Performance

Report

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| Name of service: | Percy Baxter Lodges |
| Service address: | 45-95 Ballarat Road NORTH GEELONG VIC 3215 |
| Commission ID: | 3392 |
| Approved provider: | Barwon Health |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
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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 Percy Baxter Lodges (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers and representatives said staff treat consumers with dignity and respect and consumers feel valued as an individual. Staff spoke about consumers in a respectful manner and were able to demonstrate they were familiar with consumers’ individual backgrounds and preferences in detail. Care planning documentation evidenced an in-depth detailed summary of consumer’s background. The service had policies which outlined the organisation’s commitment to the Quality Standards to promote consumers’ individuality, diversity, independence, choice, and decision-making.

The service demonstrated that care and services are culturally safe. All consumers and representatives interviewed said the service recognises and respects the consumer’s cultural background and provides care that is consistent with their cultural traditions and preferences. Staff provided information about individual consumers cultural background and ensure they provide care that is consistent with their cultural identity and preferences, which aligned with consumers care planning documentation.

Consumers were supported to make choices about their care, including when family and friends should be involved in their care and maintain relationships of choice. Consumers and representatives said they were given choices about when care is provided, and their choices are respected. Care planning documentation identified consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. Staff said they supported and provided opportunities for consumers to do what they liked to do, and they supported consumers to make decisions and maintain their relationships in the community.

The service demonstrated consumers are supported to take risks that they choose. Staff demonstrated they are aware of the risks taken by consumers, and said they supported the consumer’s wishes to take risks to live the way they choose. Consumers described how the service supports them to take risks. Care planning documentation included dignity of risk forms and assessments to support consumers to continue risk-taking activities.

The service demonstrated that information relating to consumer care and services is provided to consumers and representatives in a way that is clear and easy to understand and allows them to make informed decisions. Consumers and representatives confirmed they are kept informed through printed information, regular verbal communication and email correspondence. Staff described how the service informs consumers of events and updates, by having regular conversations with each consumer, and displaying the weekly and monthly activities calendar on noticeboards. The Assessment Team observed menus displayed in the dining rooms, a whiteboard and noticeboards that contained information about upcoming events.

The service demonstrated that each consumer's privacy is respected, and that personal information is kept confidential. Consumers said the service was considerate of their privacy and described how staff respected their privacy and did not express any concerns about the confidentiality of their personal information. Staff described practical ways they respected the personal privacy of consumers at the service. The Assessment Team observed staff knocking before entering consumer rooms and reviewed the service’s policies in relation to privacy and confidentiality which outlines how the service aims to protect the privacy of personal and sensitive information that is collected, used, disclosed, and accessed.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the assessment and planning process at the service. Management and staff described initial assessments and care planning processes for consumers when they are admitted to the service, and the ongoing comprehensive assessment and care planning reviews completed thereafter. Care planning documentation demonstrated effective assessment and care planning which identified the needs, goals, and preferences for consumers.

Consumers and representatives said they have discussed their current care needs, goals, and preferences, including advance care planning and end of life care. Care planning documents reflected end of life care wishes and advance care directives. Staff described what is important to consumers in terms of how their care is delivered. The service had policies and procedures regarding advance care planning and guidance for staff to undertake assessment of consumers current needs, goals, and preferences.

The service was able demonstrate that it partners with consumers, and others who consumers wish to involve, in the planning and assessment of care. Care planning documentation evidenced regular care plan evaluations and review, and involvement of a diverse range of internal and external providers. The service had policies that outlined partnership with consumers, representatives, and other care providers in the provision of care at the service. Staff described the importance of consumer-centred care planning and explained how they actively collaborated with consumers, representatives, and other providers of care to ensure quality care was provided.

The service demonstrated outcomes of assessment and planning were documented and communicated to consumers and representatives. Consumers and representatives said they had access to consumers care planning information and outcomes of assessments and planning are communicated to them clearly. Staff said consumers and representatives were involved in care plan evaluation meetings, in-person or contacted via telephone and are provided a copy of care planning information.

Care planning documentation evidenced regular periodic reviews were completed when consumers circumstances change or when incidents occur. Management and staff said care plans were reviewed every 3 months as part of the 3-monthly review schedule, or after any change is identified through incidents or deterioration in health. Consumers and representatives said staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner. The service has policies and procedures which guide staff in the assessment and planning process for consumers on a regular basis or as needed following a change in health status.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives feedback reflected consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. The service has documented policies and procedures in place to manage key areas of care including, wound management, restrictive practices, falls prevention, skin integrity and pain management, which are in line with best practice. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

The service demonstrated that potential high-impact and high-prevalence risks are identified and managed through regular clinical data monitoring, trending, and reporting, and implementation of suitable risk mitigation strategies for individual consumers. Management advised that the service does not have any current high-impact or high-prevalent risks of concern but described how they manage and prevent potential risks. Staff were able to describe a range of mitigation strategies used to manage risks, which aligned with care planning documentation.

