Performance

Report

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| Name: | St Elizabeth Home |
| Commission ID: | 0023 |
| Address: | 1 Symonds Road, DEAN PARK, New South Wales, 2761 |
| Activity type: | Site Audit |
| Activity date: | 15 April 2024 to 17 April 2024 |
| Performance report date: | 21 May 2024 |
| Service included in this assessment: | Provider: 1622 St Elizabeth Home  Service: 39 St Elizabeth Home |

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 St Elizabeth Home (**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 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 7 of the 7 Requirements have been assessed as compliant.

Consumers considered staff to be familiar with their identity and treated them with respect. Staff spoke about consumers in a respectful manner and were familiar with their individual backgrounds and preferences. Care planning documentation contained information specific to consumers' backgrounds and cultures.

Consumers reported staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported celebration of customs and traditions. Staff demonstrated an understanding of consumers’ cultural background and individual preferences and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences. The service had a policy to guide staff in the delivery of culturally safe care and services.

Consumers said they were supported to make decisions about their care and services, and to maintain relationships of choice. Staff said they provided information to consumers to support consumers in exercising choice and independence, and described how they supported consumers to communicate their decisions, such as asking questions about their preferences before delivering care. Care planning documents included information to inform staff of key relationships.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Lifestyle staff advised 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.

Representatives said information was provided in a timely and easy to understand manner which helped to make decisions about care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs for example using picture cards and other visual aids. Activity calendars and menu options were observed to be displayed throughout the service.

Consumers said their privacy was respected by staff and they were confident their personal information was protected. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information. 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 expressed satisfaction with the assessment and planning processes. Staff interviewed were aware of the assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Clinical assessment tools were available on the electronic care management system (ECMS), and the service had clinical guidelines for staff to access and utilise in assessment and care planning processes. Care documentation was individualised and included consideration of risks to individual consumers. The Site Audit report contained information in Requirement 2(3)(a) regarding inconsistencies in the recording of blood glucose levels (BGLs) for two named consumers. In response, management acknowledged the feedback provided and provided actions taken and planned to improve performance under this requirement.

Representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences, and the service had discussed and documented their preferences for their end of life (EOL) care. Staff said they discussed advance care and EOL planning with consumers and representatives upon admission and revisit the conversation in future care plan reviews. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and EOL wishes as appropriate.

Representatives and staff said, and documentation evidenced, that assessment and planning were completed in partnership with consumers, representatives, and others. Management and clinical staff described how assessment and care planning were done in partnership with consumers and their representatives, and further explained how the service works in partnership with Medical Officers and various allied health professionals (AHPs) to meet the needs and preferences of consumers. Care planning documentation reflected that organisations, individuals, and providers of other care and services were involved in the care of the consumer.

Representatives said outcomes of assessment and care planning were communicated to them and a copy of consumers care plan was available. Staff and AHPs described how the service kept consumers, representatives, and shared providers of care informed through face-to-face conversations, telephone calls, emails, care plan reviews and case conferences.

Representatives reported care and services were regularly reviewed including when incidents occurred such as falls. Staff explained how they responded to deterioration or incidents and reviewed consumers’ care and services to ensure they effectively supported consumers. Care planning documentation evidenced care and services were reviewed for effectiveness, consistent with feedback.

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

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise their health and well-being. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to behaviour support, skin integrity, and pain management. The Site Audit report contained information in Requirement 3(3)(a) regarding some consumers potentially being subject to environmental restraint, due to the front entrance doors of the service being secured between 7.00pm and 7.00am with consumers being provided a swipe card for exit and entry to and from the service. Whilst no adverse effects on consumers were identified in response, management acknowledged the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement.

Representatives reported known risks to consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls, pressure injuries, changed behaviours and unplanned weight loss. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. Management outlined how monthly clinical data trending, daily meetings and monthly clinical meetings allowed them to identify high risks as they emerge and apply the appropriate safeguard mechanisms in response.

