Performance

Report

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| Name of service: | Southern Cross Care Allora - Homestead |
| Service address: | 62 - 64 Forde Street ALLORA QLD 4362 |
| Commission ID: | 5112 |
| Approved provider: | Southern Cross Care (Qld) Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 December 2022 to 22 December 2022 |
| Performance report date: | 31 January 2023 |

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 Southern Cross Care Allora - Homestead (**the service**) has been prepared by K. Reed, 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
* the provider’s response to the assessment team’s report received 19 January 2023
* 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 | **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

Consumers were treated with dignity and respect by staff at the service and their identities were valued. Staff were aware what was important to each consumer and described how they met consumers’ needs and preferences. Care documentation reflected what was important to consumers and provided information to guide staff in delivering care and services tailored to meet consumer preferences and respect their identity, culture and diversity. The service had a dignity and respect policy to guide staff practice.

Consumers confirmed staff knew their individual needs and respected what was important to them. Consumers’ cultural needs were respected, and consumers could express their individuality without judgement. Consumer care documents included consumers’ preferences for personal care, religious and cultural preferences and what mattered to them. Staff practice and planning of consumers’ care and service were guided by a diversity inclusive care policy to promote inclusive and culturally safe consumer care and services.

Consumers were supported to exercise choice and independence, remain connected to their community and maintain friendships with others. Staff demonstrated knowledge and understanding of consumers’ preferences and choices and described how consumers were supported to make informed decisions about their care and services such as meals and leisure activities.

Consumers were respected and supported to make decisions about areas in their everyday life that involved risk. The organisation was guided by a risk management framework which sets out the risk identification process as well as the assessment, planning, monitoring and review process. Risk assessments and dignity of risk forms were completed and strategies for managing risks were included in care directives for staff to follow.

Consumers were provided with information to help them make decisions about the care and services they wished to receive, meals they wished to consume, and lifestyle activities to be involved in. Noticeboards and information were observed to be displayed regarding lifestyle activities, the daily menu, feedback mechanisms, and posters providing contact information for Aged Care Advocacy groups. Letters announcing the site audit were observed during the site audit in consumers’ rooms. Staff described various ways in which they provided information to consumers about meal options, services available, leisure activities, outing venues, and visiting entertainers. The service conducted monthly consumer meetings where consumers could provide feedback about the services offered.

Consumers’ personal privacy was respected, actions by staff included knocking on doors and announcing themselves before being given consent to enter consumers’ rooms and staff observed consumers’ expressed preferences for when and where their care was completed. Staff allowed consumers privacy when praying or spending time with significant others, and staff kept consumers’ personal information confidential. Staff were observed respecting consumers’ personal space and privacy when their family or friends visited the service, and kept computers locked and used passwords to access consumer’s personal information.

This Standard is Compliant, as all six Requirements are Compliant.

# 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

Consumers’ care was planned to meet consumers’ care needs and preferences, including strategies to manage risk to consumers’ health and wellbeing. Care documentation demonstrated risks to consumers’ health and well-being was assessed using risk assessment tools and strategies to manage risk was documented in consumers’ care plans. The organisation had policies and procedures to guide staff in their practice for completing consumers’ assessments and care plans. Consumers confirmed they were supported by staff at the service to undertake activities which included elements of risk.

Consumers’ assessment and care planning processes included consideration of consumers’ current needs, goals and preferences, including end of life care. The organisation had policies and procedures, and assessment tools to guide staff in planning consumer care including palliative care and voluntary assisted dying. Management advised care needs, preferences, and end of life care were discussed with consumers on entry to the service, during ongoing care reviews and as care needs changed.

Consumers were involved with the planning of their care and services which included their representative and other organisations when required. Care documentation demonstrated consumer assessment and planning included other organisations. Consumers provided positive feedback in relation to the involvement of others in their assessment and care planning.

