Performance

Report

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| Name of service: | Myrtleford Lodge Aged Care |
| Service address: | 73 Prince Street MYRTLEFORD VIC 3737 |
| Commission ID: | 3621 |
| Approved provider: | Bentley-Wood Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 17 February 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 Myrtleford Lodge Aged Care (**the service**) has been prepared by Denise McDonald, 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
* the provider’s response to the assessment team’s report received 12 January 2023 included supporting evidence such as:
  + A plan for continuous improvement
  + Consumer information booklet
  + Minutes of consumer and staff meetings
  + Staff education records on incident reporting, open disclosure and clinical governance.
  + Copies of incident reports for medication errors
  + Consumer and representative survey results

# 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 they were treated with dignity and respect by staff, with their identity and culture valued. Care documentation demonstrated how individual cultural and diversity needs were identified for each consumer. Staff were observed to be respectful towards consumers during interactions.

Consumers from culturally diverse backgrounds said their culture was respected and they could express their cultural identity and interests. Staff demonstrated knowledge of consumers’ different cultural and spiritual needs. A policy on dignity, choice and independence guided staff to ensure care and services were culturally safe for each consumer.

Consumers stated they were offered choice, felt supported in making informed independent decisions, about and how, care and services were provided, and they were able to maintain connections and relationships. Staff described cultural, religious, and personal preferences for consumers and what mattered most to them. Care documentation identified the names of who the consumer had chosen to represent them or be involved in making decisions about their care.

Consumers stated they could make informed choices about their care and services and could take risks if they wish to. Staff described how they provided relevant information so consumers could make risk-based decisions, adding the assessment of risk occurred in consultation with the consumer, representative, and relevant health professionals. The service had a policy regarding dignity, choice, and independence which outlined dignity of risk supporting consumers to live the life they chose.

Consumers and representatives described how they were provided with menus and activity calendars to assist them in making choices about their care and lifestyle. Staff described various ways they provided information to consumers regarding their care, including written communication, noticeboards, announcements, and meeting minutes.

Consumers and representatives felt their privacy was respected and stated staff were always polite and respectful of their choices. Policies and procedures concerning the protection of personal and confidential information, guided staff practice. Staff were observed to knock on doors and await a response before entering.

# 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 Site Audit report found Requirement 2(3)(d) was not met as 5 consumers and representatives were not aware they could access a copy of the consumer’s care plan, therefore, did not have a copy and would like one.

However, the Site Audit report also identified posters advising consumers and representatives of the availability of care plans were displayed in the reception area and management confirmed access to care plans was discussed with consumers and representatives, during entry processes.

Additionally, consumers and representatives advised staff explain the care requirements of consumers clearly and clarify matters where needed; and they confirmed the outcomes of assessment and care planning were discussed with them, including following most incidents, medication changes and during regularly care plan review processes.

Furthermore, care plans were described as accurately reflecting the consumers care needs, goals and preferences with staff advising any outcomes of assessment, which changed the planned care required for a consumer were communicated via handover processes.

The providers response dated 12 January 2023, refuted the findings and submitted additional information and documentation including reports detailing the outcomes of consumer surveys which demonstrated consumers and representatives had been informed of their ability to access consumers care plans and to ask registered staff, if they would like a copy.

I acknowledge and agree with the claims put forward by the provider, including the site audit report contains positive feedback from consumers and representatives who confirmed their involvement in assessment and care planning processes, changes in care were communicated and consultation occurred during care plan reviews. This is consistent with the evidence brought forward in the Site Audit report.

I note management, upon receipt of feedback from the Assessment Team, provided a copy of the care plan to those 5 consumers or representatives who had requested one. I also note further actions, consisting of the inclusion of articles in the newsletter, discussions at consumer meetings and distribution of electronic messaging, would have further promoted the availability of the care plan to consumers and representatives.

Overall, I have placed weight on feedback provided by consumers and representatives who have confirmed they were aware of the outcomes of assessment and care planning through ongoing communication with staff, the recommendations of compliance across all other requirements which demonstrates the consumer’s needs were documented within a care and service plan and various methods were being used to inform consumers and representatives a copy of the care plan was available upon request.

