Performance

Report

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| Name of service: | Performance report date: |
| St Vincent’s Care Services Werribee | 7 September 2022 |
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| St Vincent’s Care Services Ltd. | 11 July 2022 to 13 July 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 St Vincent’s Care Services Werribee (**the service**) has been considered by Denise McDonald, 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 05 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 | Non-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 | **Non-Compliant** |
| **Standard 8** Organisational governance | **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 1(3)(a) – The service ensures each consumer is treated with dignity and respect, by meeting the consumers preference for staff of a particular gender providing personal care, staff interacting with consumers while providing care and staff speaking in English when providing care to consumers.
* Requirement 7(3)(a) The service ensures the numbers, mix and gender of staff is planned to enable the delivery of safe and effective care including staff being able to respond to calls for assistance in a timely manner and meet consumer preferences.

# Standard 1

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| Consumer dignity and choice | | Non- Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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

I have found this Quality Standard as non-compliant as I am satisfied the service was unable to demonstrate how it met this Requirement:

* *Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Site Audit Report identified consumers felt their culture, identity and diversity was valued, however, deficits were brought forward relating to consumers who reported they were not treated with dignity and respect when staff spoke languages other than English, or did not talk to consumers, while delivering care, and a further consumer reported they did not receive personal hygiene care from female staff as per their preference and were frequently attended to by male staff.

The Provider responded on 5 September 2022, providing additional information to support compliance with this Requirement.

I acknowledge the Provider’s response detailed actions which advised staff were immediately reminded to only speak English while providing care and of the named consumer’s request not to be provided with personal hygiene cares by males. I also acknowledge the evidence submitted which confirms this has been reiterated at a staff meeting post the audit. However, I find at the time of the site audit the service was not able to demonstrate each consumer had been treated with dignity and respect.

Therefore, I find Requirement 1(3)(a) is non-compliant.

Regarding the remaining requirements which I have found compliant, consumers were identified to be from culturally diverse backgrounds. Staff described how care and services were culturally safe as consumers who did not eat pork were accommodated through other meal options. Care planning documentation was individualised and reflected consumers’ cultural preferences.

Consumers and representatives said they were supported to exercise choice, independence make and communicate decisions about the care they received and those involved in their care. Consumers felt supported to connect with and maintain relationships with those important to them. Staff described how, prior to providing care each morning, they offer the consumer choices and wait for their decision before proceeding. Consumer profiles included details on consumer’s nominated representatives and primary contacts.

Consumers described how they were supported to take risks to enable them to live the best life they could. Staff gave examples of risks consumers were supported to take such as refusing to have a texture modified diet as recommended by the dietician. Care documentation included assessments and risk waivers for various activities including not being reviewed following a fall and using motorised wheelchairs.

Consumers confirmed they received current, accurate and timely information through participating in monthly meetings, receiving updated weekly menus and activity schedules. Staff described various methods of supporting communication such as using body language, cue cards or using translation services if necessary. Information was disseminated through emails, newsletter, displayed on noticeboards or delivered through a public announcement system.

Staff were observed demonstrating privacy and respect for consumers as they were knocking on doors prior to entering consumer’s rooms and ensuring doors were closed when providing care for consumers. Consumers confirmed their personal privacy was respected and personal information kept confidential.

# 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

Policies and procedures guide staff in the assessment and care planning process. Assessments are completed to identify risks to consumers including for skin, falls or medical conditions and informs the care and services provided to them. Staff confirmed assessments are completed on entry and on an ongoing basis. Consumers and representatives confirmed they participated in assessments at entry and where involved in the development of the care plan.

Care documentation included the consumers’ current needs, goals and preferences including advance care and end of life planning. Consumers confirmed end of life planning was discussed with them and their preferences recorded. Staff demonstrated knowledge of the consumers care and nursing needs and preferences. Consumer files included a copy of the consumers advance health directive.

