

**Performance Report**

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| Name: | The Alexander Aged Care Centre |
| Commission ID: | 3516 |
| Address: | 1720 Dandenong Road, CLAYTON, Victoria, 3168 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 10 January 2025 |
| Service included in this assessment: | Provider: 3361 Premier Aged Care Pty Ltd  Service: 2266 The Alexander Aged Care Centre |

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 The Alexander Aged Care Centre (**the service**) has been prepared by P. Sherin, 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 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 23 December 2024 providing additional information.

# 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 and representatives expressed satisfaction with the way consumers are treated by staff and said consumers feel respected and valued. Staff were observed treating consumers with dignity and respect. Care planning documentation includes information about consumers’ background and preferences to guide staff practice.

Consumers and representatives said care and services are provided in a culturally safe manner and gave examples of this. Staff demonstrated knowledge of individual consumers’ cultural needs and described how culturally safe care is provided. Care documentation identifies information on how to support each consumer’s specific cultural needs and preferences. Consumers are supported to engage in activities of cultural importance to them and various days of cultural significance are celebrated at the service. The organisation has policies and guidance material on cultural care and diversity for staff to refer to.

Consumers and representatives described how the service supports consumers to exercise choice and independence, make decisions about their care and services, and to maintain relationships. Staff demonstrated knowledge of individual consumers’ choices and relationships important to them which aligned with information captured under care planning documentation.

Consumers and representatives said the service respects consumers’ right to make their own decisions and supports them if they choose to engage in activities that may pose a risk to the consumer. Staff described how they implement strategies to ensure consumer safety whilst supporting them to live the life they choose. Review of documentation identified processes in place to document and support dignity of risk.

Consumers and representatives said accurate and timely information is provided by the service, enabling the consumer to exercise choice. Staff demonstrated an awareness of individual consumers’ communication needs and preferences. Management described strategies used to communicate information to consumers living with cognitive impairment or who may experience language barriers. A range of information such as menus, activity calendars, and newsletters were observed available across the service and staff were observed providing information to consumers and offering choice.

Consumers and their representatives expressed satisfaction with how consumers’ privacy is respected and personal information kept confidential. Staff provided examples of how they ensure consumer privacy when delivering care and how information is kept confidential using password protected electronic systems. Staff were observed respecting consumer privacy and confidentiality.

# 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 and representatives expressed satisfaction with the service’s assessment and planning processes and consideration of risks. Clinical staff described initial and ongoing assessment processes which include the use of validated assessment tools. Review of care planning documentation evidenced a comprehensive suite of assessments and the use of risk assessment tools to identify risks and inform the delivery of safe and effective care.

Consumers and representatives confirmed the service identifies consumers’ needs and preferences, including advance care planning. Clinical staff said identification of consumer needs, goals, and preferences commences upon entry to the service and is re-evaluated regularly. Management and clinical staff described how the service approaches and documents discussion on advance care planning and end-of-life planning. Care documentation reviewed evidenced information on consumers’ current needs, goals, and preferences and advance care planning where consumers and representatives have chosen to do this.

Consumers and representatives expressed satisfaction with the service’s communication and ongoing partnership with other health professionals and providers. Representatives stated they are contacted and informed in a timely manner when a consumer’s circumstances change and are involved in decision-making regarding referrals. Clinical staff said, and review of care documentation confirmed, care and services are regularly reviewed in partnership with consumers and representatives, general practitioners, and allied health professionals based on the consumer’s needs.

Consumers and representatives said the outcomes of assessment and planning are communicated to them and they have access to a copy of the consumer’s care and services plan. Staff described their access to care plan information through the electronic care management system and staff handover processes. Review of care plans identified the outcomes of assessment and planning are well documented.

Consumers and representatives said the service undertakes review of care and services on a regular basis, including when the consumer’s circumstances change, or an incident occurs. Clinical staff described the service’s review processes which includes a ‘resident of the day’ process undertaken every 4 weeks, 3-monthly case conferences, and reviews following an incident. Review of care documentation identified regular review of care and services occurs.

