found most consumers and representatives said they did not know external methods for raising complaints and were not aware of advocacy services available to support them.

The provider’s response detailed a number of actions that have been, and will be, undertaken to address the deficiencies identified in the Site Audit report and provided evidence and information in support of compliance.

* The response highlighted the various ways and times, including upon admission and on an ongoing basis, consumers and their representatives are informed and reminded of advocacy services and other mechanisms for making a complaint.
* There are brochures and posters relating to advocacy services and raising complaints displayed in various areas of the service for consumers and their families to read and/or retain. All consumers and representative have been individually provided with information regarding advocacy services and methods of raising complaints.
* Advocacy services have been invented to attend future Resident and Relative meeting.

In addition to the provider’s response, the Site Audit report provided:

* Staff and management described the processes and systems in place to inform consumers and representatives about external complaints and advocacy services.
* Management explained that all consumers understood and spoke English, but an interpreter service could be organised if needed. Management said a national advocacy body had previously undertaken site visits, but no consumer ever used their services.
* The service’s consumer handbook listed other methods for raising complaints and language services.
* The Commission’s information sheet on how to make complaints to the Commission (in multiple languages), as well as information on other advocacy services were displayed around the service.
* Management explained they also reminded consumers of the complaints, advocacy and language services at consumer meetings. Meeting minutes confirmed advocacy services were discussed.

While consumers may not have identified external advocacy and complaints handling bodies when interviewed, there was evidence the service made this information available to consumers and representatives in a variety of ways. Consumers said they were comfortable expressing complaints within the service and there was no evidence of consumers or representatives feeling unable to access external support services. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(b) compliant.

Regarding Requirement 6(3)(d), the Site Audit found the service had a system to manage feedback and complaints and generally used it to improve the quality of care and services provided. However, the continuous improvement actions related to complaints about food appeared to be ongoing and consumers did not feel their complaints had resulted in sufficient improvement.

The provider’s response detailed a number of actions that have been, and will be, undertaken to address the deficiencies identified in the Site Audit report and provided evidence and information in support of compliance.

* The service has been capturing feedback and complaints and using them to inform their continuous improvement plan.
* The complaints in relation to food had been recorded and a range of significant actions were added to the continuous improvement plan and these are being implemented.

In addition to the provider’s response, the Site Audit report included management’s explanation of the variety of actions taken to resolve the complaints about food. The service’s continuous improvement plan recorded actions taken in relation to food, including food, nutrition and dining experience training for all staff, increase consumer input on menus, more frequent consumer surveys on food, and one-to-one follow up with the individual consumers who complained.

I consider there is evidence the service had recorded feedback and complaints and created appropriate continuous improvement actions aimed at improving the quality of care and services. While some consumers felt their complaints about food were not yet resolved, the service has initiated improvement actions and was actively working with the relevant consumers to resolve them. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(d) compliant.

I am satisfied the remaining 2 Requirements in Quality Standard 6 are compliant.

Consumers and representatives said they understood how to provide feedback and make complaints. Management and staff described how they encourage and support consumers to provide feedback and raise complaints. Feedback forms, secure feedback boxes, and information on how to make a complaint was observed around the service.

Consumers and representatives said their concerns were addressed after raising complaints, or they were notified and appropriate actions were taken when incidents occurred. Staff demonstrated an understanding of open disclosure and described what they would do in case of an incident. Management said they aimed to address all feedback and complaints as promptly as possible, and work in partnership with consumers and their representatives to make sure they were happy with the solution.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives felt like there was enough staff, and only 2 consumers said the service is short staffed but did not identify any adverse impacts this had on them. Staff said when there was unplanned leave they worked longer hours, used agency staff or management assisted if required. Call bell data showed most calls were responded to in a timely manner and for those responded to in over 10 minutes, management said these were investigated and most of these were due to the sensors being left on or staff forgetting to turn the bell off.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff were observed to interact with consumers in a kind and respectful way, including greeting consumers by their preferred name and showing they were familiar with each consumer's individual needs and identity.

Consumers and representatives said staff performed their duties effectively, and they were confident staff were skilled to meet their care needs. Staff said they understood their job and were trained and supported by their team and management. The service had position descriptions which included key competencies, qualifications, registrations and checks for each role.

Consumers and representatives did not identify any areas where staff needed more training. Staff considered they were recruited, trained, equipped and supported to deliver safe and effective care. Management described how they ensured all staff received the training and support they needed to perform their roles in relation to the Quality Standards. Training records confirmed staff were trained.

Management explained the performance of staff is regularly assessed, monitored and reviewed in line with the service’s policy and procedures. Staff described how their performance was regularly reviewed and assessed by management. Documentation showed appraisals were conducted annually and they were up to date.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Management described processes to support consumers and representatives being engaged in the development, delivery and evaluation of care and services. Consumers described the various ways the service engaged them in the development, delivery and evaluation of care and services such as through surveys and 3-monthly consumer meetings. Consumer meeting minutes evidenced consumers and representatives were engaged by the service on an ongoing basis.

The organisation had policies and procedures that promoted a culture of safe, inclusive and quality care and services and the Board was accountable for their delivery. Management described the organisational structure, Board and operating sub-committees which oversighted the delivery of quality care and services in accordance with the Quality Standards. Board meeting minutes and monthly clinical indicators showed regular monitoring of the service by the organisation’s governing body.

The service demonstrated effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described processes and mechanisms in place for each respective governance system and how staff were guided by the relevant documented policies, procedures and training.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff had access to related policies and training and could give examples of how they applied in their daily work.

The organisation’s clinical governance system ensured the delivery of safe and effective clinical care across areas including antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. The service had policies and procedures on these subjects which were readily available, understood and implemented by staff.

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