Performance

Report

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| Name of service: | Performance report date: |
| Sea Views Manor | 4 October 2022 |
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| 3713 | Site audit |
| Approved provider: | Activity date: |
| Wickro Pty Ltd | 09 August 2022 to 11 August 2022 |

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 Sea Views Manor (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit, the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 21 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 8(3)(c) –** The service ensures effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

The Assessment Team recommended that the following requirement was not met

* Each consumer is supported to take risks to enable them to live the best life they can.

The Assessment Team reviewed care planning documentation for two named consumers who smoke at the service and found the service failed to identify individual risks relating to one consumer and failed to provide a smoking risk assessment relating to the other named consumer. The smoking risk assessment relating to one named consumer, with a diagnosis of Rheumatoid Arthritis was said to not identify or address individual risks to the consumer’s ability to safely hold a cigarette. The Assessment Team also reported that the smoking risk assessment did not identify risk minimisation strategies, such as this consumer owning or using a smoking apron.

The Approved Provider’s written response received 21 September 2022 provided further information and supporting documentation relating to the two named consumers who smoke in the service. The Approved Provider provided the smoking risks assessments for both named consumers which evidenced that the service has completed risk assessments which included a consideration of each consumers’ functional capacity, cognition, mobility, dexterity, and preferences prior to the Site Audit. The Risk Assessment for the consumer with a diagnosis of Rheumatoid Arthritis included a consideration of risk minimisation strategies, whereas the risk assessment for the other named consumer concluded that the consumer’s smoking did not pose a risk to the consumer or others. Documentation demonstrated the involvement of a physiotherapist, registered nurse and the consumer in risk assessments. The Approved Provider has arranged for a dexterity assessment by a physiotherapist for the two named consumers subsequent to the Site Audit which concluded that both consumers are able to safely hold cigarettes.

The service demonstrated that consumers are supported to take risks to enable them to live the best life they can. On the totality of evidence provided in the Site Audit report and in the Approved Providers written response of 21 September 2022, I am satisfied the service is compliant with Requirement 1(3)(d).

I am satisfied that the remaining five requirements of Quality Standard 1 are compliant.

Consumers and representatives said staff treat consumers with respect and felt their individual identity, cultural diversity and dignity were valued. Staff were observed to treat consumers with dignity and respect and demonstrated an understanding of consumers’ backgrounds and care preferences.

Consumers said they felt their culture was respected and felt staff supported them to meet their cultural preferences. Staff were guided by the service’s cultural diversity and safety policy and demonstrated knowledge of consumers’ cultural identity and described how they were able to support consumers by providing culturally safe care.

Consumers expressed that they were supported to make decisions about care and to make and maintain connections and relationships. Staff were able to describe how consumers sampled were supported to maintain relationships with people important to them.

Consumers and representatives indicated they receive information that is current, accurate and timely, which is communicated clearly and enable them to exercise choice. The Assessment Team observed information being provided to consumers in accessible ways including written notices and verbal communication with consumers.

Staff described the practical ways they respect the privacy of consumers such as undertaking handover in a private room, knocking on doors prior to entering, seeking permission prior to entering consumer rooms and protecting consumer information with password protection on the electronic case management system.

# Standard 2

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

## Findings

The Assessment Team recommended that the following requirement was not met:

* 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.

The Assessment Team found the service did not demonstrate consumers’ care and services were reviewed where an incident occurs. The Assessment Team reported incidents are not consistently identified through progress notes or captured in the service’s incident management system. The review of a named consumers’ care planning documentation did not demonstrate the review of the consumers’ care and services following incidents. Care planning documentation and progress notes demonstrated that the service had failed to review the care needs of a further named consumer, including appropriate pain management and behaviour management following aggressive incidents.

The Approved Provider’s written response of 21 September 2022 provided further information relating to how care and services are reviewed. The Approved Provider reported that consumer assessments and care planning documentation reviews occur three monthly, where a change in consumers’ condition occurs or where there is an increase in incidents. The Approved Provider explained that both quality indicator data and incident data are collected and analysed monthly, and a ‘consumer of the day’ process occurs. The Approved Provider demonstrated that the service recognised incidents and changes in the named consumer’s condition and that the consumer’s care and services were appropriately reviewed by a multi-disciplinary team in a timely manner and recorded in the consumer’s care planning documentation and behaviour support plan.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, and I accept the additional explanation and evidence brought forward by the Approved Provider and consider the additional evidence sufficient to demonstrate compliance. I am of the view that at the time of the Site Audit the service demonstrated appropriate reviews if care and services for effectiveness. I find requirement 2(3)(d) is compliant.

I am satisfied the remaining four requirements of Quality Standard 2 are compliant.

The service demonstrated assessment and care planning included a consideration of risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Care planning documentation reflected consumers’ current needs and an individualised consideration of risks. Consumers and representatives confirmed they are satisfied with the care consumers receive and the identification and management of individual risk allowing for the promotion of independence.