# 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 and representatives expressed satisfaction with personal and clinical care provided to consumers. Clinical staff described, and care documentation evidenced, safe and effective practices to manage clinical care including but not limited to pain, skin integrity and wounds, and diabetes management. Where restrictive practices are used, review of documentation identified appropriate authorisations and consent, monitoring, evaluation, and reviews. Staff demonstrated knowledge of individual consumers’ personal and clinical care needs which aligned with information captured under care documentation. The service implements a range of policies and procedures on clinical care to guide staff practice.

Consumers and representatives said staff are aware of risks to individual consumers and manage these risks well. Staff demonstrated knowledge of risks to individual consumers and described strategies implemented to minimise and manage these risks. The service implements a register to identify and manage high impact and high prevalence risks to consumers and conducts regular trending and analysis of clinical incidents.

Consumers expressed confidence in the ability of staff to deliver safe palliative and end-of-life care in accordance with consumers’ needs. Clinical and care staff described the processes used to identify and document consumers’ end-of-life needs and preferences and strategies to maximise comfort and dignity of the consumer. Review of documentation for a consumer receiving end-of-life care at the service demonstrated pain management, provision of comfort care, and pastoral care.

Consumers and representatives said staff know consumers well and respond quickly when a change or deterioration in their health and condition is identified. Care staff described signs and symptoms of deterioration and how they report any changes in a consumer’s condition. Clinical staff described how assessments are completed, medical reviews undertaken by general practitioners in person or via telehealth, and further referrals made as required. Care documentation evidenced timely and appropriate response to deterioration in consumers. Staff have access to policies and procedures on identifying and responding to consumer deterioration.

Consumers and representatives expressed satisfaction with how the service documents and communicates information about consumers. Care staff said they are provided with handover sheets, attend verbal handovers, and have access to the electronic care management system. Observation of handover and review of documentation identified information on consumers’ needs, preferences, and any changes is communicated effectively.

Consumers and representatives expressed satisfaction with the service’s referral process and their access to general practitioners, allied health professionals, and other specialists. Clinical staff and management described the service’s referral processes and provided examples of referrals made and the process of updating care plans following specialist review. Care documentation evidenced timely and appropriate referrals to health professionals and providers based on consumers’ individual needs.

Consumers and representatives were satisfied with the service’s infection control practices and approach to managing infections. The service implements policies and procedures on infection control and antimicrobial stewardship, including an outbreak management plan. Staff receive mandatory training on infection control practices and appropriate use of personal protection equipment. Review of clinical meeting minutes identified discussions on antimicrobial stewardship and infection control. Screening measures are implemented on entry to the service and staff were observed adhering to infection control protocol.

# 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

Most consumers and representatives said the service provides safe and effective services and supports for daily living. Consumers said they enjoy the activities on offer at the service and are supported to engage in activities of their choosing. A diverse range of activities are available, including specific activities for the service’s Greek cohort of consumers, and a separate activity calendar catering to consumers in the service’s memory support unit. Staff demonstrated knowledge of individual consumers’ lifestyle needs and interests which aligned with information captured under care planning documentation. Consumers were observed engaging in various activities in groups or one-on-one with staff and other consumers.

Consumers and representatives said services and supports promote consumers’ emotional, spiritual, and psychological well-being. Care plans include information to guide staff in supporting each consumer’s specific needs and staff demonstrated knowledge of this for sampled consumers. Consumers are supported to attend religious church services and have access to visiting volunteers who provide individual and group support.

Consumers and representatives said the service supports consumers to maintain relationships, participate in the community, and do things of interest to them. Staff demonstrated knowledge of individual consumers’ interests and relationships of importance to them as captured under individualised lifestyle care plans. The service has arrangements in place with community organisations for volunteers who support consumers to attend external outings and participate in activities of their choice.

Consumers and representatives said the service effectively communicates information regarding consumers’ needs and preferences. A daily meeting is conducted with the service’s department representatives to communicate key issues across the service. Communication to external providers is documented in consumer progress notes, through messaging within the electronic care management system, or communication diaries.