Care planning documentation reflected consumers’ advance care planning information, including choices and end of life preferences. Staff said care is tailored to palliative consumers, comfort is prioritised during this time and the service encourages families to be involved. The service had policies outlining the palliative approach to care and advance care planning which support staff to provide care in line with best practice.

Care planning documentation reflected that deterioration or changes in a consumer’s health is recognised and responded to in a timely manner. Staff described the various ways they recognised and responded to deterioration or change in the consumer’s condition and health status; this included processes to refer for medical specialist reviews or transfer to hospital. Consumers described how the service recognises and/or responded to changes in consumers’ condition in a timely manner. The service had policies in place to guide staff in the early identification, assessment, management, documentation, and communication about changes in the health status of consumers.

The service demonstrated that information about consumer’s condition, needs and preferences is documented and effectively communicated with those involved in the care of consumers. Documentation provided information to support effective and appropriate sharing of consumer’s information to support care. Management and staff described specific care needs and preferences of consumers, and how information is shared when changes occur through a verbal and documented handover.

Care planning documentation included input from other services and referrals where needed, including input from other services and specialists. Consumers and representatives sampled said consumer’s care needs and preferences are effectively communicated between staff, and they received the care they need. Management and staff described other providers of care available to consumers.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumer and representatives were satisfied with the service’s cleanliness and management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers said they felt supported to participate in activities they liked and are provided with appropriate support to optimise their independence and quality of life. Staff said the lifestyle calendar was tailored to the interests of consumers through feedback received from, one-on-one conversations and consumer meetings. Staff explained how consumers’ preferences and needs are communicated to meet consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Staff described what consumers interests were, which aligned with consumers’ care planning documentation.

Staff could explain how consumers’ emotional, spiritual, and psychological needs are supported. Consumers said they were supported by staff and described how the service supports their emotional, spiritual, and psychological well-being. Care planning documentation included information about consumers' emotional, spiritual, and psychological well-being needs, goals, and preferences.

Consumers said they felt supported to participate in activities within the service and in the community. Staff provided examples of consumers who were supported to maintain hobbies of interest, both inside and outside of the service. Care planning documentation identified those important to individual consumers and activities of interest to consumers.

Consumers and representatives said consumers needs and preferences are effectively communicated within the service and with others responsible for care. Staff described how they are made aware of changes to consumers care, which included dietary requirements and described various ways they communicate and document information about consumer’s condition, needs and preferences. Care planning documentation provided adequate information to support safe and effective care related to services and supports for daily living.

Staff said the service had engaged other organisations, volunteers, and providers of care to supplement the lifestyle program, such as volunteers who visited consumers weekly, based on consumers interests. Consumers said they were supported by other organisations, support services and providers of other care and services. Care planning documentation identified referrals to other organisations and services. Staff could describe other individuals, organisations and providers of care and services and specific consumers that utilised these services.

Consumers said they were satisfied with the variety, quality and quantity of food currently being provided at the service, and felt the meals met their needs and preferences. Consumers at the service with dietary needs were accommodated, and all staff were knowledgeable regarding their dietary requirements. The service had feedback mechanisms such as a food focus group, which encouraged consumers to be vocal about what their likes and dislikes are and allowed consumers to provide feedback on the performance of food services. Menus were observed on notice boards outside the dining room which included a wide range of options for each meal.

Staff were able to describe how equipment is maintained and cleaned. Consumers said equipment was cleaned often and is safe to use and equipment is readily available when they required it. Staff said they were responsible for cleaning shared lifestyle or consumer equipment after each use, and they had no issues accessing equipment when required. The services preventative maintenance schedule demonstrated regular servicing of equipment and staff described safety and maintenance checklists that are completed for mobility equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers said they found the service’s environment to be welcoming and easy to understand. Consumers are able to personalise their rooms and consumers feel at home living at the service. Staff were able to describe aspects of the service that contributed to consumers and their visitors to feel welcome and optimise each consumer’s sense of belonging and ease of navigation. Management and staff said they make efforts to help consumers feel like they are at home at the service. The service was observed to be surrounded by spacious greeneries for consumers to walk around, including outdoor sitting areas.

Whilst the service had ageing infrastructure and were impacted by recent flooding, the service was able to demonstrate that its 2 operational lodges are safe, clean, and well-maintained and consumers are able to move freely, both indoors and outdoors. Consumers and representatives did not report any concerns about the safety, cleanliness, or maintenance and allows them to move around freely both indoors and outdoors. Staff followed a daily cleaning schedule, including cleaning communal areas and consumer rooms and described infection control processes and extra cleaning requirements.

