Performance

Report

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| Name: | Resthaven Port Elliot |
| Commission ID: | 6309 |
| Address: | 3 Frederik Street, Port Elliot, South Australia, 5212 |
| Activity type: | Site Audit |
| Activity date: | 18 September 2024 to 20 September 2024 |
| Performance report date: | 28 October 2024 |
| Service included in this assessment: | Provider: 1411 Resthaven Inc  Service: 7451 Resthaven Port Elliot |

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 Resthaven Port Elliot (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the approved provider’s response to the Site Audit report received on 4 October 2024.
* other information and intelligence held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and staff respected their identity, culture, and diversity. Staff demonstrated an understanding of consumers’ personal history, circumstances, culture, care needs and preferences, which were consistent with their care planning documents. Staff were observed treating consumers with dignity and respect. The service had policies, procedures and training to guide staff in treating all consumers with dignity and respect.

Consumers and representatives said staff respected consumers’ cultural needs and preferences and delivered culturally safe care and services. Staff and management had a good understanding of consumers’ diverse cultural backgrounds and explained how they met their individual cultural needs and preferences. Staff described celebrating cultural and religious events with consumers. The service had policies, procedures and training to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers were supported to make and communicate decisions about their care and services, choose who was involved in their care, and maintain their chosen relationships. Staff described how they supported consumers to make choices about their care and to maintain their chosen relationships. Care planning documents detailed consumers’ choices about their care, who they wanted involved in their care, and their important relationships.

Consumers and representatives confirmed the service supported consumers to take risks, to live the best life they could. Management and staff described the risks taken by consumers and how they supported them to understand the potential harms and benefits through the risk assessment process. Care planning documents demonstrated risks were identified and assessed, in consultation with consumers/representatives, and risk mitigation measures put in place with appropriate consents.

Consumers and representatives confirmed the service provided current, accurate and timely information to enable consumers to make informed decisions about their choices. Staff described how they communicated clear and easy to understand information verbally and through printed monthly planners, meeting minutes, newsletters, emails, and notice boards. Current information such as the lifestyle activities calendar, menus, and other information was clearly displayed around the service.

Consumers and representatives said consumers’ privacy was respected and their personal information kept confidential. Staff described ways they respected consumers’ privacy, such as always knocking on bedroom doors before entering, closing doors to deliver personal care, and discussing care needs in private areas. Staff and management explained the electronic care management system containing consumers’ personal information was stored on password protected computers. The service had a privacy policy and training to guide staff practice.

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

Consumers and representatives confirmed they were involved in the assessment and care planning process, which considered risks to consumers’ health and well-being, and informed safe and effective care and services. Management and staff explained the assessment and care planning process, and how it identified risks to consumers’ health and informed the delivery of safe and effective care and services. Care planning documents showed the assessment and care planning process included the use of validated risk assessment tools built into the electronic care management system. The service had policies and procedures to guide staff in the assessment and planning of care and services.

Consumers and representatives said assessment and care planning addressed consumers’ current needs, goals, and preferences, and their advance care plans. Management and staff explained how assessment and planning addressed each consumer’s current needs and preferences, including their advance care and end of life plans, when appropriate. Care planning documents reflected consumers’ current needs, goals, and preferences, and their advance care plans and end of life wishes.

Consumers and representatives confirmed the assessment and planning of consumers’ care and services was based on an ongoing partnership with staff and other health professionals involved in their care. Clinical staff explained how assessment and care planning was done in partnership with consumers, representatives and others they wished to involve. Care planning documents confirmed consumers, representatives, and other health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives said the outcomes of health assessments were regularly communicated to them, and they were aware they could access a copy of the consumer’s care plan. Staff detailed the processes for documenting and communicating the outcomes of assessments to consumers and representatives, in line with the service’s policy. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives confirmed consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Staff explained the process for reviewing care plans 6-monthly, and when consumers’ condition or circumstances changed. Care planning documents showed they were regularly reviewed for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers. The organisation had policies and procedures to ensure care plans were subject to review.

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

Consumers and representatives said consumers received safe and effective personal and clinical care, that met their needs and preferences. Staff understood consumers' individual needs, goals, and preferences, and described how they delivered personal and clinical care in line with consumers’ assessed care needs and best practice. Care planning documents confirmed staff followed documented strategies to deliver safe and effective clinical and personal care, consistent with best practice. The service had a suite of policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with the way high-impact and high-prevalence risks to consumers were managed. Staff described the high-impact and high-prevalence risks to consumers at the service, and the interventions in place to manage them. Care planning documents showed risks to consumers had been identified, assessed, and individualised mitigation strategies put in place. The service had policies and procedures to guide staff in the management of high impact and high prevalent risks to consumers.