Consumers and representatives said they are satisfied with the service’s referrals processes. Clinical and lifestyle staff described how they engage with and refer to various individuals and providers such as community organisations, mental health support specialists, and churches based on consumers’ needs. Care documentation reflected information on referrals made and involvement of other individuals and providers.

Most consumers and representatives said the meals provided are of good quality with a variety of options available. The service has a dietitian-approved seasonal menu accommodating consumers’ cultural preferences. Consumer feedback is sought in various ways and changes made as required. Care plans capture information on consumers’ dietary needs, preferences, and allergies. Dietary information is regularly reviewed and updated as changes occur.

Consumers and representatives said equipment is suitable to consumer needs and is kept well-maintained. Equipment was observed to be clean and well-maintained, with shared equipment cleaned between use. Staff described how they report any issues with equipment to maintenance staff using an online system.

# 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

Consumers and representatives said the service is welcoming, easy to navigate, and consumers are supported to personalise their rooms as per their preferences. Management and staff described how they ensure the service feels welcoming for consumers and their visitors.

Consumers and representatives said consumers feel safe living at the service and can move freely indoors and outdoors. Consumers said, and observations confirmed, the service environment is kept clean and well-maintained. Cleaning schedules are implemented, and cleaning staff were observed attending to consumer rooms and common areas. Staff described how they report maintenance issues and hazards via the service’s electronic system and said any requests are actioned in a timely manner by maintenance staff.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment are kept clean, well-maintained, and suitable for consumer use. Maintenance staff described the processes in place for reactive and preventative maintenance at the service. Review of the service’s preventative maintenance schedule identified equipment tagging and testing and servicing of shared equipment is kept up to date.

# 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

**Requirement 6(3)(b)**

The Site Audit report identified some consumers and representatives said they are not aware of resources on how to engage the support of advocacy services. One representative said the consumer is reliant on the representative to make a complaint if required, as English is not their first language. Staff were aware of language-specific resources and how to access interpreter and advocacy services. Brochures on external complaints mechanisms were observed available in various languages. However, the Site Audit report identified some documents such as the service’s newsletter and advocacy service brochures were only available in English.

The Provider refuted findings in the Site Audit report and provided additional information and supporting documentation evidencing consumers and representatives are informed of advocacy services and external complaints mechanisms in various ways. The Provider noted no consumers and representatives had requested translated copies of the newsletter and advocacy service brochures. Additional improvement actions have since been implemented including booking a meeting for consumers/representatives with an external advocacy service with a Greek translator present; provision of a Greek translated brochure for advocacy services; and feedback and complaints forms translated to Greek made available for consumers at the service.

Having considered the Site Audit report and the Provider’s response, I am satisfied the service has demonstrated consumers are made aware of, and have access to advocacy services, language services, and external complaints mechanisms.

I, therefore, find this Requirement is compliant.

**I find all other Requirements within this Standard compliant as:**

Consumers and representatives said the service encourages them to provide feedback, they are aware of methods to raise feedback and complaints and feel comfortable to do so. Management described various mechanisms in place for consumers and representatives to submit feedback and complaints. Staff described how they support consumers who wish to make a complaint by assisting them to complete forms where required. Information on how to submit feedback or make a complaint is provided in the service’s consumer handbook and via newsletters. Forms to lodge feedback and complaints are available at the service.

Consumers and representatives expressed satisfaction with how the service responds to feedback and complaints and provided examples of this. Management and staff described the service’s complaints handling process and demonstrated knowledge of open disclosure. Review of the service’s feedback and complaints register identified timely and appropriate response to feedback and complaints.

Management described the service’s process of collecting and reviewing feedback and complaints to assist in improving care and service delivery. Feedback and complaints are recorded on the service’s online risk management system and this information is discussed as a standing agenda item at management meetings and reported to the governing body. Review of documentation, including the service’s continuous improvement plan identified various improvements made in response to feedback and complaints.

# Standard 7

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

Findings

Most consumers and representatives expressed satisfaction with staffing numbers at the service, confirming call bells are answered promptly, and staff are available when needed. Staff said they have sufficient time to complete allocated duties and to deliver care in accordance with consumers’ needs and preferences. Management described the service’s workforce planning and rostering processes, how staffing is monitored, and how the service utilises a pool of casual staff or agency staff to fill vacant shifts due to unplanned leave. Staff were observed providing care and services in an unrushed manner and responding to call bells promptly.