A representative of a recently deceased consumer expressed their satisfaction with the end-of-life (EOL) care provided to their family member. Management and staff explained how the service provides care for consumers nearing EOL, focusing on maximising comfort through administering pro-re-nata (PRN) medications, comfort care, regular repositioning, and offering spiritual services and aromatherapy if desired by the consumer or their representative. Palliative and EOL care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives said that changes in consumers 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. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Representatives were satisfied consumers’ needs and preferences are accurately communicated between staff. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Consumer care files reflected information about consumers was documented and shared with others as appropriate.

Representatives considered referrals were completed in a timely and appropriate manner and consumers had access to relevant health professionals such as dieticians. Management and clinical staff described other providers of care available to consumers, including but not limited to a range of health professionals and specialists including geriatricians. Documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives.

Representatives reported staff take precautions to minimise infection risks including wearing of personal protective equipment prior to attending to consumers ‘care. 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 service, and COVID-19 screening procedures were in place at the service. The service had an outbreak management plan (OMP) and an appointed infection prevention control lead. Staff sampled demonstrated an understanding of their roles and responsibilities in relation to the OMP and the measures they would take to minimise the risk of infection.

# 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.

Consumers said they were satisfied the service supports consumers to do the things they want to do and were able to explain how services and supports for daily living have maintained their independence and well-being. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers and confirmed activities were designed with consumers’ input. Care planning documentation identified the needs, goals, and preferences of consumers.

Consumers reported the service supports and promotes their emotional well-being and supports their religious practices. Care planning documentation encompassed the emotional and spiritual needs of consumers, along with established strategies to assist staff in meeting these needs. Care staff could describe practical examples to support consumers emotional, spiritual, or psychological well-being such as spending one-to-one time with consumers, encouraging them to participate in activities and reporting any concerns about consumers well-being to clinical staff.

Consumers reported that they were supported to participate in their communities, maintain friendships and personal relationships, and engage in activities that interest them. Staff outlined the various services and supports available to facilitate social interaction and relationships among consumers, such as organising bus outings and supporting consumer’s affiliation with community social clubs. Consumers were seen interacting with each other and their family members. Care planning documents documented consumers' hobbies and interests, both within the wider community and with people who are significant to them.

Consumers reported staff know and communicate well their needs and preferences. The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. Staff explained the processes in place to communicate information about consumers within and outside the organisation, such as updating care planning documentation, referring to handover sheets and sharing of consumer information at meetings and referring to information on the ECMS. Staff were observed sharing relevant information about consumers to support the delivery of care and services.

Representatives said consumers were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified appropriate referrals to other organisations and services such the community visitors scheme and religious figures. Staff described other individuals, organisations, and service providers involved in the delivery of care and services.

Consumers expressed their satisfaction with the meals provided and said there was always additional food on offer. Staff could describe how they were informed of consumers’ dietary needs and preferences such as referring to printed information available. Menus are seasonal with input from consumers gathered, including feedback from the food focus meetings. A meal service in the dining room was observed to be delivered in a timely and organised manner, with consumers eating their meals independently or with assistance from staff.

Consumers considered equipment including their mobility aids were kept clean, and well maintained. Staff advised they have access to the equipment and resources they need to support consumers. Care staff advised that shared equipment and personal mobility aids, such as wheelchairs and walkers, are cleaned daily. 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 expressed their satisfaction with the overall service environment and said that they were encouraged to personalise their rooms. Staff demonstrated an understanding of how to support consumers in feeling at home by encouraging them to personalise their rooms. The service environment was observed to be welcoming, with dementia-friendly design principles such as distinct carpets and wall colours, sufficient lighting, handrails for consumers to move around, and clear signage throughout the service for room numbers and to provide direction to common areas. Corridors and communal areas were also observed to be clutter-free.

