Performance

Report

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| Name: | Uniting Caroona Yamba |
| Commission ID: | 0393 |
| Address: | 4 Freeburn Street, YAMBA, New South Wales, 2464 |
| Activity type: | Site Audit |
| Activity date: | 2 April 2024 to 4 April 2024 |
| Performance report date: | 9 May 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 409 Uniting Caroona Yamba |

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

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 24 April 2024.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were respected by staff, and staff were aware of their needs. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation includes details about consumers’ identity, backgrounds, and cultural diversity.

Consumers and representatives reported the service recognises and respects their cultural backgrounds and provides care that is consistent with their cultural traditions and religious beliefs. Care planning documents captured consumers' cultural needs and preferences, encompassing significant relationships, life journey details, cultural background, spirituality, and personal choices. Staff advised and records confirmed that staff had received training on culturally appropriate care.

Consumers said they are supported to make decisions about their care and services and maintain personal and social relationships. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with. Care planning documentation identifies consumers’ lifestyle choices who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives said consumers were supported to live life how they choose, with risks associated with their choices and decisions assessed, and discussed with them. Staff were aware of the consumers who take risks and could describe strategies they practice mitigating risks. Care planning documentation included risk assessments, consumer decisions regarding dignity of risk and strategies to manage these risks. The service had a policy and procedure which outlined the commitment to respect consumers’ right to make decisions including those that involve an element of risk.

Consumers and representatives said information was provided in a timely and easy to understand manner which helped consumers to make decisions about their care and services. Staff could describe the various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies to support consumers with a hearing impairment. A range of information was observed available across the service including newsletters, menu options and activities calendars.

Consumers said their privacy was respected by staff. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# Standard 2

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said assessment and care planning identified risks to consumers. Staff were able to describe the care planning process and how it informed the delivery of care and services. Care planning documentation demonstrated consideration of potential risks to consumers’ health and wellbeing including, but not limited to falls and skin integrity risks. The service had policies, procedures, training, and tools to guide staff practice in the assessment and care planning process.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life (EOL) wishes as appropriate. Consumers reported the assessment and planning processes addressed their current needs, goals, and preferences. Management and clinical staff described advance care planning conversations and their approach to EOL with consumers and representatives during consumers entry to the service, at case conferences and as consumers’ needs change.

Consumers and representatives said they were involved in the assessment and care planning process and were aware of input of other health specialists and providers. Management and clinical staff described how assessment and care planning was completed in partnership with consumers and representatives, Medical Officers (MO’s), and other allied health specialists as required. Care planning documentation evidenced verbal updates are provided to the consumers and representatives on an ongoing basis and reflected organisations, individuals, and providers of other care and services who were involved in the care of the consumer.

Representatives said they were contacted regularly and were informed in a timely manner in relation to assessment and planning and were aware they can access a copy of consumers care plan. Care planning documentation confirmed outcomes of assessment and planning was communicated to consumers and representatives and management advised consumers and representatives were offered a copy of consumers’ care plan following case conference’s, post 3-monthly care plan reviews and as requested by consumers and/or representatives.

Consumers said they were satisfied changes to care were made following any concerns or incidents. Clinical staff advised they use the case management allocation as a guide for completing 3-monthly care plan reviews and conduct reviews of assessments, care, and service plans when there is a change in consumer care needs, circumstances, or when incidents occur. Review of care documentation evidenced consumer care and services are reviewed for effectiveness regularly and when incidents occur or when circumstances change.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The service had policies, procedures, and work instructions for key areas of care, including restrictive practices, behaviour support, pain management and other areas to support best practice personal and clinical care.

Representatives said known risks of consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management, pressure injuries, catheter care, and diabetes management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and EOL care guidance was available to support staff.

Representatives expressed their satisfaction that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Management advised daily meetings occur with key staff members to discuss any changes to consumers’ condition or care needs. Care planning documentation identified correspondence from MO’s and health professionals was accessible to staff on the services electronic care management system.

Consumers and representatives said the service had referred them to the appropriate providers, organisations, or individuals to meet clinical and care needs, and they are satisfied with the care delivered by those they have been referred to. The allied health team described how clinical staff request timely referrals in addition to the regular allied health reviews and interventions they provide to consumers. Management described how the service is guided by policies and procedures for consumer referrals for other healthcare providers. Care planning documentation demonstrated the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers.

Representatives expressed their satisfaction of how the service prevents, manages, and controls different infectious outbreaks as well as individual consumer infections. The service had an appointed Infection Prevention Control Lead and implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they had received specific training for infection prevention and control and had completed the competencies including hand hygiene and the use of personal protective equipment (PPE). Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# Standard 4

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

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

Consumers considered their emotional well-being, religious, and spiritual practices were supported. Staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as religious services, one-to-one visits by the pastoral practitioner, and spending one-on-one time with consumers. Care planning documentation evidenced that consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfill these needs.

Consumer reported they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as exercise groups and bus trips. Care planning documentation identifies activities of interest for the consumers and how they were supported to participate in these activities and in the wider community.

