Performance

Report

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| Name: | Regis Sandgate - Griffith |
| Commission ID: | 5775 |
| Address: | 60 Wakefield Street, Sandgate, Queensland, 4017 |
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| Activity date: | 23 January 2024 to 25 January 2024 |
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| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 23367 Regis Sandgate - Griffith |

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 Regis Sandgate - Griffith (**the service**) has been prepared by Patricia Golledge, 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 6 of the 6 Requirements have been assessed as compliant.

Representatives said consumers are treated with respect and staff are aware of their needs. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation included information about consumers’ life history, cultural, and spiritual needs to support the delivery of care and services.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Consumers considered staff were aware of their cultural backgrounds and supported their customs and traditions. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of individual consumers’ cultural needs and preferences.

Consumers and representatives said consumers are supported to make and communicate decisions about their care, including who is involved in their care and decision making. Staff gave examples of how they support consumers to make informed choices about their care and services in a way that supports their independence.

Management explained how the service supports consumers to have choice, including when their choice involves an element of risk. Management and staff described strategies they use to support consumers to take risks and enable them to live the best life they can. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Representatives described how information regarding consumer’s care was provided including through one-to-one discussions with staff, phone-calls, and via emails. Staff described various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies to support consumers from non-English speaking backgrounds. A range of information was observed available across the service including newsletters, and activities calendars on white boards.

Consumers said their personal privacy was respected by staff and they were given a key to lock their rooms if they choose to. Management and staff described how they respect consumers’ privacy and keep personal information confidential, such as knocking on doors prior to entering, and utilising ‘care in progress’ door hangers which are displayed outside consumer rooms while personal care or clinical care is being delivered. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# 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 5 of the 5 Requirements have been assessed as compliant.

Representatives said assessment and care planning identified risks to consumers. Management reported an admission checklist is utilised for tracking of assessment and planning tasks to be completed on each day following a consumer’s entry to the service. Management and clinical staff described how they considered risks to consumers’ health and well-being to inform the delivery of safe, effective care and services through assessments completed with input from representatives and medical officers. Care planning documentation identified risks to consumers’ health and well-being and included risk mitigation strategies.

Representatives reported consumers care needs and preferences were identified and supported and they are involved in discussions regarding advance care planning and end-of-life wishes. Management and staff described how the service ensures that assessment and planning reflect each consumer’s current preferences and how they approach conversations around end-of-life care planning. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate.

Representatives said they were involved in assessment and care planning, and said the service encourages consumers to make decisions regarding their care needs and preferences. Management and clinical staff described how assessment and planning was done in partnership with consumers and their representatives, and further explained how the service involves other providers and various health professionals to meet the needs and preferences of consumers. Review of care planning documentation identified regular consultation with consumers and representatives, medical officers, and other health professionals.

Representatives were satisfied outcomes of assessment and planning were communicated to them, and they receive a copy of the consumers care and services plan. Clinical staff described their roles and responsibilities in communicating outcomes of care planning with consumers and their representatives, including how they communicate information following reviews and assessments by other health professionals.

Representatives said they were updated when any consumer changes or incidents occur and were confident changes to care are made following any concerns or incidents. Management and clinical staff reported review of consumer care and services plans occurs in response to incidents or changes in consumers condition, during 3 monthly case conferences and on an annual basis. Management described processes for consultation with external providers and organisations to ensure documented strategies remained effective and reflective of consumer needs. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur or when circumstances change.

# 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 7 of the 7 Requirements have been assessed as compliant.

Representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to restrictive practices, behaviour management, skin integrity, pain management and medication management. Policies, procedures, and guides were in place to support personal and clinical care, and staff described how these were applied to ensure best practice.

Representatives said known risks to consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. Staff described the high impact and high prevalence risks for consumers at the service, and how these were monitored and managed for individual consumers.

Representatives said that consumers receiving end-of-life were kept comfortable, their dignity preserved, and end-of-life wishes were being accommodated. Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ comfort. Palliative and end of life care guidance was available to support staff in recognising and providing care that ensures consumers wishes were being met and their comfort maximised.

