Performance

Report

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| Name of service: | Uniting Arrunga Ermington |
| Service address: | 334 - 342 Kissing Point Road Ermington NSW 2115 |
| Commission ID: | 0838 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 28 November 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 Uniting Arrunga Ermington (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 17 November 2022 included clarifying information and supporting documentation such as:
  + residential agreements including signature pages
  + consumer care and behaviour support plans
  + restrictive practice policy and procedure
  + case conference documentation
  + restraint risk assessments
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* **Requirement 8(3)(c)** - The service ensures it organisational governance systems are effective and when environmental restrictive practice is applied, the assessment of the need and its application is in line with current legislative requirements.

# 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 said they were treated with respect and dignity, irrespective of their cultural backgrounds. Staff were observed to treat consumers with dignity, respect and showed understanding of consumers’ individual choices and preferences. Care planning documentation reviewed identified what was important to consumers to maintain their identity.

Consumers said their culture, values, and backgrounds were valued by the service. Staff described how they came to understand consumers’ culture, stories, and backgrounds and discussed how spiritual and cultural events were celebrated with the consumers. Care documents reflected consumers’ cultural and spiritual backgrounds.

Consumers said they felt supported to make and communicate decisions about who participated in their care and how it was delivered. Staff described how consumers were enabled to maintain relationships and ensured frequent communications with families, especially during periods of lockdown at the service. Care documentation aligned with the information provided by the consumers.

Consumers said they were supported by staff to take risks and live the best life they can, including the use of motorised wheelchairs or leaving the service independently. Staff described areas in which consumers want to take risks, and how the consumers were supported to understand the benefits and harm when they make decisions. Consumer preferences and the benefits and risks of making choices were documented in dignity of risk forms, as well as strategies to mitigate risk and support the consumers.

Consumers said they were provided information and were well informed about meals and activities, stating they were kept up to date by word of mouth from the staff and posters on the noticeboards. Menus and activity calendars were observed throughout the service. Staff advised they informed and prompted consumers about what was happening on the day and communicated any changes.

Consumers’ and representatives felt privacy and personal and confidential information were respected. Staff maintained consumers’ privacy when providing care such as closing doors and keeping computers locked, using passwords to access consumers’ personal information. Privacy policies and procedures outlined requirements for the storage and sharing of information, however a breach of consumer privacy was identified as a staff member used a personal mobile phone to take photos of a consumer's wounds, with the matter under investigation.

# 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 said they received the care and services they needed, were involved in, and had a say, in the care planning process. Staff described the care planning process in detail and how it informed the delivery of care and services. Consumer files reflected individual consumers’ current needs and were in line with the services policies and procedures.

Consumers and representatives advised they discussed the planning of their care, including end-of-life wishes, through regular conversations with staff either in person, by telephone, or at case conferences. Care documentation addressed the consumer’s current needs, goals, and preferences, including advance care planning and end-of-life.The service had policies and procedures guiding staff practice in undertaking assessment and planning, including end-of-life planning.

Consumers said they were partners in the planning of their care and services, confirming their involvement in the initial assessment and ongoing care plan review processes, which includes medical officers and other health professionals as required. Care planning documentation reflected input from consumers, representatives, and others who participated in assessment and planning. Staff advised the service partnered with organisations which provided onsite after-hour medical services and in-reach support services, and described how consumers were referred to services.

Consumers said they were aware of care assessments and planning outcomes. Staff explained the process for accessing care plan documents and how they communicated outcomes of assessment by talking to consumers and their families directly. Care documentation detailed the outcomes of assessment and planning, including relevant needs and preferences as communicated by consumers.

Consumers said they participated in the regular review of their care plans with staff, medical officers, and allied health professionals. Staff confirmed and care planning documents showed regular 3-monthly evaluations were attended in line with the service’s care plan review policy and care plans were updated when changes or incidents occurred.

