Performance

Report

**1800 951 822**

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| Name: | Uniting Autumn Lodge Glass Street |
| Commission ID: | 0277 |
| Address: | 11 Glass Street, ARMIDALE, New South Wales, 2350 |
| Activity type: | Site Audit |
| Activity date: | 10 September 2024 to 12 September 2024 |
| Performance report date: | 17 October 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 293 Uniting Autumn Lodge Glass Street |

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 Autumn Lodge Glass Street (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and said their identities were maintained by sharing stories of importance to them and personalising their rooms. Staff had knowledge of consumers’ identities and cultural backgrounds and were observed treating them with dignity and respect as assistance was provided. Care documentation evidenced consumers’ identities, cultural backgrounds and provided guidance for staff in delivering dignified care.

Consumers said care and services were delivered in line with their cultural needs and preferences and their unique cultural backgrounds were valued. Staff were knowledgeable of consumers’ cultural backgrounds and identities and explained how care was tailored to meet cultural needs. Care documentation evidenced consumers’ cultural needs and preferences.

Consumers and representatives confirmed consumers were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections and maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to maintain relationships, such as ensuring couples spend uninterrupted time together, as per their preferences. Care documentation evidenced consumers’ care preferences and who was involved in making decisions about their care.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to spend time in the community and utili. Staff understood risks to individual consumers and explained the mitigation strategies implemented to promote their safety. Care documentation evidenced risk assessments and mitigation strategies were in place, with consumers having made informed decisions.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs, lifestyle events and visiting arrangements in the event of COVID-19 infections. Staff explained information was provided to consumers in person, particularly when changes occurred to the menu or activities calendar. Information boards in communal areas promoted the activities calendar, newsletters, memos and advocacy services, whilst current menu options were observed in dining rooms.

Consumers gave practical examples of how their privacy was respected, such as staff did not disturb them when spending time alone, as per their request. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and ensuring doors and curtains were closed when providing care. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their rooms, whilst consumers’ personal information was kept confidential in secured nurses’ stations.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored, managed and used to develop the care plan, which informed how they delivered care. An entry checklist and assessment process guided staff practice in methodically assessing consumers for risks and developing their care plan. Care documentation evidenced risks to consumers, such as falls and restrictive practices, were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff were guided by assessment and planning processes, and confirmed discussing consumers’ end of life wishes during the entry process. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as medical officers and physiotherapists, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist practitioners and services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as speech pathologists and dieticians.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the electronic care management system (ECMS) and shared with consumers and representatives. Care documentation evidenced outcomes of assessment and planning were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly for effectiveness and in response to incidents, such as changed behaviours. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs. Care documentation evidenced consumers’ needs were reviewed as scheduled, and reassessment occurred in response to incidents and when their circumstances changed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received the care they needed, which was individualised, safe and met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood restrictive practices, pain management and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received individualised care in line with their care plan. Training, policies, and procedures were in place to support best practice personal and clinical care.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as diabetes and falls, and described the risk minimisation strategies. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place.

Care documentation, for a consumer receiving end of life care, evidenced they were supported by palliative care specialists and kept comfortable through pain monitoring, symptom management and individual consumer’s wishes were met. Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions, overall health or needs, and responses were timely. Staff explained consumers were monitored for changes in their mobility, appetite, changed behaviours and pain levels, with any changes documented and the consumer escalated to clinical staff or medical officers for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood consumers’ requirements and delivered the care they needed. Staff explained changes in consumers’ care and services were documented and communicated as needed throughout the day, during shift handovers, and they accessed information in the ECMS. Care documentation evidenced information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as dieticians, and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as dieticians, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed. Staff understood infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, either by participating in group activities or spending time on solo interests. Staff had knowledge of consumers’ daily living preferences and explained individual lifestyle plans were developed during the entry process and regularly updated in consultation with consumers. Care documentation evidenced consumers’ individualised needs, goals, preferences and how they were supported to maintain their independence.

Consumers considered their emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as spending one-on-one time with them when their mood was low, arranging religious services, pastoral care support and one-to-one visits by volunteers. Care documentation evidenced consumers’ emotional, spiritual and psychological needs and strategies to support their well-being.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to spend time with friends. Staff explained they supported consumers to maintain important relationships by arranging video calls with family, whilst social connections were formed through an intergenerational program with a local school, and a volunteer program, whose volunteers spent meaningful one-on-one time with consumers discussing shared interests. Consumers were observed participating in activities, returning from outings to the community and socialising with each other and visitors.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their daily living needs and preferences. Staff explained changes in consumers’ care and services were documented and communicated as needed throughout the day, during shift handovers, via a documented handover summary, and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ needs, preferences and changed conditions which could be shared with others who had responsibility for their care.