Consumers and representatives confirmed the service provided care in line with consumers’ needs, goals, and preferences, including their end of life wishes. Management and staff described how they adjusted care delivery to ensure the dignity and comfort of consumers nearing the end of life. Care planning documents showed the service involved consumers, representatives, and palliative care services to provide end of life care which maximised the comfort and dignity of consumers. The service had policies and procedures to guide the delivery of palliative and end of life care.

Consumers and representatives said the service identified and responded promptly to a deterioration or change, in consumers’ condition. Staff described how they recognised and responded to deterioration or change in consumers’ condition, such as by escalating the case to clinical staff or a medical officer. Care planning documents confirmed the service responded promptly to a deterioration, or change, in consumers’ condition. The service had 24/7 registered nurse coverage and documented policies and procedures to guide staff in managing clinical deterioration.

Consumers and representatives confirmed current information about consumers’ condition, needs and preferences was documented and communicated effectively between relevant staff, and other health professionals involved in their care. Staff described how current information about consumers’ condition, needs and preferences was documented and communicated within the service and with other care providers, through shift handovers and the electronic care management system. Care planning documents confirmed the service had an established network of other individuals and organisations providing care and services they could refer consumers to.

Consumers and representatives said the service provided timely and appropriate referrals to other organisations and individuals providing care and services. Clinical staff described the process for referring consumers to other health professionals to meet their individual care and service needs. Care planning documents showed timely referrals to medical officers, allied health professionals, and other providers of care and services.

Consumers and representatives said they were confident in the infection prevention and control measures practiced by the service. Staff described how they received relevant training, implemented infection prevention and control measures, and minimised the use of antibiotics to reduce the risk of antimicrobial resistance. Staff were observed adhering to infection control practices, such as correct hand washing and use of personal protective equipment. The service had a screening process for entry and a vaccination program for influenza and COVID-19. The service had a dedicated infection prevention and control lead, and policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

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

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff knew consumers’ lifestyle needs, goals, and preferences, and explained how they supported them as documented in their care plans. Care planning documents reflected consumers’ background and lifestyle interests, and the supports needed to optimise their independence and quality of life.

Consumers and representatives said the service supported consumers’ emotional, spiritual, and psychological well-being. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being, such as by providing religious services, external activities, or spending one-on-one time with them if they were feeling low. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being. The service had cultural and spiritual care procedures to guide staff practice, and staff were observed sitting and talking with consumers.

Consumers and representatives said consumers were supported to participate in activities, within and outside the service, maintain important relationships, and do things of interest to them. Staff described how they supported consumers to participate in their community, do things of interest, and maintain important relationships. Care planning documents detailed consumers’ activities of interest and important relationships. Consumers and representatives were observed socialising and participating in activities.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively between staff, who understood their daily needs and preferences. Staff described how daily updates about consumers’ condition and needs were communicated between staff, through shift handovers, huddles and alerts on the electronic care management system. Care planning documents confirmed current information was communicated effectively between staff and other providers of services and supports for daily living.

Consumers and representatives confirmed the service provided timely referrals to appropriate other individuals and organisations providing care and services. Management and staff described how the service collaborated with other individuals and organisations providing care and services, to support consumers. Care planning documents showed the service collaborated with external services, such as local churches, pet therapy and the community visitor scheme.

Consumers and representatives said the meals were of a suitable variety, quality, quantity, and temperature. Some consumers advised they could request alternative meals, if they did not like the menu options. Staff were aware of consumers’ dietary needs and preferences, and were observed assisting, encouraging and offering choices to consumers during meals. Care planning documents recorded consumers’ dietary needs, preferences and allergies, and consumers had regular input into the menu through meetings and feedback processes. The menu was displayed in the dining rooms, and the meal service appeared calm and well organised

Consumers and representatives said the equipment provided was safe, suitable, clean, and they felt comfortable requesting any maintenance. Staff confirmed there were effective processes in place for keeping the equipment safe, clean, and well maintained. The equipment was observed to be safe, suitable, clean and well-maintained.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, comfortable, easy to navigate, and they could personalise their rooms, which made them feel at home. Management and staff described features of the service which promoted consumers’ sense of belonging, independence, interaction, and function. The service environment was a comfortable temperature, and appeared welcoming, well-lit, with handrails, wide clear corridors, and adequate signage to aid navigation.