Consumer and representatives confirmed they, medical officers and allied health professionals are regularly involved in assessment and planning processes. Staff described consumers are involved in regular care evaluation processes and care conferences biannually. Consumer files evidenced assessment and planning process are conducted with consumers, their representatives and included input from medical officers, dieticians, physiotherapists and others as required.

The outcomes of assessment were reflected in consumer’s care planning and were available to staff through the electronic care management system. Staff, medical officers and health professionals were observed accessing consumer’s care plans. Consumers confirmed they were able to access a copy of the consumer’s care plan, if or when it is requested.

Consumers and representatives confirmed care and services were regularly reviewed for effectiveness through a resident of the day process or when the consumer’s circumstances had changed, or incidents had occurred. Representatives confirmed they were informed of any changes to a consumer’s health or well-being, changes were also reflected in care plans. Care documentation demonstrate reviews following pain, falls or wounds had occurred.

# 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

Consumers and representative confirmed each consumer got effective and safe personal and clinical care; care planning documentation reflected consumers received individualised care tailored to their specific needs and preferences specifically in the management of falls, wounds, pain and appropriate use of restrictive practices. Consumers advised they received, timely and appropriate referrals when needed, and confirmed they had access to relevant health supports; staff were familiar with referral processes to allied health professionals.

Care plans showed high impact and high prevalence risks were effectively identified and managed by the service; risks were identified using formal assessment tools supported by effective management strategies. Staff described high impact or high prevalence risks for consumers including falls risk, pressure injuries and skin tears; staff outlined effective management strategies commonly used when delivering care such as use of hip protectors for falls risk, regular repositioning for pressure injuries and skin tears, and use of limb protectors.

Care planning documentation evidenced support for consumers nearing the end of life to ensure their comfort and dignity was preserved, care was provided in accordance with their needs and preferences. Staff described care delivery changes for consumers commenced on end-of-life care; policies and procedures directed staff in the management of advance and end of life care.

Consumers and representatives confirmed the service responded to deterioration or changes in the consumer’s condition and/or health status including processes for medical review or transfer to hospital, consultation with the care team, monitoring of clinical indicators and referrals where appropriate. Representatives confirmed they were always notified promptly by the service of any changes in the consumer’s health status.

Case conference notes and progress notes recorded all providers of care involved in the planning and delivery of consumer care including updated information relating to changes in the consumer’s condition, needs and preferences. Staff and allied health professionals could access, and update consumer information via the electronic care management system. Handover was observed and included the sharing of information between care and clinical staff.

Staff demonstrated understanding of antimicrobial stewardship and described key infection-prevention measures and training records showed all staff had completed infection control training. The service had policies and procedures to minimise infection-related risks and infection prevention measures were observed to be in place.

# 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 considered they got services and supports for daily living that were important for their health and well-being, and care plans evidenced important information on individual preferences, individual goals, strategies, and leisure activities enjoyed.

Consumers said they were supported to spend time as they preferred, either alone and independently or participating in group activities as part of the lifestyle program and community-based interests. A wide range of lifestyle activity products were observed available for consumers to use such as books, magazines, music, TVs, crosswords and brain exercises.

Consumers confirmed when feeling upset or low, they received care to support their emotional, spiritual and psychological well-being including assistance accessing pastoral care, by talking to staff and attending religious services.

Staff described how changes in consumers’ condition, needs and preferences were communicated through verbal and documented handover processes; care planning documentation reflected changes were recorded to share information with care team, and others where responsibility for care is shared.

Care documentation, progress notes, handover documents, and referral processes, reflected the involvement other organisations’ in providing consumer care and support, staff were familiar with support services available to assist with consumers’ daily living needs such as social and religious services, entertainment and leisure providers.

Consumers reported they enjoyed the meals and described how their feedback had led to improvements in the quality and variety of their meals. Care planning documents detailed consumer food requirements, their likes and dislikes.