Consumers and representatives said staff are kind, caring, and gentle when providing care. Staff demonstrated knowledge of individual consumers’ background and preferences. Staff were observed greeting consumers by their preferred name and in their preferred language, and interacting with consumers in a kind, caring, and respectful manner.

Consumers expressed confidence in the competency of staff. Staff described the service’s onboarding processes including completion of mandatory training. Management described how the service monitors the competency of staff through feedback from consumers and representatives, review of clinical data, internal audits, and observations of staff practice. Position descriptions are available specifying roles and responsibilities and the service monitors staff registration, qualifications, and police checks.

The service demonstrated effective staff training and education processes in place. Staff receive mandatory and refresher training and have access to online learning modules and toolbox trainings. Staff receive training and education on a range of topics, including but not limited to manual handling, serious incident reporting, infection prevention and control, food safety, dementia support, and restrictive practices. Review of training records identified mandatory training completion is monitored and kept up to date.

The service demonstrated processes to regularly monitor and review workforce performance. All new staff are required to complete appraisals at 2 weeks, 6 weeks, and 6 months of service. Performance appraisals are conducted annually thereafter which includes supervisor feedback on performance. Staff are provided the opportunity to self-identify any areas where they require further professional learning and development. Additional supports are implemented where staff are identified as not performing at an expected level. Sampled staff confirmed they have participated in appraisal processes and felt supported in their role.

# 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**

**Requirement 8(3)(a)**

The Site Audit report identified the service seeks feedback from consumers and representatives via surveys, feedback forms, and case conferences. One consumer and one representative confirmed they have attended the consumer advisory body meeting and explained their role to provide feedback on behalf of other consumers living at the service. However, 5 of 6 representatives sampled said they were not aware of the consumer advisory body and said consumer/representative meetings had not been held for several years.

The Provider’s response refuted some findings in the Site Audit report and clarified expressions of interest had been sought from consumers and representatives to participate in the consumer advisory body. Additional information and supporting documentation provided evidenced feedback is regularly sought from consumers and representatives for further communication at the consumer advisory body. A consumer/representative meeting was conducted following the audit and bi-monthly consumer/representative meetings have been scheduled for 2025.

Having considered the Site Audit report and Provider’s response, I am satisfied the Provider has demonstrated the service engages consumers in the development and evaluation of care and services and supports consumers in this engagement.

I, therefore, find this Requirement is compliant.

**I find all other Requirements within this Standard are compliant as:**

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. Consumers and representatives said consumers feel safe and supported living at the service. Management described various mechanisms used to communicate with consumers/representatives and staff regarding changes to legislation and updates to policies, procedures, and training. Management described the governing body structure which includes the Board and various sub-committees to ensure oversight and accountability of care and service delivery. A quality care advisory body is established. Reporting to the governing body includes, but is not limited to, information on internal audits, feedback and complaints, consumer surveys, clinical trends and incidents, and quality improvement. The governing body uses this information to ensure oversight and compliance with the Quality Standards.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance, and feedback and complaints.

The service demonstrated effective risk management systems and processes to identify high impact and high prevalence risks to consumers. Staff demonstrated knowledge of strategies to manage and mitigate these risks. Staff have access to various policies and procedures on supporting consumers to live the best life they can, managing high impact and high prevalence risks, and incident reporting. Staff demonstrated knowledge of these policies and their application as relevant to their role. Incidents are recorded using a risk management system and risk register. Review of documentation evidenced timely identification and reporting of serious incidents.

The service has a documented clinical governance framework supported by various policies and procedures, including in relation to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Staff demonstrated an understanding of these policies and their application as relevant to their role. Staff receive training on antimicrobial stewardship, restrictive practices, and open disclosure. Antimicrobial stewardship is a standing agenda item on quarterly medication advisory committee meetings. Management described various processes to ensure clinical oversight and monitoring of care delivery.

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