# 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

Following previous performance assessments, the service had been found, non-compliant with Requirement 3(3)(a) and Requirement 3(3)(b), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements as clinical monitoring processes to ensure concerns with consumers personal or clinical care, including bowel management, pain, wounds, nutrition and hydration have been strengthened to optimise the consumers health or well-being and effectively manage high impact or high prevalent risks.

Consumers said they received quality care which met their needs, goals, and preferences when they experienced pain, had a wound or pressure injury. Staff demonstrated sound knowledge of the consumers’ needs, goals, preferences, what was best practice when attending to personal care and confirmed all complex wounds were reviewed by an internal clinical nurse consultant. Care documentation reflected individualised strategies, including for pain management, wound care and when psychotropic medications were prescribed, which was safe and effective.

Consumers and representatives said staff explained risks to their health and well-being relating to medical conditions such as diabetes mellitus and they had input into the management of these risks. Staff demonstrated how they identified, assessed, and managed high-impact and high-prevalence risks including falls, catheter care and psychotropic medications, to ensure the safety and well-being of each consumer. Documentation reviewed showed how the service monitored clinical indicators reports, completed positive risk assessments, and implemented risk minimisation strategies.

Consumers and representatives said they had discussed their end-of-life wishes with staff. Staff explained processes to support end-of-life care, including the involvement of family and other health professionals. Policies and procedures guided staff when providing end-of-life care and care documentation showed the consumer’s end-of-life wishes were recorded.

Consumers and representatives said the service recognised and responded to changes in condition promptly. Staff advised they were guided by policies and procedures, supporting them to recognise and respond to changes in a consumer’s condition. Documentation showed consumers were regularly monitored by registered staff, and if any deterioration or change in a consumer’s mental, cognitive, or physical function occurred, this was recognised and responded to promptly.

Consumers and representatives said information was communicated effectively between staff. Staff described how changes in consumers’ care and services were communicated through verbal handover processes, meetings, accessing care plans, and electronic notifications. Consumers’ files demonstrated staff notified the consumer’s medical practitioner and representatives when the consumer experienced any change in condition, a clinical incident, was transferred to or from the hospital, or was ordered a change in medication.

Consumers and representatives said referrals were timely and appropriate, and the consumer had access to relevant health professionals when required. Staff explained how consumers were referred when needed and referrals were followed up to ensure it was actioned. Care documentation evidenced consumers were referred to physiotherapists, speech pathologists and specialist support services, when needed.

Consumers and representatives said there were precautions in place to manage infectious outbreaks, including COVID-19. Staff demonstrated knowledge of hand hygiene, wearing personal protective equipment and confirmed training was mandatory for all staff as part of their induction to the service. There were adequate stocks of personal protective equipment and infection control equipment available to staff.

# Standard 4

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

Findings

Consumers said they received the services and support for daily living which met their needs, goals, and preferences. Staff demonstrated knowledge of the consumer’s needs and preferences, what was important to them, and gave examples of how they supported them to do what they wanted to do. Care documents identified the services and supports the consumers needed to optimise their quality of life.

Consumers said their emotional, spiritual, and psychological well-being needs, goals, and preferences are well supported within and outside of the service. Staff said they engaged with consumers, using individual methods appropriate for each consumer. Care planning documentation recorded consumers’ individual spiritual and emotional needs, support strategies, and how these were implemented.

Consumers stated they were actively engaged with their local community and were supported by the service to maintain relationships and do the things of interest to them. Staff said, especially during lockdowns, they supported consumers to stay connected with family and friends through electronic communication platforms, email, and window visits. Care planning documents included information about how consumers participated in the community, did things of interest, and stayed connected with family and friends.

Consumers and representatives said information about their daily living choices and preferences was effectively communicated, and staff who provided daily support understood their needs and preferences. Staff demonstrated their knowledge of the conditions, needs, and preferences of consumers and said changes were communicated at handovers. Care documentation provided adequate information to support the delivery of effective and safe care.