Therefore, I find Requirement 2(3)(d) is compliant.

I find the remaining 4 requirements of Quality Standard 2 compliant as:

Consumers and representatives confirmed risks to consumers were considered in the care planning process and strategies were planned to minimise the risk. Staff described how they used assessments to determine risks and information was used to inform how to deliver safe and effective care. A consumer assessment checklist was used to guide staff in the assessment of new consumers at the time of entry to the service.

Consumers and representatives confirmed they were participants in the identification of the consumer's current care needs, including advance care or end-of-life planning if they wished to talk about it. Staff demonstrated a comprehensive knowledge of, the needs or preferences of consumers, concerning the delivery of their personal and clinical care. Care documentation evidenced monthly review of the care plan, including advance care, to ensure the consumer's current choices were reflected.

Consumers and representatives indicated they were actively involved in the assessment, planning, and review of the consumer's care and services from the time the consumer entered the service. Care documentation reflected the consumer's participation in the assessment process and with staff confirming how allied health professionals also contributed to assessment and planning.

Consumers and representatives provided positive feedback about the changes made following incidents which resulted in new directives for consumers’ care. Care documentation indicated monthly evaluation occurred and changes in consumer conditions, such as deteriorating wounds and pain, had triggered reassessment for consumers, with care plans updated if any changes to planned interventions occurred.

# 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 stated they received safe and effective care which was tailored to meet their individual needs and optimised their health and well-being. Staff described policies and procedures which guided care according to best practice and confirmed ready access to the policies and clinical staff if further guidance was needed. Policies, procedures and work instructions including, but not limited to, restrictive practices, wound management, pressure injury, catheter care, diabetes management, and pain management, referenced best practice.

Staff demonstrated knowledge of the high impact or high prevalence risks to the consumer cohort and the rates of medication errors, falls, infections, skin injuries, wounds and behavioural incidents were monitored and acted upon. Consumers and representatives said they felt the service was adequately managing risks to consumers' health, particularly for behaviour management and COVID-19. Equipment required to manage pressure injury risks was observed to be in use by consumers.

Staff described how they cared for consumers at the end of life through supporting regular family visits, regular repositioning, hygiene and consumers comfort was maintained through pain relief, and pastoral care. Representatives advised they had discussed palliative care support plans with the service. Care documentation evidenced, for a consumer who had recently passed away, they were kept comfortable and their end of life wishes were met.

Care documentation recorded the identification of, and response to, deterioration or changes in the consumer's condition. Consumers and representatives said the service recognised and responded to changes in condition promptly and appropriately. Staff explained how deterioration was discussed during handovers and staff meetings, triggered a medical officer review and hospital transfer if needed, and a subsequent review of the consumer’s care plan.

Care documentation evidenced adequate information was shared to support the effective delivery of care. Consumers and representatives said the consumers’ care needs and preferences were effectively communicated between staff and consumers received the care they need. Staff described changes to consumer care were documented in progress notes, the handover sheet and communicated verbally via staff meetings.

Consumers and representatives said they were referred to a range of health professionals when needed and referrals were timely. Staff said each referral and each referral was documented and followed up to ensure the referral was accepted and responded to promptly. Care documentation confirmed the input of others and referrals where needed.

Consumers said the service was kept clean, and they saw staff practicing hand hygiene and using personal protective equipment. Policies and procedures promoted antimicrobial stewardship and supported staff on how to minimise the risk of infections being transmitted. Staff demonstrated knowledge of key infection control practices and confirmed these topics were also part of mandatory education for all staff.

# 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 and representatives stated the services and support for daily living provided, met consumer’s needs and promoted their independence. Staff demonstrated knowledge of consumers’ needs and preferred activities to support their well-being. Care documentation captured the consumers’ choices, lifestyle likes and dislikes, and provided information about the support consumers required to do the things they wanted to do.

Consumers said their emotional, spiritual and psychological well-being was supported. Staff described spending one-on-one time with consumers who mostly stayed in their room and did not participate in activities to ensure they weren’t isolated. Policies and procedures guided staff practice in supporting consumers' emotional, spiritual, and psychological well-being.