Consumers said the service was kept clean and they can access outdoor areas of the service. Cleaning and maintenance staff were guided by work schedules. Staff in various roles could describe how they report potential hazards or maintenance issues. Documentation 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 Requirement 5(3)(b) in relation to environmental restraint, (Refer to findings in Requirement 3(3)(a) of this report for further information).

Consumers reported the service is kept clean, and well maintained. Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were comfortable providing feedback and complaints, and they felt listened to. Management described ways they encouraged and supported feedback and complaints, such as through meetings, surveys, focus groups, and feedback forms. Feedback forms and collection boxes were observed throughout the service environment to support consumers and others in providing feedback and complaints.

Overall, consumers and representatives stated that they were aware of external bodies available to address complaints. Brochures, newsletters, and posters providing information on external complaints, advocacy, and translation services were prominently displayed throughout the service. Management also outlined the external complaints resolution pathways available for consumers, advocates, and language services, and mentioned that staff members who speak the same language as some consumers were available to assist if needed.

Representatives said they were satisfied how the service responds to concerns raised. Management and staff demonstrated their awareness of complaints management and open disclosure processes and documentation confirmed staff had receiving training on the principles of open disclosure. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Representatives said improvements were made as a result of their feedback. Management described the service’s processes for continuous improvement and provided examples of how consumer feedback and complaints have resulted in improvements to care and service delivery. A review of documentation, such as consumer meeting minutes and the service’s Continuous Improvement Plan, demonstrated that activities were created to improve care and services. For example, renovations to the service’s memory support unit (MSU) and the purchase of new furniture for MSU..

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

Representatives reported there were enough staff at the service to meet consumers’ needs, and staff responded promptly to consumers requests for assistance. Management advised the service has a Registered nurse on each shift providing 24 hour coverage, and rosters were reviewed every fortnight to ensure adequate and appropriately skilled staff to meet consumer needs. Staff said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave including utilising existing staff, a casual staff pool, and utilising agency staff. Call bell response times are monitored, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

Representatives said staff interacted in a kind, gentle and caring manner and respected their cultural background, needs and preferences. Management has established a set of documented policies and procedures to guide staff practice. These policies cover areas such as assessment and care planning, dignity and respect, diversity, and privacy. This framework provides clear guidelines for staff to support consumers' identity, culture, and diversity. Staff were observed interacting with consumers in a kind, and respectful manner.

Representatives considered staff to be well skilled and competent. Management explained they monitor staff competency through orientation processes, including competency-based assessments, buddy shifts, and ongoing and annual competency training. Position descriptions for staff were established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Review of staff records identified professional registrations; national police checks are monitored for compliance and up to date.

Consumers reported staff were well trained and they were able to deliver care and services which meet their needs and preferences. Staff demonstrated knowledge in mandatory training topics, for example, care and clinical staff could describe the incident escalation pathway, such as reporting to clinical staff or their respective supervisors in response to incidents. Management advised feedback from consumers, representatives, and staff inform training needs when required. Mandatory training records evidenced training is provided on a range of topics with high completion rates and all training was recorded and monitored by management.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management described the processes for assessment, monitoring, and regular review of performance of each member of the workforce. Clinical staff interviewed described the annual performance appraisal process and the outcome of their last performance appraisal.

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

Representatives advised they were engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as consumer and representative meetings, food focus meetings, surveys and the recently formed consumer advisory committee.

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, audits and incidents. Compliance with the Quality Standards is monitored at site level 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, regulatory compliance, and feedback and complaints. Financial governance procedures support the changing needs of consumers for example, the recent purchasing of new wheelchairs for consumers. The Site Audit report contained information in Requirement 8(3)(c) in relation to environmental restraint, (Refer to findings in Requirement 3(3)(a) of this report for further information).

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, including daily review of the service’s incident register. internal audits and monthly quality indicator data reports are analysed and shared with clinical staff, and the governing body and relevant subcommittee and used to identify areas for improvement.

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, minimising the use of restrictive practices and open disclosure was implemented within their daily task.

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