Consumers said they were referred to other organisations if they wished. Staff described linking individual consumers with community organisations and provided examples of consumers being referred to other providers of care and services, such as local churches, volunteers, and entertainers. Care documents reflected the involvement of others in the provision of support.

Consumers and representatives said the meals were varied, of suitable quality and quantity, and offered consumers choice. Staff said they were informed by care documentation regarding consumers’ preferences and dietary requirements. Dining areas were noted to be set attractively to improve the dining experience and staff were observed assisting and encouraging consumers with their meals.

Consumers described feeling safe when using the service’s equipment and said it was clean, easily accessible, and suitable for their needs. Staff explained how maintenance requests were prepared, logged into and signed off, on the computer system when completed. Documentation reviewed identified current and scheduled preventative maintenance, including for hoists, weight chairs, and other equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service demonstrated how, by offering a mix of quiet, private, and communal spaces, consumers were supported to feel at home, and maintain their independence, and personal preferences for interaction. Consumers said they felt very much at home at the service and were encouraged to decorate their rooms with personal belongings, such as their furniture, photographs, and artwork. Staff were observed welcoming visitors and family members to the service and participating in activities with consumers

Consumers and representatives said the service was clean, well maintained and consumers were able to access all areas of the service, both inside and outside, as they chose. Staff described the process for documenting, reporting, and attending to maintenance issues. Documentation reviewed demonstrated cleaning was conducted as scheduled and maintenance issues were resolved promptly. Whilst no negative feedback was provided by consumers or representatives about moving freely around the service, the service did not follow legislated requirements for consumers in the memory support unit who were subject to environmental restrictive practices.

Consumers and representatives said furniture and equipment were well maintained, safe, and clean. Staff described how maintenance was scheduled and conducted for routine, preventative, and corrective maintenance requirements. Documentation showed schedules to ensure furniture, fittings, and equipment were safe and well-maintained.

# Standard 6

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

Findings

Consumers said they understood how to give feedback or make a complaint and said they felt comfortable doing so, especially when contacting management. Staff explained how the feedback process worked and described how they support consumers to provide feedback. The service had a monthly meeting and a food committee which was chaired by consumers. Information about feedback and complaint processes was displayed throughout the service.

Consumers described ways in which they could voice concerns, and provide feedback and they are made aware of and have access to advocates, language services, and other methods for raising and resolving complaints. Staff described external resources available to consumers and stated they most often used family and internal resources to resolve concerns. Posters of aged care advocacy or translating and interpreting services were displayed in different languages.

Consumers felt the service responded to their complaints appropriately and discussed their concerns with them. Staff described complaint management and open disclosure processes. Policy documents demonstrated how open disclosure was embedded within the service’s complaint’s procedures.

Consumers and representatives stated they had seen feedback and complaints used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements, including dietary preferences, food services, and the water heating system. Management advised that feedback and complaints were analysed and used to improve the quality of care and services.

# 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

Following previous performance assessments, the service had been found, non-compliant with Requirement 7(3)(a), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements as monitoring processes to ensure sufficient staff are deployed to meet the needs of consumers and staff are able to respond to consumers call for assistance promptly.

Consumers reported there was adequate staff for their care to be addressed efficiently and in line with their preferences. Management described how unplanned leave was covered by using casual or agency staff and current recruitment practices are being undertaken to fill vacancies, explaining they were currently interviewing for various staff, including additional lifestyle staff. Staff advised the roster was appropriately planned to deliver and manage quality, safe care and services, and unplanned leave was filled by extending shifts, temporary staff, or using agency staff. Call bell monitoring reports confirmed staff were responding promptly and staff were observed attending to consumer rooms in a timely manner when consumers had called for assistance.