Consumers confirmed when additional support was needed, they were promptly referred to individuals and other services. Staff explained other organisations and volunteer programs were engaged to offer consumers one- on-one psychological support and companionship, particularly for those living with dementia. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements and were developed in consultation with a dietician and based on feedback provided at food focus meetings and via feedback processes. Staff had knowledge of consumers’ nutrition and hydration needs and preferences, including for those residing in the memory support unit (MSU), and explained consumers had access to food and drinks between mealtimes. Meal service was observed, and staff were providing dignified assistance to consumers.

Consumers said they felt safe when using equipment provided by the service, such as mobility aids, and maintenance staff attended to issues promptly and efficiently. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming, easy to navigate and consumers were encouraged to personalise their rooms and receive visits from loved ones, which made it feel like home. Staff explained how consumers were supported to make the service feel like home, with activity areas and communal lounges designed to facilitate social interaction and self-directed activities. Consumers were observed accessing indoor and outdoor areas, where they watched television, listened to music or could enjoy the gardens with their visitors.

Consumers gave positive feedback about comfortability and cleanliness of the service, and confirmed they had free access to the community. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around a clean and well-maintained service.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for their use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they were supported to raise concerns and gave practical examples of how they give feedback such as speaking with staff, attending consumer meetings, providing feedback during mealtimes and completing feedback forms. Management explained the complaints process, confirmed they had an open-door policy and said consumers also provided feedback during their morning walk-through of the service, with assistance provided to make a complaint, if needed. The consumer handbook included information on how to submit a complaint or provide feedback, whilst complaints documentation, meeting minutes and survey results evidenced consumers and representatives were supported to provide feedback.

Consumers and representatives understood how to access external complaints, advocacy and language services, whose contact details were included in the consumer handbook. Staff described the external complaints, advocacy and language services available to consumers and said they assisted them to access these, if required, with scheduled information sessions provided by advocacy services throughout the year. Pamphlets and notices displayed promoted access to the Commission and external advocacy and language services.

Consumers and representatives gave practical examples of consumers’ being offered relocation to another room in the MSU, as appropriate action taken in response to their complaints of being interrupted by others when pursuing their hobbies. Staff explained the service’s complaints process and understood the principles of open disclosure. Complaints documentation evidenced the use of open disclosure and a transparent approach to complaints management.

Consumers gave practical examples of how their feedback and complaints resulted in the purchase of a new bird cage, so the birds were safely housed and consumers could continue to enjoy caring for the birds. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation and meeting minutes and the CIP evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and confirmed consumers’ needs were promptly met. Management explained daily consumer call bell data was analysed and used to inform staffing allocations, with a registered nurse (RN) always onsite, recruitment was ongoing for a pool of casual staff and care minute targets were being met. Rostering documentation evidenced all shifts were filled and a RN was always available.

Consumers and representatives said staff were kind, caring, respectful and understood what was important to consumers when care was provided. Staff were trained in the Code of Conduct for Aged Care and demonstrated familiarity with consumers’ individual needs and preferences. Staff were observed interacting with consumers in a kind and respectful manner, sought consent prior to entering their rooms and used their preferred names during conversations or when assistance was provided. Staff were observed interacting with consumers in a kind and respectful manner, sought consent prior to entering their rooms and used their preferred names during conversations or when assistance was provided.

Consumers and representatives confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained, and staff confirmed, staff competency was determined through pre-employment checks, an orientation and buddy program, mandatory training which reflected the Quality Standards, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing care, particularly for those consumers with symptoms of dementia. Management explained, and staff confirmed, mandatory training was completed in the Quality Standards, the Serious Incident Response Scheme (SIRS), open disclosure, incident management and antimicrobial stewardship, with additional training arranged at the request of staff. Training records evidenced most staff had completed mandatory training, with those outstanding scheduled for completion.

Management advised staff performance was assessed and monitored through probationary and annual performance reviews, with informal appraisals through feedback processes, regular one-on-one catchups, observations and discussions with consumers and representatives. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal. Staff confirmed they participated in performance reviews and said they were supported by management, whilst personnel records evidenced all reviews were completed.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they participated in the development, delivery and evaluation of care and services through regular meetings and the community circle. Management explained consumers also contributed to evaluation of care and services through surveys and the feedback process, which resulted in the purchase of new furniture and a fresh coat of paint for the service, for which their input was sought on colour schemes. Meeting minutes, complaints documentation and consumer experience surveys evidenced consumers were actively engaged in providing feedback about aspects of their care and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a range of committees, and it received regular reports on clinical indicators, operational matters and routine audits. Meeting minutes evidenced the board received regular reporting which supported oversight of the service’s performance against the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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