Consumers confirmed their equipment is checked, cleaned, and maintained regularly. Staff were able to describe how cleaning of consumer equipment is managed. Documentation demonstrated cleaning and maintenance processes are completed in a timely manner. Equipment used for personal care was observed to be clean and functional.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives described how they provided feedback or made a complaint, and said they felt safe doing so via various mechanisms such as, directly to staff or management, at the 6-weekly consumer meetings or 2-monthly food focus meetings, and by using the feedback and complaints forms. Management and staff described processes in place to encourage and support consumers and their representatives to provide feedback and complaints. The service has policies, procedures, and systems in place to ensure consumers and their representatives are consistently encouraged and supported to provide feedback or complaints. Information about feedback and complaints was observed throughout the service located on, noticeboards, posters, pamphlets, and brochures, including consumer handbooks.

Consumers and representatives were aware of external complaint mechanisms as well as advocacy and language services that were promoted to them via consumer meetings, consumer handbook, as well as information displayed on noticeboards, pamphlets, brochures, and posters. Management described processes for consumers that had access to external carers and advocacy services. Staff described how they assisted consumers who have communication or cognitive impairment in providing feedback or complaints.

Consumers and representatives were overall satisfied with how the service addressed and resolved their concerns and complaints and described open disclosure processes applied in response to complaints and incidents. The complaints register evidenced timely and appropriate actions were taken in response to complaints, with documented open disclosure application. Management and staff described the underlying principles of open disclosure, including providing an apology when things go wrong. The service’s open disclosure policy outlined best practice application of open disclosure.

The services quality improvement plan and meeting minutes evidenced that feedback and complaints from consumers, representatives and various sources are reviewed and used to improve care and services. Management and staff were able to describe the main areas of complaints and improvements made to care and services and proposed actions to be completed. The service demonstrated systems and procedures in place for monitoring and actioning feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives expressed overall satisfaction with the number of staff and the service had enough staff to provide timely care and services to meet consumers care needs. Consumers had no concerns about the timeliness of the service’s call bell response times and management had processes in place to monitor call bell response times. Staff interviewed said they have adequate time to complete their tasks required to provide quality care to consumers. Documentation demonstrated the service had adequate staff to provide continuous safe and quality care, staff confirmed staff shortages were covered by additional staff or agency staff and did not feel staffing numbers impact the care provided to the consumers.

Consumers and representatives said staff were kind, caring, respectful and gentle. Staff were observed interacting with consumers in a respectful and gentle manner. Staff interviewed demonstrated they were familiar with each consumer’s individual needs and identity. The service had documented policies and staff handbook which outlined the organisational commitment to treating consumers with dignity and respect.

Management described the mandatory and compulsory training required and explained the qualification and check requirements for all staff. Management described how the service ensures staff are competent and capable through orientation, buddy shifts, regular training that captures the Quality Standards, including key competencies and registrations. The service had documented core competencies for distinct roles and position descriptions for each role outlining the minimum qualifications and competency documentation identified all staff had induction and mandatory training to perform their duties.

Management explained the mandatory and compulsory trainings and other non-mandatory trainings required to be completed by relevant staff. Staff said the service provides mandatory, compulsory, and supplementary training to support them to provide quality care to consumers. Staff confirmed they had received training in relation to restrictive practices, open disclosure, antimicrobial stewardship, and incident management. Consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe, quality care and services.

The service demonstrated the performance of staff is reviewed, goals are set by staff, and action is taken in response to staff performance. Management described how the performance of staff is monitored through formal performance appraisals and informal performance reviews such as discussions with staff about their performance and observations of staff practice. The service had policies and documentation that captured performance appraisal processes for staff.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service had established processes to support consumers to engage in the development, delivery and evaluation of care and services. Consumers and representatives expressed overall confidence that the service is run well and expressed satisfaction with their level of ongoing engagement in the service. Management and staff described ways consumers and representatives were regularly involved in decisions about changes within the service, the development, delivery and evaluation of care and services. The service’s quality improvement plan and documentation demonstrated that consumers and their representatives are involved in the development, delivery and evaluation of care and services.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the organisation. Management described consumer-driven changes at the service and various ways the governing body ensure the service is meeting each of the Quality Standards.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to information management, the service’s information management systems were effective and fit for purpose. Management and staff confirmed they could access information they required to perform their roles which included the electronic care management system, training, policies and procedures via an online portal and documents available in nurse’s stations.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation and reviewed by management at the service level and the organisation’s governing body.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. The service had documented clinical governance framework, and policies and procedures relating to antimicrobial stewardship, open disclosure and minimising the use of restrictive practices.

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)