Consumers said the workforce interacted with them in a kind and respectful way regardless of cultural or religious background. Staff were observed engaging with consumers in a respectful and genuinely caring manner, conversing with many consumers and undertaking activities. Policies and procedures stated, and staff confirmed, training was offered to staff about respectful interactions.

Consumers said staff were effective in their roles and were happy with the care provided. Management described how they ensured staff were meeting the minimum qualification and registration requirements for their respective roles and ensured they had current criminal history checks completed. Documentation showed staff were appropriately qualified and the service conducted the necessary checks required for their roles.

Consumers and representatives could not identify any additional training staff needed and confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff advised they received orientation education, and ongoing training, including annual mandatory training, and felt comfortable requesting additional training, to enhance their performance. Training records reviewed demonstrated completion rates above 90% for key training areas including Serious Incident Report Scheme, antimicrobial stewardship, and hand hygiene.

Management described the performance review process and was able to provide examples of performance reviews completed. Staff confirmed they received regular reviews, and these were completed using self-assessment and grading, then reviewed by management. Documentation reviewed indicated performance assessments were recorded and monitored and all performance appraisals were up to date.

# 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The assessment team recommended this requirement was not met.

* 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.

I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

In relation to Requirement 8(3)(c), the Site Audit report bought forward deficiencies in relation to the effectiveness of governance systems supporting regulatory compliance with the *Quality of Care Principles* 2014 (the principles), specifically in relation to restrictive practices as the service has failed to recognise consumers living in the memory support unit or with perimeter security features, were placed under environmental restraint. Additionally, in accordance with the principles, there was no evidence to support those consumers had been appropriately assessed by an approved health practitioner prior to the restrictive practice being applied and behaviour support plans were not in place for these consumers.

The providers response asserts the support provided to consumers meets the legislative requirements, however, acknowledged the issues raised. I note the documentation and clarifying information submitted which substantiates informed consent has been provided as consumers’ representatives having signed the residential agreement for the consumer to be subject to environmental or perimeter restraints described as security features. I also note for some consumers who exhibit wandering or exit seeking behaviours, an assessment for the need for the restrictive practice has been completed, authorised by an approved health practitioner and behaviour support plans were in place. However, other consumers, not limited by their own physical condition, who reside within the secured unit or have perimeter restrictions are also considered as environmentally restrained as consumers free movement is restricted and there is no evidence to support the assessment of the risk of harm to the consumer or behaviour support plans are in place has been submitted to demonstrate legislative requirements have been met.

Overall, I am satisfied the organisation’s regulatory compliance systems have not been effective in identifying the requirements of restrictive practice and ensuring these are implemented consistently.

Therefore, I find requirement 8(3)(c) is non-compliant.

I find the remaining 4 requirements of Quality Standard 8 compliant as:

Consumers said they could partner in improving the delivery of care and services and meeting minutes demonstrated how the service sought feedback about food, staff, and maintenance. Staff described effective systems to engage and support consumers to be involved in the decision-making aspect of their care. Staff confirmed the service ensured consumers and representatives informed of changes in care or when things go wrong, to ensure effective communication and engagement.

A strategic plan ensured monitoring through effective reporting mechanisms. Management and staff described the involvement of the governing body in the promotion of a culture of safe, inclusive services and described the ways the board was kept informed by the service. This was achieved through analysis and monitoring of clinical indicators and benchmarking to identify and address wider trends.

The service had effective risk management systems and practices, in relation to managing high-impact or high-prevalence risks associated with the care of consumers or responding to and preventing incidents. The service had policies and procedures available to provide staff with the guidance they need to manage and respond to high-impact or high-prevalence risks and incidents, to support consumers to live their best life. The organisation satisfied itself the incident management system and processes were working, through regular review and analysis of incident data at a service and organisational level.

The organisation had a clinical governance framework in place including policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Feedback and complaints were responded to promptly. Incidents and complaints were included in the continuous improvement plan and reported to senior management for action, with an open disclosure approach taken.

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)