Consumers’ care and service plans were effectively communicated to consumers and representatives and were documented and accessible for staff and visiting health care workers providing consumer care. Consumers confirmed they had been offered a copy of their care plan. Staff confirmed they had time to review consumer care documentation and visiting health service staff were supported to access consumer information electronically.

Consumers confirmed their care needs were reviewed regularly and when their care and service needs changed, and staff talked to them regularly for feedback relating to care and services. Management and registered staff reviewed consumers’ care needs every three months, following incidents or when a consumer’s circumstances changed. Care and service plans were updated in conjunction with information obtained from the consumer or representative, care staff, Allied health professionals, and other health care providers.

This Standard is compliant, as all five Requirements are Compliant.

# 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

Consumers received safe and effective clinical and personal care that aligned with best practice to optimise consumers’ health and well-being and was individualised to their preferences. Staff described consumers’ individual needs and preferences and how these were managed in line with their care and service plan. The service had policies and procedures, which guided care and clinical practice. Consumer care documentation demonstrated consumers received care in accordance with their assessment and planning needs.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. The service had a risk management framework that guided how risk was identified, managed and recorded. Staff described consumers’ individual care needs and care planning to manage and minimise risk. Care documentation identified effective management for consumers at risk of falling and preventing injury to other consumers.

Registered staff discussed with consumers and representatives consumers’ end of life preferences during case conferences and as consumers moved through the palliative care phases. Care staff monitored consumers for comfort during their end of life journey and followed care plans for individualised consumer preferences. The service has a voluntary assisted dying and palliative care policy to guide staff practice. Consumers were confident their end of life care needs would be met by staff at the service, including their dignity and comfort.

Consumers who deteriorated in their mental health or physical function were recognised and responded to in timely manner. Consumers confirmed staff responded to their needs quickly and care documentation demonstrated staff recognised changes to consumers’ condition. Management and care staff discussed changes to consumers’ mental health, physical function, or cognitive wellbeing at handover. The service had clinical policies to guide staff practice when monitoring for a consumer’s deterioration. The service had access to a registered nurse 24 hours per day and staff provided consistent feedback on how they would contact the registered nurse as required.

Consumers’ care needs, and preferences were effectively communicated between staff and other health care services. Health professionals visiting the service had access to information to support effective and safe sharing of consumers’ condition, preferences and care needs. Information obtained from visiting health professionals effectively shared through meetings, handover and documented in consumers’ care documentation.

Consumers were satisfied with referral processes at the service and confirmed referrals occurred in a timely manner. Referrals occurred to health care services including dietitians, speech pathologists, pharmacy services, dementia support services, audiologists and dentists.

Consumers provided positive feedback in relation to infection control processes at the service, including the observation of staff washing their hands. The service had documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and for the management of a COVID-19 outbreak. The service had COVID-19 vaccination programmes for consumers and appointed an Infection prevention and control lead. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

This Standard is compliant, as all seven Requirements are Compliant.

# 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

Consumers and representatives confirmed services and supports provided met the consumers’ needs and staff assisted consumers to be as independent as possible. Staff demonstrated knowledge of consumers’ needs and preferences and the support they required to participate in their daily living needs to remain independent. Care documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Consumers were observed participating in indoor and outdoor individual and group activities. Staff were observed assisting consumers to and from group activities as required.

The service had pastoral care staff who met with consumers weekly, and more often when requested, to provide emotional and spiritual support. Consumers confirmed they participated in cultural and religious practices at the service and were provided emotional and spiritual support when needed. Documentation and care and pastoral staff described how consumer’s psychological and well-being needs were supported. Lifestyle staff provided individual support to consumers.

Consumers were supported to take part in community activities outside of the service or visit family. Staff described consumers who had personal relationships or who had developed a close friendship. Care planning documentation identified the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer. Care staff described contact information for consumers’ loved ones were recorded in the electronic system to enable staff to support consumers in contacting loved ones to maintain relationships. Staff assisted consumers to attend and participate in activities and socialise with other consumers in the dining room.