Representatives considered deterioration or changes in consumers were recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff described how they responded to deterioration or changes in consumers, such as completing assessments and observations, referrals, and monitoring processes. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Staff described how they documented and communicated information about consumers, within and outside the service, to support the delivery of care and services, such as completing documentation and sharing verbal information during handover periods. Consumer care files reflected information about consumers was documented and shared with others as appropriate. Representatives reported they were kept updated and informed regarding consumers’ needs and the involvement of other health professionals. Shift handover was observed between clinical and care staff to reflect details of changes in consumer’s condition, including medication changes and upcoming consumer appointments.

Care planning documentation identified timely and appropriate referrals to other health professionals. Representatives said the service’s referrals were timely and appropriate and they had access to a range of external health professionals. Management and clinical staff explained the service’s referral processes and differing referral processes dependent upon health provider.

Representatives said staff take precautions to minimise infection risks including regularly practicing hand hygiene and wearing person protective equipment. Staff described concept of antimicrobial stewardship and had policies and procedures to minimise the risk of infection and ensure appropriate antibiotic use. Staff were observed using personal protective equipment and practicing correct infection control processes. The service had an outbreak management plan and received support from an infection prevention control lead.

# 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 7 of the 7 Requirements have been assessed as compliant.

Lifestyle staff were able to describe the process of assessing consumers for their individual needs and interests and how they encourage consumers independence. Consumers and representatives sampled said consumers were provided appropriate support to optimise their independence and quality of life. Care planning documentation included information about each consumers needs and preferences.

Management and staff could describe how they support consumers’ emotional, psychological, and spiritual wellbeing through spending one-on-one time with consumers, and supporting consumers to maintain their religious customs. Consumers described the services and activities provided by the service to support their emotional, spiritual, and psychological wellbeing including supporting their religious customs, providing church services, and one-to-one visits by a priest. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers and representatives said that consumers are supported to participate in their community outside of the service, keep in touch with people who are important to them, and do things of interest to them. Care planning documentation of sampled consumers aligned with the information provided by consumers, representatives, and staff regarding their continued involvement in their community.

Consumers said information was effectively shared to support their daily living needs. Staff explained the processes in place to communicate information about consumers within and outside the organisation, such as updating care planning documentation, shift handover processes, referring to lifestyle and kitchen staff of changes. Care planning documentation for consumers sampled provided adequate information to support safe and effective care related to services and supports for daily living.

Management and lifestyle staff gave examples of referrals made for consumers to meet cultural, emotional, and spiritual needs. Care planning documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers including volunteer organisations and religious figures.

Overall consumers considered meals were of suitable quality, temperature, and portion size, with a variety of options available. Consumers said their requests for alternative meals was accommodated. Consumers and representatives who identified room for improvement in meals were followed up by management and kitchen staff, and they will continue to work to improve satisfaction. Management advised the service implemented a ‘grazing menu’ available throughout the day at kitchenettes to meet the changing needs of consumers.

Consumers expressed satisfaction of the cleanliness of their mobility aids. Staff described how they clean consumers’ mobility aids after providing care to consumers. Lifestyle staff said that they had access to equipment to provide and support lifestyle services when needed and said they have a budget available for the purchase of small items. A range of equipment, such as walkers, wheelchairs, and leisure and lifestyle equipment, was observed to be suitable, clean and in good condition.

# 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 3 of the 3 Requirements have been assessed as compliant.

Representatives reported consumers were able to walk around the service independently and consumers rooms were personalised, with photos and decorations. The service environment was observed to reflect dementia-friendly design principles, such as navigational aids, appropriate lighting, and colours. Staff demonstrated an understanding of how to support consumers to feel at home, such as encouraging consumers to personalise their rooms.

Representatives said the service is kept clean and consumers are supported to mobilise within all areas of the service. The service environment was observed to be clean, and courtyards, gardens and communal areas had adequate seating and shaded areas. The cleaning and maintenance staff were guided by work schedules. Review of the service’s maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

Consumers were observed using a range of equipment aids, including walking frames, wheelchairs, and comfort chairs. Furniture in communal areas was observed to be clean and in good condition. Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture.

# 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 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they know how to raise complaints and felt comfortable discussing complaints with staff. Care staff described the services complaint procedure and said they would report complaints to clinical staff. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. These avenues included, consumer and representative meetings, verbal feedback, feedback forms surveys and during care and service plan consultations.

Whilst consumers and representatives sampled said they were unaware of external bodies available to raise complaints, review of consumer meeting minutes identified the service recently engaged an external advocacy service to speak at a consumer meeting. Brochures, newsletters, posters for external complaints, advocacy, and translation services were observed to be displayed throughout the service. Management described external complaints resolution pathways available for consumers and others, such as advocates and language services.