Consumers felt supported to participate in activities, within the service or in the community and the activities delivered met their needs and preferences. Care documentation captured consumers hobbies, interests and the people who are most important to them. The lifestyle program contained a variety of internal and community activities.

Consumers confirmed staff were aware of their service and support needs. Staff advised verbal updates and handover sheets, are used to share information between themselves and other providers had access to progress notes within the electronic care management system. Policies and procedures guided staff on information sharing practices.

Consumers said they had been referred to external providers for their service and support needs. Staff gave examples of consumers who had been referred to other providers including volunteers. Care documentation demonstrated the service collaborated with external providers, organisations and volunteers.

Consumers said the meals provided were a sensible serving size and of suitable quality. Staff described how the service met individual consumer dietary needs and preferences and how changes were communicated to the hospitality staff. Menu planning documentation evidenced consumer involvement with new meals introduced, based on their feedback.

Consumers said they felt safe using the equipment, it was suitable for their needs, clean, and well-maintained. Staff demonstrated awareness of how to report any maintenance issues. Maintenance documentation evidenced review of consumer equipment was scheduled and had been completed as required.

# 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

Consumers and representatives said the service environment was welcoming to them, their friends or family and it encouraged a sense of belonging. The design of the building included several activity rooms, reading nooks, several communal lounge areas and a garden in the centre of the building. Consumers confirmed they could find their way around and dining areas, the activities room, or lounge rooms were easy to locate.

Consumers and representatives offered positive feedback about the cleanliness of the service, which was observed to be safe, clean, and maintained at a comfortable temperature. Maintenance documentation demonstrated items for repair were addressed promptly. Consumers were observed to be able to move freely indoors, however, were unable to access the outdoor garden, until a code for the door was displayed during the site Audit.

Staff demonstrated awareness of the preventative maintenance schedule and how to report any maintenance issues. Consumers said they had no concerns about maintenance and confirmed the furniture, fittings and equipment were clean and safe. Electrical equipment was observed to have undergone safety testing and other equipment was stored safely.

# 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 Site Audit report recommended Requirement 6(3)(c) was not met as deficiencies in staff understanding of the principles of open disclosure were identified, as representatives had not been informed following incidents involving consumers.

However, the Site Audit report included feedback from both consumers and representatives that when things have gone wrong, such as an incident, or a complaint has been made, staff have provided an apology. This was provided as both general feedback and specific feedback from a named consumer, who also confirmed actions were taken to prevent reoccurrence of the incident, in which they were involved.

Additionally, for another named consumer, their representative confirmed they had been advised immediately, kept updated and open disclosure had occurred, following a medication incident and management described the investigation and responsive actions initiated to reduce the likelihood of such an incident happening again.

Furthermore, staff are described as demonstrating knowledge of open disclosure processes as they advised concerns would be escalated to senior personnel to ensure all concerns were investigated and followed up. An open disclosure flowchart supported this was the required process for staff to follow.

The provider’s response of 12 January 2023 refuted the principles of open disclosure had not been applied, when a consumer had been impacted by an incident and submitted clarifying information and documentation to support their claim. The provider clarified that in some instances, when incidents were minor in nature, such as the omission of administering one dose of regular pain relief, these had not been discussed with the representative or the consumer.

While some representatives advised, they were not aware of medication incidents, which had occurred, the provider substantiated open disclosure had occurred with the consumers themselves, rather than the representative, as the consumer did not have a cognitive impairment and was the decision maker responsible for their own care. This was consistent with evidence included in the Site Audit report.

The provider advised, as part of their commitment to best practice, open disclosure training had been provided to staff and confirmed all future incidents, including those of a minor nature and which had not adversely impacted the consumer would be discussed with consumers and representatives.

Overall, I have placed weight on the positive feedback provided by consumers and representatives, which supports while staff may not have been able to describe open disclosure, an apology was given, to the appropriate person, when things went wrong; and documentation supports investigations and actions are undertaken to prevent reoccurrence.

Therefore, I find Requirement 6(3)(c) is compliant.

I find the remaining 3 requirements of Quality Standard 6 compliant as:

Consumers confirmed they were encouraged and supported to give feedback through various means including at monthly consumer meetings and said they would have no issues talking with staff or management should they have a complaint. Publications provided to consumers and information displayed explained available internal feedback and complaints processes. Staff demonstrated awareness of feedback processes and confirmed their feedback is also sought by management.