Consumers and representatives said information was effectively shared to support their daily living needs. Staff explained the processes used in keeping up to date records of consumer information, such as activity preferences, likes and dislikes, dietary and personal needs, and preferences and the processes to share this information with other providers, volunteers, and staff.

Care documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers for example referrals for volunteers from the community visitor’s scheme to provide companionship for consumers. Consumers expressed their satisfaction and said they were consulted regarding referrals to other providers and individuals.

Consumers expressed their satisfaction with the meals at the service and said requests for alternative meals were accommodated. Staff were able to describe and demonstrate accurate knowledge about consumers likes and dislikes including special dietary requirements and nutrition and hydration needs. Care planning documentation notes consumers’ dietary needs, dislikes, allergies, and preferences. The service’s Chef advised menus were reviewed by a Dietician and meeting minutes evidenced input from consumers gathered from food focus and consumer and representative meetings.

Consumers and representatives considered equipment for consumers was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers reflected they felt at home at the service, were supported to personalise their rooms and found the service environment easy to navigate. The service environment had wide corridors and pathways to access outdoor areas, sufficient lighting, and handrails to assist with consumer movement and interaction.

Consumers and representatives said the service was kept clean, they can access outdoor areas and maintenance requests were attended to promptly. Consumers were observed moving freely throughout the service and to outdoor areas. Staff could describe how they report potential hazards or maintenance issues. Cleaning and maintenance staff were guided by work schedules and documentation identified reactive maintenance requests were attended to in a timely manner and preventative maintenance was completed as per an established schedule.

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

# Standard 6

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

Findings

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

Consumers said they know how to raise complaints and felt comfortable discussing complaints with staff. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback including consumer and representative meetings, feedback forms, surveys and speaking directly with staff.

Consumers advised they were informed about external complaint processes and had attended information sessions provided by external advocacy agencies. Staff could explain the availability of external advocacy and language services to consumers, and management mentioned that multilingual staff were on hand to support consumers who spoke the same language. The service displayed brochures, newsletters, and posters about external complaint procedures, advocacy services, and translation services.

Consumers said they were satisfied how the service responds to concerns raised including apologising and resolving concerns. Staff demonstrated their awareness of complaints management and open disclosure processes and confirmed they had received training on complaints handling. Review of the service’s feedback and complaints register identified complaints were resolved in an appropriate and responsive manner and open disclosure was practiced.

Consumers were satisfied improvements were made as a result of their feedback. Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Review of documentation such as consumer and representative meeting minutes and the service’s Continuous Improvement Plan (CIP) demonstrated activities were created to improve care and services for example, the recent improvements in the maintaining of garden areas. The Site Audit report contained information in Requirement 6(3)(d) in relation to improvements raised in consumer and representative meetings were not consistently included in the service’s CIP. The approved provider in its response to the Site Audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as an element of the response.

**Standard 7**

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported there were enough staff at the service to meet consumers’ needs, and staff responded promptly to consumers requests for assistance. Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and having contingencies to account for unplanned leave. The service has a Registered nurse on each shift providing 24 hour coverage, and staff said they had enough time to complete their duties. Call bell response times are monitored, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

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

Consumers considered staff to be well skilled and competent. Position descriptions for staff were established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Management reported at the organisational level, current registration requirements, criminal history checks, and the Aged Care Banning Order Register are monitored. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Representatives reported staff were competent, well trained, and understood consumers’ care needs and preferences. The service provides training to staff to deliver the outcomes required within these standards. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation and buddy shifts, face to face training access to online training modules. Mandatory training records evidenced training is provided on a range of topics with high completion rates and all training was recorded and monitored.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management described the various assessment, monitoring and review processes including a probationary period for each staff member of 6 months, annual appraisals, competency assessments, informal and formal reviews following incidents or feedback and complaints received. The Site Audit report provided information in relation to requirement 7(3)(e), identifying staff annual performance reviews were not all completed by the due date of February 2024. The approved provider in its response to the Site Audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as an element of the response. I am satisfied that the service has taken action and committed to further actions to address ensuring the assessment, monitoring and review of the performance of each member of the workforce is in alignment with the organisation’s processes.

# Standard 8

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service is well managed and involves them in the delivery and evaluation of care and services. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as consumer and representative meetings, food focus meetings, the consumer advisory body, surveys and feedback from consumers and representatives.

Management described their organisational governance framework and how the governing body was involved, and accountable for the delivery of safe, quality care and services such as through relevant subcommittees including the Quality Care and Safety Committee, Audit, Risk and Treasury Committees, and Mission Governance. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, feedback and complaints, and incidents. Compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Financial governance procedures support the changing needs of consumers, and management advised the recent purchasing of new beds for consumers.

The service had a risk management plan, which identified current and emerging risks. Records demonstrated the service had implemented its risk-management frameworks, policies, and guidelines effectively. Management and staff could describe the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Management and staff said the high impact high risks to consumers including weight loss and falls and could describe strategies for managing these risks.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. The service maintains and monitors a restrictive practice register. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)