Performance

Report

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| Name: | RFBI Bathurst Masonic Village |
| Commission ID: | 0268 |
| Address: | 200 Stewart Street, BATHURST, New South Wales, 2795 |
| Activity type: | Site Audit |
| Activity date: | 28 February 2024 to 1 March 2024 |
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| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution  Service: 284 RFBI Bathurst Masonic Village |

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 RFBI Bathurst Masonic Village (**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.

Consumers and representatives said staff respect their individual identity and treat them with respect. Staff demonstrated knowledge of the consumers’ life journey and cultural backgrounds. Interactions between staff and consumers were observed to be dignified and respectful.

Staff could describe the backgrounds of consumers which aligned with their care and services plan. Consumers considered staff were aware of their cultural backgrounds, delivered appropriate care, and supported celebration of customs and traditions. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs and preferences.

Consumers said they were supported to maintain friendships and receive care according to their choices and preferences. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with. The service has policies and procedures which provide guidance to staff around consumer choice and independence which outlines strategies for fostering choice and independence for consumers.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Consumers said lifestyle staff discuss with them the activities scheduled for the day. Information was observed to be available to consumers including activity schedules and menus. Staff described how they provide information to consumers with sensory impairments and assist them to make choices by using visual aids and picture cards. Staff were observed adapting their communication style appropriately when they provided information to consumers who had a sensory impairment or cognitive impairment.

Consumers said their personal privacy was respected, staff do not interrupt them when they have visitors and staff always knock on their doors requesting permission to enter. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained. 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 they were satisfied with the assessment and care planning processes. Staff could describe the assessment and care planning processes, including how they consider risks for individual consumers, and how these processes inform the delivery of safe and effective care and services. Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as diabetes. Clinical assessment tools were available on the electronic clinical care system and the service utilises an admission checklist for consumers upon their entry to the service. The service does not have a memory support unit and the Site Audit report contained information in Requirement 2(3)(a) in relation to environmental restraint, I have considered this further in Requirement 3(3)(a).

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life (EOL) wishes as appropriate. Representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences of, and the service had discussed and documented their preferences for their EOL care.

Representatives said themselves and consumers were involved in the assessment and care planning process, and they were aware of input of other providers. Clinical staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of multiple health professionals and services into consumer assessments and care planning.

Representatives reported the service regularly communicates changes relating to consumer care and a copy of the consumers care and services plan is available upon request. Staff described how the outcomes of assessment and planning were communicated to consumers and representatives, including face to face conversations, telephone calls and via emails.

Review of care documentation evidenced consumer care and services were reviewed for effectiveness regularly and when incidents occur or when circumstances change. Representatives said they were satisfied with interventions put in place following incidents that impacted consumers. Staff advised care and service plans were reviewed regularly for effectiveness, including when incidents occur or any changes in a consumer’s condition, during resident of the day processes and every 3 months as part of the care plan review process.

# 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.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Consumers were supported by the service in their clinical care needs, such as management of wound care, pressure injuries and changed behaviours. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The Site Audit report contained information raised with management in relation to environmental restraint as the service’s front entrance doors were secured, and consumers and representatives were required to press the green exit button at the service's front entrance to leave independently. Management acknowledged the Assessment Team feedback and incorporated actions to the services Continuous Improvement Plan including to reassess all consumers to determine whether any consumers were subject to environmental restrictive practice. I acknowledge the provider’s response to feedback and actions taken, the overall consumer and representative satisfaction with care and services provided and note there was no direct consumer impact reported in relation to consumers freely exiting the service.

Consumers said known risks were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management and pressure injuries. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation evidenced EOL care was delivered in a way to support consumers’ comfort. A representative of a recently passed consumer was satisfied with the EOL care provided to their family member and said they felt well supported. Palliative and EOL care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Consumers expressed confidence that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Consumers were satisfied their needs and preferences are accurately communicated between staff and they do not have to repeat themselves to different staff about their care needs. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Care planning documentation reflected information about consumers was documented and shared with others as appropriate.

Allied health professionals described how information was communicated to them, including significant incidents impacting on a consumer’s needs and preferences, and said they would be sent a request via the services electronic care management system (ECMS) or informed verbally. Representatives said the service communicate well both internally and with others involved in consumers care and services. Staff described how information was shared within the service including condition through daily staff meetings, during handover processes, and information on the service’s ECMS. Care planning documentation demonstrates the service collaborates and makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.

Representatives reported staff take precautions to minimise infection risks including wearing of personal protective equipment (PPE). Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. Hand sanitising stations were observed throughout the service and staff members using them before delivery of care and services. The service had an outbreak management plan and demonstrated review to identify improvements and an appointed 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.

Management and lifestyle staff described how the service partners with the consumer or their representative to conduct assessments which identify the consumer's individual preferences. Consumers said the service supports them to do the things they want to do that align with their preferences. Care planning documentation identified the needs, goals, and preferences of consumers.

Consumers and representatives considered consumer’s emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as providing religious services, and one -to-one visits by various religious figures. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support and spending one-to one time with consumers. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these and the services activity schedule identified one-to-one activities were provided to consumers who choose to not participate in group activities.

Consumers reported the service supported consumers to participate in their community within and outside the service environment, to maintain friendships and staff assist in arranging transport for them to pursue community interests. Management and staff described how they support consumers to stay connected with people outside of the service during periods of an infectious outbreak. For example, management and staff said that consumers are supported to phone call and video call friends and family living outside of the service and that the service has shared devices for consumer to use. Management also said that the service supports families to visit consumers even during outbreaks and said that they provide visitors with the necessary PPE.