Consumers and representatives said they did not need to access external complaints services, but advised they were aware them. Staff described how consumers who had a cognitive or communication deficits would be supported to raise concerns. The consumer handbook, feedback forms, brochures, and posters displayed advised consumers on how to contact external organisations if they needed assistance with advocacy and translation services.

Management confirmed all feedback or complaints received were logged and acknowledged. Consumer advised, and a continuous improvement register evidenced, feedback used to improve the quality of care and services including providing additional access to outdoor areas.

# 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

Consumers and representatives stated there were enough staff to attend to consumers’ care needs promptly and consumers indicated they did not have to wait long for their call bell to be answered. Staff said they could complete their work during their shift and management replaced staff on planned or unplanned leave by restructuring the roster as agency staff were not used. Rostering documentation evidenced a registered nurse was allocated to each shift and vacant shifts had been filled, with management observed undertaking duties on the floor.

Consumers and representatives provided feedback stating staff engaged with them in a respectful, kind and caring manner. Staff interactions with consumers were observed to be kind, caring, and respectful. Training records demonstrated staff had completed online modules, relevant to this requirement, such as dignity and personalised care.

Position descriptions were available and set out the qualifications, skills required and responsibilities of each role. Staff confirmed they were required to complete skills competency assessments, which included manual handling, fire safety, hand hygiene, use of personal protective equipment and medication. Management confirmed staff are required to complete an induction and orientation program with buddy shifts allocated until competency has been determined.

Consumers felt confident staff were sufficiently skilled to meet their care and clinical care needs. Training records evidenced 90% of staff had completed mandatory training and staff had been educated in the management of serious incidents, falls, behaviours, wounds; with additional modules for manual handling, hand hygiene, elder abuse and neglect. However, gaps in staff knowledge were identified, with management conducting education sessions on open disclosure during the Site Audit.

A performance framework is used to assess workforce performance annually with staff confirming they had participated in performance development processes. Management stated all staff were provided with an opportunity to assess their performance, reviewing their practice and identify opportunities for development or training. Management advised supervision, observation and consumer feedback is also used to monitor 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

Consumers said they had ongoing input in how their care and services were delivered and they felt the service encouraged their participation when making decisions. Minutes from consumer meetings evidenced consumers were consulted and provided feedback in relation to the menu, cleaning, laundry services and adjustments had been made in the way duties were allocated to staff following a missed medication round.

The governing body consists of two Directors, who both serve in a clinical capacity at the service, which ensures a close relationship with staff and consumers is maintained. Director meetings are held bi-monthly, which includes review of clinical governance, quality indicators, risk performance, the continuous improvement plan and outcomes of service audits. A diversity framework has been developed to promote an inclusive culture and benchmarking surveys, measure the quality of care and services. Management confirmed meetings, emails, newsletters and training are used to communicate the governing bodies decisions.

Effective governance systems were demonstrated for continuous improvement, financial governance, feedback/complaints and human resources as procedures were in place for the recruitment, screening and on-boarding of staff, additional funding was available on request to support improvements informed by consumer suggestions and the introduction of a new continuous improvement system will enhance analysis and trending capabilities. A Quality coordinator reviews staff practice and documentation to ensure compliance with the services policies, legislation and regulations. While staff said they could readily access the information they need, some deficiencies in relation to information management were identified.

The service had a documented risk management framework, including policies pertaining to the management incidents, high impact or high prevalence risks, what to do if abuse or neglect of a consumer was identified and how to support consumers to live their best life. Staff confirmed they had received education on these topics and provided examples of their relevance to their work. A high number of medication incidents were identified and prompted management to implement additional training for staff, the reallocation of duties and performance review processes as an outcome.

A clinical governance framework had been implemented, with staff demonstrating they applied the principles of the framework when providing clinical care. Staff advised they had received mandatory training and education on infection control practices (including antimicrobial stewardship) and minimising the use of restrictive practices. However, most staff interviewed were unable to describe open disclosure and training was only provided at the time of the Site Audit.

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)