Consumers and representatives confirmed the service environment was clean, comfortable and well-maintained, and enabled them to move around freely, both indoors and outdoors. Cleaning and maintenance staff described effective systems in place for keeping the service safe, clean, and well maintained. Management ensured consumers were aware of the after-hours door code to exit/enter the service independently. The service environment was observed to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, well maintained, and suitable their needs. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

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

Consumers and representatives said they felt encouraged and supported to provide feedback and make complaints, through speaking with staff/management, completing feedback forms, attending meetings, and by email. Management and staff described the ways they encouraged and supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and a secure lodgement box were readily available to consumers. The service had a policy setting out the process for managing feedback and complaints.

Consumers and representatives said they were aware of external complaint avenues, advocacy and language services available to them however, they said they felt most comfortable raising issues directly with management and staff. Management and staff knew how to access external complaint, advocacy and interpreter services. Information regarding translation, advocacy, and external complaint services, such as the Commission, was available to consumers.

Consumers and representatives confirmed the service took appropriate action in response to their complaints and apologised when things went wrong. Management and staff described how they resolved complaints and used open disclosure when things went wrong. The complaints register showed timely and appropriate action was taken in response to complaints, and open disclosure was used. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives said their feedback and complaints were used to improve the quality of care and services. Management and staff explained how feedback and complaints were reviewed and used to improve the care and services provided. The service utilised an electronic register to record feedback and complaints and proposed improvements. The complaints register, meeting minutes, and the plan of continuous improvement, confirmed feedback and complaints were used to improve the quality of care and services. The approved provider’s response to the Site Audit report received on 4 October 2024, provided additional clarification and evidence of continuous improvement related to issues identified during the Site Audit.

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

Most consumers and representatives said the service had sufficient staff, and call bells were responded to promptly. Two consumers felt there were not enough staff at times however, they did not identify any negative impacts on their care. Most staff said there were enough staff to meet the care needs of consumers in a timely manner. Management explained how they planned and rostered the workforce to provide safe and quality care, and said vacant shifts were backfilled by regular staff, with agency staff used as a last resort. Records showed vacant shifts were back filled and the service met the requirements for care minutes and 24/7 registered nurse coverage.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Management and staff were familiar with each consumer’s background, needs and preferences and demonstrated respect for their identity and culture. Staff were observed interacting with consumers in a kind and respectful manner. The service had documented policies and training to guide staff behaviour.

Consumers and representatives said staff were competent and had the knowledge to effectively perform their roles. Staff said the service’s recruitment and induction processes were comprehensive and ensured they had the knowledge, training and competencies to provide the care and support consumers needed. Management explained how the recruitment and onboarding processes ensured staff were competent and met the qualification, registration, competencies and security requirements required for their roles. Documentation confirmed staff qualifications, professional registrations, and security checks were current.

Consumers and representatives confirmed staff had the appropriate skills and training to ensure the delivery of safe and quality care and services. Staff confirmed receiving sufficient ongoing training and support from the service. Management described the training and support provided to staff which enabled them to deliver safe and effective care in line with the Quality Standards. Records showed staff training was up to date.

Management described how the performance of staff was monitored, assessed, and reviewed through formal annual performance appraisals, observations, investigations into incidents and feedback processes. Staff confirmed they had completed probationary and annual performance appraisals. Records showed performance appraisals for all active staff were on track. The service had policies and procedures in place for the development and management of the performance of the workforce.

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

Consumers and representatives said they were supported to be engaged in the development, delivery and evaluation of the care and services through mechanisms such as, care reviews, resident meetings, consumer surveys, audits and the Consumer Advisory Body. Management and staff described how consumers and representatives were encouraged to be involved in the development, delivery and evaluation of care and services. Documentation confirmed consumers and representatives were involved in the development, delivery and evaluation of the care and services.

Consumers and staff said the service provided a safe and inclusive environment with access to quality care and services. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The organisation had a clinical governance framework which established lines of accountability from the service manager through various committees to the Board. The Board monitored and evaluated the service’s performance against the Quality Standards through various reports, performance measures, incidents and data. The Board and the Quality Care Advisory Body had suitable membership with clinical expertise.

The organisation demonstrated they had effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were familiar with the governance systems and confirmed they were implemented in practice. The Board actively ensured the systems and processes delivered care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Consumers and representatives said consumers were supported to take risks to live their best life. Management and staff were aware of the policies and explained how the policies were implemented. Risks and incidents were analysed and reviewed by management and the Board to identify improvements.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Management and staff described how they applied these policies in the delivery of clinical care and services. Consumers and representatives confirmed the service practiced open disclosure when things went wrong.

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)