Consumers confirmed their services and supports were consistent and staff knew their individual preferences and other organisations that were involved in their care and services. Staff explained how they were updated on the changing conditions, needs or preferences of consumers as they related to services and supports for daily living, including handover notes and progress notes. Information about consumers’ condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared.

Timely and appropriate referrals to other individuals, organisation or providers occurred to meet the diverse needs of consumers. Staff described how the consumer was involved in decisions and how referrals were made. Lifestyle staff had an understanding of what organisations, services and supports were available in the community should a need be identified for a consumer.

Consumers expressed satisfaction with the quality and variety of meals provided and confirmed they were offered meal choices. Meals provided were varied and of suitable quality and quantity and the kitchen was compliant with relevant health and safety regulations. All meals were prepared freshly onsite and hospitality staff had current and accurate documentation in relation to consumer meal preferences and requirements. Consumers felt comfortable providing feedback regarding their meals.

Equipment provided was safe, suitable, clean and any concerns or issues identified were managed by maintenance in a timely manner. Consumers confirmed equipment was serviced and clean. Care staff cleaned service equipment and mobility aids after each use. Management and staff confirmed the service had suitable arrangements in place for purchasing, servicing, maintaining and replacing equipment. Equipment was fit for purpose and was inspected periodically to ensure it was safe for consumer use on a day-to-day basis.

This Standard is compliant, as all seven Requirements are Compliant.

# 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

The service environment was welcoming, easy to understand and enabled consumers to optimise their independence and ability to interact within the service with family, friends and others. Consumers provided feedback the service was comfortable, clean and tidy. The service environment contained accessible and comfortably furnished private and communal sitting spaces. Consumers requiring mobility assistance were observed moving independently through wide corridors fitted with handrails. The environment was well lit with an open plan layout and displayed clear directional signage throughout.

Consumers felt safe and comfortable at the service and gave positive feedback regarding cleaning and maintenance. Maintenance staff worked to a regular schedule, attended to maintenance requests and conducted full internal and external inspections of the service each morning to identify any issues requiring attention. Cleaning staff worked to a cleaning schedule for all areas of the service and removed any hazards identified.

Furniture, fittings, and equipment were safe, clean, and well maintained. Consumers provided positive feedback in relation to the cleanliness of furniture and fixtures. Maintenance staff had records to demonstrate all scheduled preventative maintenance had been completed, including fire equipment inspections and pest control treatment.

This Standard is compliant, as all three Requirements are Compliant.

# 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

Consumers and representatives were supported and encouraged to provide feedback and complaints and felt safe to do so. Consumers and representatives describe the various methods available for them to raise complaints or provide feedback. This included speaking to management or staff directly, attending consumer meetings, and using feedback forms. The location of feedback boxes and feedback and complaints forms were accessible to consumers and representatives. Feedback and complaints were a standard agenda item at monthly consumer meetings and the service undertook regular consumer surveys with consumers and representatives. Management had an open-door policy and were involved in consumers’ daily cares providing an opportunity for consumers to reach out if they had feedback or complaints. Review of the service’s complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes demonstrated the service supports and encourages consumers and representatives to provide feedback and make complaints.

Consumers and representatives were aware of external services for raising complaints, including the Commission and advocacy services. Staff assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback, including assisting consumers in completing a feedback form or contacting the consumer’s representative for assistance. Flyers and posters for advocacy, interpreter services as well as information on how to make a complaint internally or externally with the Commission were observed.

The feedback and complaints register demonstrated open disclosure was consistently practiced when things went wrong. Consumer and representative complaints were addressed and resolved when concerns were raised. The service’s feedback and complaints policy and procedure and the complaints handling processes guided staff on how to document, investigate, resolve, and evaluate feedback and complaints and use of open disclosure. Management and staff demonstrated a shared understanding of the complaint handling process when feedback or a complaint was received from consumers or representatives.