Equipment used to provide, and support lifestyle services was observed to be safe, suitable, clean and well maintained and maintenance staff were observed attending to items in the service. Mobility equipment such as four-wheel walkers, hoists and wheelchairs for consumers were well maintained, clean and in good working order and easily accessible to staff.

# 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

Consumers said they felt at home, were comfortable in the service environment and were observed moving freely around the service to access activities in different areas including outdoors. Consumers and representatives said the service was safe, clean and well maintained and confirmed consumers could decorate and individualise their rooms as they wished. The indoor area was observed to be safe and easy to move around in wide corridors, hand railing and walkways equipped with signs.

The service had various communal indoor areas where consumers could socialise such as areas for activities and a theatre; kitchenettes were available for consumers and visitors to make refreshments. The service had wide corridors, hand railings and walkways were equipped with signs for navigation. The internal environment had adequate powered and natural lighting. The external environment included well-maintained walkways and gardens. Courtyards and the enclosed balconies were kept clean and well maintained with ample seating and shade for consumers.

Consumer said furniture, fittings and equipment were safe, clean and well maintained and appropriate for their needs. Staff described cleaning processes following use of shared equipment such as hoists, storage areas for equipment were observed to be clean, and accessible to staff. Documentation evidenced the service environment is regularly cleaned and maintained through a planned and periodic schedule with emerging requests completed promptly.

# 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 said they were encouraged and supported to provide feedback and confirmed were complaints were raised and appropriate action was taken immediately by management. Consumers were familiar with how to provide feedback such as using feedback forms and reported being regularly reminded of feedback processes at monthly consumer meetings. Staff knew how to support consumers to provide feedback including supporting those consumers with communication or cognitive issues, by completing feedback forms on their behalf or through feedback at staff meetings.

Consumers, representatives and staff were familiar with external complaint mechanisms and interpreter services however consumers were mostly bi-lingual or had family support and had not had the need to use these services. Staff demonstrated an understanding of open disclosure principles including acknowledging when things go wrong, to apologise and to use feedback and complaints as opportunities for improvement.

The services feedback procedures included an open disclosure policy, staff had completed toolbox training in relation to open disclosure and a review of the service’s continuous improvement plan demonstrated complaints, feedback, suggestions and incidents were documented, along with planned improvement actions, dedicated timeframes and evaluation notes. Staff described changes and improvements informed by consumer and representative feedback such as delayed call bell response times complaints leading to the implementation of a new replacement call bell system.

# Standard 7

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| Human resources | | Non-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. | Non-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

The Assessment Team recommended 2 of these requirements were not met. I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find the service non-compliant with one of these requirements:

* *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.*
* *Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Whilst some consumers considered they got quality care and services when they needed them the Site Audit Report identified most consumers had provided negative feedback in relation to staff availability to assist with their toileting or showering needs, consumers were experiencing extended delays in response to their calls for assistance and staff were observed to be rushing particularly in the afternoon or evenings. Additionally, staff said shifts were left unfilled, they were not able to meet consumer preferences or needs. This was supported by call bell monitoring records which indicated some responses to call bells were lengthy and the complaints register including numerous complaints lodged by consumers in relation to staffing. I consider this supports non-compliance with this Requirement.

I note the Site Audit Report contains information which supports the Provider had responded to these concerns and had commenced corrective actions, prior to the commencement of the site audit, by allocating additional hours within the roster and undertaking recruitment activities to increase the number of permanent and casual staff available to respond to planned and unplanned leave. I have further considered this information under Requirement 8(3)(c).

I have considered the Providers response, which acknowledges the deficiencies contained in the Site Audit Report and demonstrates they were aware of these concerns raised by consumers and staff in relation to sufficiency of staff as actions had been taken in response. I also note the documented evidence submitted in the response and acknowledge this confirms recruitment strategies had resulted in 16 additional staff being employed by the service. However, I also note this documentation substantiates some consumers are still waiting extended periods of time for staff to respond to their calls for assistance. Therefore, I consider the corrective actions undertaken by the service will take time to demonstrate their effectiveness and at the time of the site audit, the service was not able to demonstrate the workforce was planned to deliver safe and effective care.