Representatives said they were satisfied how the service responds to concerns raised. Management and staff demonstrated their awareness of complaints management and open disclosure processes. Management advised that all positive and negative feedback was entered into the feedback register to ensure that the service has an overview of all feedback received. Review of the service’s feedback and complaints register identified complaints were resolved in an appropriate and responsive manner and open disclosure was practiced.

Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Review of documentation such as consumer meeting minutes and the service’s Continuous Improvement Plan demonstrated activities were created to improve care and services. Representatives reported the service is always looking for ways to move forward and make positive changes.

# 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 5 of the 5 Requirements have been assessed as compliant.

Representatives reported there were enough staff at the service to meet consumers’ needs, and there were always staff available to assist consumers. Management said the rosters and number of staff were managed in consultation with a rostering team. Management advised they ensured there are appropriate numbers of staff to provide the required needs of consumers and to meet care minutes through analysing feedback from consumers, representatives and staff, and analysing trends from audits and clinical indicators. Review of rosters identified the service has a Registered nurse on each shift providing 24 hour coverage, and unfilled shifts were replaced with staff extending their current shift. Several staff expressed concern there were not enough staff, however, only one raised examples of impact on care, describing an occasion where continence care could not be provided in a timely manner. Management said they would work with staff to better understand frequency and impact, and as evidence did not demonstrate this regularly affected consumer care, I am satisfied staffing numbers are adequate and consumers are receiving required care. Observations during lifestyle activities and consumers lunch service identified adequate staff to assist consumers.

The service had policies that outlined the service’s organisational values and expectations of staff in delivery of person-centred care that was respectful of each individual’s identity, culture and diversity. Representatives said staff are kind and respectful to consumers and treat them like family. Staff were observed interacting with consumers in a positive, caring, and respectful manner and greeting consumer’s using their preferred names.

Consumers said staff know what they are doing when providing care needs. Management described they monitor staff competency through orientation processes, buddy shifts, and ongoing and annual training. Management advised the organisations recruitment team provides overarching support to the service in relation to recruitment processes. Review of staff records identified professional registrations and national police checks are monitored for compliance and up to date.

Consumers considered staff were appropriately trained, supported, and equipped to perform their roles. Management described how they support staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards and the processes that identify further training or education for staff. Staff described the relevant training they receive at the service, and said they feel supported to request additional training from senior staff or management if required. Review of mandatory training records identified training is provided on a range of topics and all training was recorded and monitored by management with high rates of completion.

Management described the processes for assessment, monitoring and regular review of performance of each member of the workforce. Care staff described the annual performance appraisal process and said they were given the opportunity to provide feedback to their line supervisor. Review of documentation identified staff had completed their performance appraisal including reflecting on their performance and identified personal development goals.

# 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 5 of the 5 Requirements have been assessed as compliant.

Management provided examples of the various ways the service engages with consumers and representatives and supports them to provide feedback and suggestions used to inform improvements to care and service delivery. Representatives said they were involved in consumers care and services through the Consumer Advisory Board, consumer meetings, feedback and complaints mechanisms, and care plan reviews and case conferences. Review of documentation, including meeting minutes, demonstrated that consumers and representatives were encouraged to participate in the development and improvement of care and services.

Management described how the governing body is accountable for and promotes a culture of safe, inclusive, and quality care and services as outlined under the organisation’s governance framework. Review of Clinical Governance Committee minutes demonstrates reporting to the Board captures information including but not limited to clinical indicators and incidents. The organisation’s management and Board uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to monitor care and service delivery.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management described how finance is governed at the service level through a budget which is monitored and reviewed by their business operations manager monthly. Management has stated that each level of management has a capital expenditure and has never encountered any issues when seeking additional budget for consumers’ needs.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body and relevant subcommittee and used to identify areas for improvement. Review of clinical indicator data evidenced a decrease in consumer falls the past 6 months.

Review of documentation identified the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body. Review of Medication Advisory Committee meeting minutes included agenda items such as restrictive practice, antimicrobial stewardship, medication management review, audits, medication incidents, complaints, and staff education opportunities. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Clinical staff advised, and the monthly clinical indicators evidenced, that chemical restrictive practices are monitored and are reported to the Board every 3 months.

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)