Review of care planning documentation demonstrated assessment and planning identified and addressed consumers’ individual needs and preferences. Consumers’ care planning documentation contained advanced care directives which identified consumers’ wishes and preferences regarding end-of-life care.

Consumers and representatives confirmed that assessments and care planning is based on an ongoing partnership with consumers and others, consumers’ wish to be involved in assessment, planning and the review of their care and services. Care planning documentation reflected input from consumers, representatives, and health practitioners including medical officers and allied health professionals. Consumers and representatives confirmed the outcomes of assessment and planning are effectively communicated to them and are readily available and said they have access to consumers’ care planning documentation.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Assessment Team recommended that the following requirement was not met:

Effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found deficiencies in relation to medication management, pain management and behaviour management. The service’s medication management procedure required a registered nurse to assess the relevant consumer prior to authorising the administration of an ‘as needed’ medication. Progress notes for several consumers revealed ‘as needed’ pain and psychotropic medications were administered without the appropriate authorisations by a registered nurse.

The Assessment Team reported that effective pain management could not be implemented for a named consumer due to challenging behaviour, however, concluded that pain management is effectively provided to other consumers.

The Approved Provider’s written response, received on 21 September 2022 explained the medication management processes required review by a registered nurse prior to the administration of medication to the named consumers. The Approved Provider’s response demonstrated effective management of risks related to behaviour management and pain management for the named consumer, including appropriate referrals and reviews, by a multidisciplinary team.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response and I accept the additional explanation and evidence brought forward by the Approved Provider. I am of the view that at the time of the Site Audit the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. I find Requirement 3(3)(b) is compliant.

I am satisfied the remaining six requirements of Quality Standard 3 are compliant.

Most consumers and representatives confirmed consumers receive personal and clinical care that is safe, effective, and tailored to their individual needs and preferences. Care planning documentation reflected safe and effective care that is tailored to the specific needs of consumers. The service has policies and procedures that support the delivery of care, including wound management, restrictive practices, falls prevention, skin integrity and pressure injury prevention policies and procedures.

Care planning documentation recorded consumers’ goals and preferences for consumers nearing the end of their life. Consumers and representatives confirmed the service has spoken to them about advanced care planning and end of life preferences. Consumers and representatives expressed satisfaction about the end-of-life cares provided by the service.

Deterioration and changes in consumers’ health or condition were identified quickly and responded to in a timely manner. This was evident in care planning documentation reviewed by the Assessment Team.

Consumers and representatives expressed satisfaction with how the information is shared with those involved in the care of consumers. The Assessment Team reviewed care planning documentation which demonstrated sharing of information to support effective and appropriate care of consumers. Consumers’ care documentation evidenced input from medical officers and allied health professionals such as physiotherapist, speech pathologists, and Dementia specialists when needed.

The service was able to demonstrate that it implements a range of strategies to minimise infection related risks and practices to promote appropriate antibiotic prescribing. Staff interviewed were able to describe how infection related risks are minimised and the importance of reducing the use of antibiotics at the service.

# Standard 4

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

## Findings

Consumers and representatives confirmed that consumers receive safe and effective services and supports for daily living and staff demonstrated an understanding of the needs, goals, and preferences of consumers.

Consumers described how the service connects and engage them in meaningful activities and promote their spiritual, emotional, and psychological well-being. The service’s emotional support procedure outlines how to identify, meet, and monitor the emotional, spiritual, and psychological well-being of consumers.

Consumers and representatives said consumers are supported to participate in their community, within and outside the service and are supported to maintain social and personal relationships. Care planning documentation reflected people that are important to consumers and activities of interest to them. The Assessment Team observed consumers participating in a range of activities and enjoying companionship with visitors.

Consumers indicated their condition, needs, and preferences are communicated within the organisation and with others responsible for care or services. Staff described how changes to consumers’ care and services are communicated through verbal and documented handover processes, and through the electronic case management system.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals, and providers of other care and services. Review of care planning documentation showed the service collaborates with external providers to support the diverse needs and backgrounds of consumers.

Consumers and representatives expressed satisfaction with the quality and quantity of meals and said consumers are involved in the planning of the menu. Staff described how dietary needs and preferences are met on an ongoing basis.

The Assessment Team observed equipment used for activities of daily living to be safe, suitable, clean, and well-maintained and that maintenance staff undertake ongoing monitoring and maintenance. Consumers confirmed they feel safe when the equipment is being used and know how to report any concerns or maintenance requirements.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Assessment Team recommended that the following requirement was not met:

The service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

The Assessment Team reported three named consumers who said they feel unsafe in the service because of the behaviour of another consumer, while others reported the service environment to be safe, clean, well maintained, and comfortable. The Assessment Team observed consumers being enabled by navigational signage to move freely indoors and outdoors.