Therefore, I find Requirement 7(3)(a) is non-compliant.

In relation to Requirement 7(3)(e), the Site Audit Report identified the service had policies and processes detailing how the performance of each member of the workforce was to be assessed, monitored and reviewed including participation in an annual performance appraisal. However, deficiencies were raised regarding low completion rates of staff performance reviews. Additionally, some staff were unable to describe the appraisal process and could not identify when their performance review was completed.

The Providers response agreed with information contained in the Site Audit Report showing performance appraisals were at various stages of the performance review process, with some performance appraisals with the employee for review and others awaiting finalisation by the management team. I note that neither the Site Audit Report or the Providers response identified any of the performance appraisals were recorded as overdue or not completed.

Overall, I am satisfied, staff performance reviews were in process, the service was aware of completion rates and could demonstrate regular assessment, monitoring and review of the performance of each member of the workforce was being undertaken.

Therefore, I find Requirement 7(3)(e) is compliant.

Regarding the remaining requirements which I have found compliant, consumers expressed ways in which staff were kind, caring and gentle when providing care such as explaining care processes to them prior to commencing the provision of care. Staff were familiar with needs and preferences of each consumer, this information aligned with details contained in care planning documentation.

Management outlined mechanisms to ensure staff competency and knowledge to perform effectively in their roles, this included use of position descriptions to establish qualifications and expectations for each role, orientation and onboarding processes, inclusive buddy shifts with experienced staff in their role, mandatory training and core competency checks.

# Standard 8

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| Organisational governance | | 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. | 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 found this Quality Standard as compliant as I am satisfied the service was able to demonstrate how it met this Requirement:

* *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 Site Audit Report demonstrated effective governance systems were in place for information management, continuous improvement, financial governance, regulatory compliance, feedback and complaints. However, deficits in workforce governance systems were identified through inadequate staffing levels and low completion rates of staff performance reviews and mandatory training.

In relation to deficiencies brought forward on staffing levels, I consider the corrective actions implemented prior to the site audit, and in response to the negative feedback from consumer and staff, demonstrates the governance systems relating to workforce governance are effective and consider this supports compliance with this Requirement.

I have considered deficits in relation to low completion rates of staff performance reviews under Requirement 7(3)(e) and have found that Requirement compliant.

In relation to low levels of mandatory training having been completed by staff, I acknowledge the Providers response and consider it reasonable, consumer care has been prioritised over administrative tasks during recent COVID-19 outbreaks. Additionally, I acknowledge the evidence brought forward within the Site Audit Report and confirmed in the Providers response, which demonstrates the service had identified staff had not completed all mandatory training and had initiated the provision of mandatory face to face session in response. Therefore, I consider this also supports effectiveness of workforce governance systems.

Therefore, I find Requirement 8(3)(c) is compliant.

Regarding the remaining requirements which I have found compliant, consumers and representatives were confident the service was well run and confirmed their participation in the development, delivery and evaluation of care and services via surveys and consumer meetings. Consumers confirmed

The services’ governing body were engaged in the monitoring of the performance of the service against the Quality Standards and ensuring accountability for the delivery of safe, inclusive and quality care.

The service provided evidence of a risk management framework, which included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. In response to an allegation of neglect brought forward by a consumer during the Site Audit, an investigation was commenced, a serious incident report was lodged, and the representative was notified, with management confirming toolbox education sessions for staff on manual handling would be provided as a result which demonstrated these policies and procedures were effective and alleged serious incidents were responded to as required.

The service had a clinical governance framework, an antimicrobial stewardship policy, a policy regarding the minimisation of the use of restraint and an open disclosure policy. Staff had been educated about the policies and provided examples of the relevance to their work.

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-2)