Management advised feedback and complaints were reviewed when received and actioned in accordance with organisation policy. Feedback and complaints received, and their outcomes were discussed regularly at monthly staff meetings. The plan for continuous improvement demonstrated continuous improvement actions had been implemented following provision of complaints and feedback by consumers or representatives. Consumers confirmed the service had implemented improvements based on their feedback.

This Standard is compliant, as all four Requirements are Compliant.

# 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

Consumers and representatives confirmed there was sufficient staff to meet consumers’ personal and clinical needs in a timely manner and in accordance with consumers’ care plans. The workforce was planned to meet the needs of consumers and deliver quality care and services and the service had systems and processes in place to ensure there was sufficient staff rostered across all shifts. Staff across various roles and areas of the service said there was adequate staff to provide care and services in accordance with consumers’ needs and preferences. Staff confirmed they would provide feedback to management directly or at staff meetings if workloads or consumers’ needs were unmanageable. The service employed both registered and care staff and rosters were developed to ensure the right mix of staff were available to manage consumer care needs. The roster included permanent and agency staff, existing staff were offered extended or additional shifts when a shift was unable to be filled.

Consumers confirmed staff engaged with them in a respectful, kind and caring manner, were gentle when providing care and were respectful of their diversity, culture and preferences and choices they made with care and services. The service had a suite of documented policies and procedures to guide staff practice, which outlined that care and services were to be delivered in a person-centred, caring, and respectful manner. Interactions between staff, management, and consumers and representatives were observed to be kind, caring and respectful.

Staff had the qualifications and knowledge to effectively perform their roles to provide safe and quality care and services. Consumers provided feedback that staff performed their duties effectively and were confident that staff were trained appropriately and skilled to meet their care needs. Management described how they determined whether staff were competent and capable in their role, including observations by management and registered staff, reviews of clinical records and care delivery, feedback from consumers and representatives and completion of orientation documentation. Staff shared an understanding of their position description, duty list and the knowledge, skills and qualifications required for their role.

A revised performance review process was implemented at the service and was in the transition stage from hard copy to electronic at the time of the site audit. Management advised the electronic system had been designed in consultation with staff to foster role understanding, performance development, employee experience and clear communication between management and staff. Observation of staff performance also occurred through direct supervision, open communication, feedback from consumers and representatives and review of incidents. Consumers and representatives provided positive feedback relating to staff performance.

This Standard is compliant, as all five Requirements are Compliant.

# 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

Consumers and representatives confirmed they were informed and involved in all aspects of the consumers care and were able to describe the ways they were supported to be involved in the service. The organisation undertook consumer insight surveys twice yearly which included interviews with consumers and representatives. Outcomes of the survey were discussed at consumer meetings and detailed in the service’s newsletter.

Consumers confirmed they felt safe at the service within the service and provided feedback the service was providing quality care to consumers. The service was supported by a care governance committee who maintained oversight of the service’s clinical matters to ensure the service was meeting the Quality Standards. The organisation implemented systems and processes to monitor the performance of the service and to ensure the Board was accountable for the delivery of safe, inclusive, and quality care and services.

The organisation had effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff had access to sufficient and current information to guide them in the delivery of care and services. Opportunities for improvement were identified through a range of sources including the feedback and complaints processes, analysis of clinical and incident data, meetings, audit results and self-assessment. Budgets were set annually and approved by the Board. The organisation was responsive to requests for budgetary changes to support the needs of consumers. Systems were in place to monitor workforce competency and suitability and policies and procedures articulated roles and responsibilities. Consumers and the representatives were supported to provide feedback which was actioned appropriately and in a timely manner.

Effective risk management systems and practices were in place including the management of high impact, high prevalence risk to consumers, protecting consumers from abuse and neglect, supporting consumers to live their best life and capturing and preventing incidents.

A clinical governance framework was in place which supported appropriate antibiotic usage to support antimicrobial stewardship, reducing the use of restrictive practices by analysing clinical data and promoting open disclosure through the complaints and feedback processes.

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)