The Approved Provider’s response of 21 September 2022 provided additional information regarding the reports from the three named consumers feeling unsafe. The Approved Provider advised that the consumer no longer resides at the service and detailed some of the management strategies that had been undertaken by the service to address the behaviours and allay concerns at the time. The Approved Provider further detailed to emotional and psychological support that has been provided in response to further support these consumers and confirmed that the named consumers no longer have any fears for their safety.

On the totality of evidence provided in the Site Audit report and in the Approved Providers written response of 21 September 2022, I am satisfied the service environment is safe, clean and well maintained. I find Requirement 5(3)(b) compliant.

I am satisfied the remaining two requirements of Quality Standard 5 are compliant.

Consumers considered the service environment to be welcoming, easy to navigate and comfortable. The service had shared areas for consumers to interact, including indoor and outdoor areas. The Assessment Team observed consumers enjoying companionship in communal indoor areas and utilising the outdoor garden areas, smoking areas, and attending to the gardens.

Consumers expressed that furniture, fittings, and equipment are safe, clean, well maintained, and suitable to them. Staff said any maintenance required is addressed in a timely manner and managed through a reactive log and preventative maintenance schedule.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

Consumers and representatives knew how to raise feedback or make complaints and felt comfortable doing so. Consumers described being able to make complaints to staff and management verbally or via written forms displayed around the service.

The service provided written materials to communicate advocacy and language services, and external complaints pathways to consumers and representatives. The service additionally arranges for a visiting service to come to the service to explain advocacy services and aged care rights.

Consumers said the service takes appropriate action in response to feedback and complaints and provide an apology when things go wrong. The service has documented policies and procedures to guide staff in response to feedback and complaints, including an open disclosure process. Staff demonstrated an understanding of open disclosure processes and appropriate response to feedback and complaints.

Management described how feedback and complaints are used to improve continuous improvement and are trended and analysed. Consumers and representatives were able to describe changes that were used to improve quality of care and services as a result feedback or complaints.

**Standard 7**

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

## Findings

Consumers were satisfied with the number of available staff at the service and considered the way staff provide care to be respectful, kind and caring. Staff reported feeling they have enough time to attend to the care needs of consumers and that there are adequate staff allocations.

Consumers reported that they receive quality care and services from staff who are capable and sufficiently skilled. Management advised that any skill shortages are identified by supervisors or staff through performance development discussions.

The organisation had recruitment and selection procedures to provide a structured approach to ensure staff have the required qualifications and skills. Review of training records demonstrated the service consistently orientates, onboards, and monitored staff training and competencies to ensure the workforce has the skills to perform their roles effectively.

The service demonstrated regular assessment, monitoring and review of staff performance is undertaken through observations, consumer feedback and complaints, and annual performance reviews.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

The Assessment Team found deficiencies relating to the ease of access to documents and information by contractors or agency staff and compliance with reporting serious incident reporting scheme (SIRS) incidents. The Assessment Team reported that although employees have access to the organisation’s ‘shared drive’, agency staff are unable to access documents and information in this way. The Assessment Team further observed registered staff having difficulty obtaining access to policies and procedures and identified two incidents where a named consumer was threatening towards two other consumers. These incidents were documented in progress notes; however, SIRS report was not made within the legislative timeframe.

The Approved Provider’s response of 21 September 2022 provided additional information in relation to information management, and confirmed that all organisations’ policies, procedures, work instructions and other relevant documents are maintained on the organisation’s shared drive, which is accessible by all staff, volunteers, and contractors. I consider that the Approved Provider has demonstrated effective information management systems are maintained and accessible by staff, volunteers and contractors, including agency staff.

The Approved Provider advised the incidents identified by the Assessment Team related to one incident and this incident was investigated. The investigation concluded that the named consumer was verbally aggressive, but the aggression was not directed towards other consumers, who were well-distanced. An incident report was completed on the same day, but was not deemed a reportable incident under SIRS by the service.

Whilst I acknowledge the information provided by the Approved Provider in the response dated 21 September 2022, I consider that they have failed to demonstrate compliance with SIRS regarding the identified incident. I consider at the time of the Site Audit; the service did not demonstrate regulatory compliance with their obligations under SIRS. Therefore, I find Requirement 8(3)(c) non-compliant.

I am satisfied that the remaining four requirements of Quality Standard 8 are compliant.

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services. Consumers reported that they feel they are involved in the development and delivery of care and services provided.

The organisation was able to demonstrate that the governing body promotes a culture of safe, inclusive, and quality care and services. Management advised the board receives monthly reports from the director of nursing, the group general manager meets with directors of nursing quarterly, the organisation undertakes scheduled audits and compliance with the Quality Standards is a recurring agenda item during consumer representative meetings.

The service had effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents using incident management systems.

The service presented a documented risk management framework, including policies describing how high-impact or high-prevalence risks associated with the care of consumers are managed. The service demonstrated there was a clinical governance framework in place, which included antimicrobial stewardship, minimising the use of restraint and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)