Consumers reported they were satisfied their needs and preferences were communicated within the service and with others involved in their care and services. Management and staff described how information is shared when changes to consumers’ needs and preferences occur for example through staff meetings, handover processes, and how changes are documented and communicated within the ECMS. Kitchen staff advised each kitchenette has a folder outlining each consumer’s dietary needs and preferences, which is updated by the chef manager when changes occur.

Management advised they collaborate with other individuals and other providers of care and services to support consumers’ current and emerging needs for example, referring consumers to volunteers organisations and pastoral care services. Information regarding individuals and other organisations available to broaden consumers lifestyle supports were observed to be on display in the reception area of the service.

Consumers said they enjoy the meals and their requests for alternative meals were accommodated. Meal services in all dining areas were observed to be punctual and well-coordinated, with staff providing supervision and assistance to consumers as needed. Consumers have input into the menu through meetings and hospitality staff advised additional snacks and drinks were available to consumers.

Consumers considered mobility equipment was clean and well maintained. Lifestyle and care staff advised that they have access to the equipment and resources they need to support consumers. Management advised and staff confirmed they receive training in relation to the correct use of mobility aids, transfer equipment, and how to identify any safety or suitability concerns. Equipment used to support consumers to engage in lifestyle activities was observed to be 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they encouraged to personalise their rooms how they choose, and the service environment is welcoming. Management and staff described how they support consumers to feel welcomed and at home by orientating them to the service and encouraging them to personalise their rooms upon entry to the service, in line with their preferences, using furniture, pictures, memorabilia and other items of interest to them. The service had sufficient lighting, handrails for consumers to move around, and clear signage throughout the service.

Representatives said the service was clean and well maintained. Consumers said they can move freely to outdoor garden areas. Consumers were observed walking to outside courtyard areas and walking outside. 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. The Site Audit report contained information in relation to environmental restraint, I have considered this further in Requirement 3(3)(a).

Furniture in communal areas were observed to be clean and in good condition. Consumers reported they were satisfied with the cleanliness of the service. Hospitality staff advised that kitchen equipment was cleaned every day, scheduled equipment checks occurred, and any issues reported to and actioned by management promptly. Maintenance staff described how monthly environmental audits were conducted to ensure that the service environment, furniture, fittings, and equipment is safe, clean, well maintained and are suitable for all consumers in the service.

# 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.

Overall consumers and representatives said they were comfortable in providing feedback and complaints. Representatives who identified room for improvement in relation to managements demeanour towards feedback and complaints was immediately followed up by management and they will continue to work to improve satisfaction. Management described ways they encouraged and supported feedback and complaints, such as through meetings, surveys, and feedback forms. Feedback forms and collection boxes were observed throughout the service environment to support consumers and others in providing feedback and complaints.

Consumers said they were provided with information on advocacy at meetings. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Review of consumer meeting minutes identified discussions in relation to external advocacy services. Information on how to raise external complaints and access to advocacy and translation services was displayed around the service and included in the service’s consumer handbook.

Consumers reported the service apologised and responded to and resolved their complaints in a timely manner. Management and staff described how they responded to complaints using an open disclosure process, such as communicating with those involved in a transparent manner and providing an apology. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Consumers said changes occur at the service as a result of their feedback and complaints, for example a recent request for outdoor gardens to be maintained frequently was accommodated. The service demonstrated feedback and complaints received via different avenues are recorded, reviewed, and used to improve the quality of care and services. The service’s plan for continuous improvement and meeting minutes evidenced various improvements in response to 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 5 of the 5 Requirements have been assessed as compliant.

Consumers reported the service was adequately staffed, call bells requests were responded to promptly and they were satisfied with the quality of care provided. Management described how the workforce is planned to address the needs of consumers such as strategies around unplanned leave, retention strategies, and ongoing recruitment strategies to meet legislative requirements with the support of the organisation’s human resources department. Management reported the service has a Registered nurse on 24 hours. Documentation demonstrated the service had systems in place to regularly review the delivery and management of safe, quality care and services including daily monitoring of call bell response times.

Consumers and representatives said staff are kind, gentle and caring when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity. Policy and procedure outlined the commitment to cultural safety, diversity and inclusion, and ways to uphold this in an appropriate manner for consumers.

Consumers reported staff were well trained and know their care needs. Management advised staff competency was determined through appropriate selection and recruitment processes, and through buddy shifts. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Representatives said staff were well trained and they were able to deliver care and services which meet consumers’ needs and preferences. Staff considered they were appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation processes, buddy shifts, on-line training, and additional training. Review of mandatory training records identified training is provided on a range of topics and completion of all training was recorded and monitored by management.

Management described how workforce performance was regularly assessed, monitored, and reviewed through performance appraisals, using observations and feedback from other staff members, and provide additional education and training as required or requested by staff. Staff reflected that they were supported by management during the performance appraisal process, and documentation evidenced performance reviews were up to date.

# 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.

Consumers expressed their satisfaction with management at the service and advised they were engaged in the development, delivery, and evaluation of care and services. Management and staff described the mechanisms in place to engage and support consumers in providing input, such as through meetings, surveys, feedback forms and the recently formed Consumer Advisory Board.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators and internal audits. Compliance with the Quality Standards is monitored at site level, at the clinical governance committee and reported to the Board.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. In relation to financial governance management outlined the processes to obtain additional funding through business planning, capital expenditure and Board approval to support the changing needs of the consumers for example the purchasing of a bariatric bed and pressure relieving mattress. The Site Audit report contained information in Requirement 8(3)(c) in relation to environmental restrictive practice I have considered this further in Requirement 3(3)(a).

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.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship and open disclosure was implemented within their daily tasks. Processes are in place to minimise use of restrictive practices, and staff demonstrated familiarity with different types of restraint, for example chemical restrictive practice and actions to demonstrate it is used as a last resort. Records show that 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.

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)