Performance

Report

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| Name: | Wyoming Nursing Home |
| Commission ID: | 2355 |
| Address: | 47 Grosvenor Crescent, SUMMER HILL, New South Wales, 2130 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 13 March 2024 to 14 March 2024 |
| Performance report date: | 16 May 2024 |
| Service included in this assessment: | Provider: 750 Wyoming Nursing Home Pty Ltd  Service: 773 Wyoming Nursing Home |

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 Wyoming Nursing Home (**the service**) has been prepared by Katrina Platt, 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 Assessment contact (performance assessment) – site 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 dated 9 April 2024
* the performance report dated 12 December 2022 for the Site Audit conducted from 1 November 2022 to 4 November 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all Requirements assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable as not all Requirements assessed** |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all Requirements assessed** |
| **Standard 4** Services and supports for daily living | **Not Applicable as not all Requirements assessed** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Applicable as not all Requirements assessed** |
| **Standard 7** Human resources | **Not Applicable as not all Requirements assessed** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* Requirement 5(3)(a) – the Approved Provider monitors the service environment to ensure, as much as possible, the environment optimises each consumer’s sense of belonging, independence, interaction and function. The Approved Provider also continues to apply continuous improvement measures to the refurbishment of the service environment and ensures the consumer impacts are minimal.
* Requirement 5(3)(b) – the Approved Provider ensures the service environment is safe, clean, well maintained and comfortable and provides ensures can move freely and safely both indoors and outdoors. The Approved Provider also continues to apply continuous improvement measures to the refurbishment of the service environment and ensures the consumer impacts are minimal.

# 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)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirements 1(3)(a) and 1(3)(f) were not compliant following a Site Audit conducted from 1 November 2022 to 4 November 2022. An Assessment Contact was conducted from 13 March 2024 to 14 March 2024 to reassess the Requirements.

Consumers and consumer representatives confirmed they were treated with dignity and respect and their culture and diversity were valued. Staff were knowledgeable about consumer preferences and cultural backgrounds, identities and values and described application of this knowledge to consumer care provision and consumer engagement. Care planning documentation reflected consumer backgrounds, culture, religious beliefs and preferences which were consistent with feedback from consumers and staff.

Two consumers raised specific privacy issues in shared rooms which were acknowledged and actioned by management. Staff were observed knocking on consumer doors and seeking entry permission, being respectful towards consumers and maintaining consumer privacy during care provision. Management and staff demonstrated sound knowledge about confidentiality and privacy and described several relevant processes and practices which included locked electronic devices and nurses stations, secured files and staff training and education.

# 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)(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

Requirements 2(3)(a) and 2(3)(e) were not compliant following a Site Audit conducted from 1 November 2022 to 4 November 2022. An Assessment Contact was conducted from 13 March 2024 to 14 March 2024 to reassess the Requirements.

Consumers and consumer representatives were involved in care planning from entry and when comprehensive and individualised care plans were developed. Staff were knowledgeable about the care planning process and consumer care plans reflected comprehensive assessment of consumer needs, goals and preferences and risks to consumer health and well-being. A system alert ensured care plans were reviewed every 3 months and when care needs and preferences changed. Risk assessment involved consumer consultation and evaluation of consumer risks which included physiotherapy and speech pathology. A monthly ‘resident of the day’ program provided clinical and non-clinical consumer needs and risks were assessed and included room and clothing checks, skin, hearing, denture and nail reviews.

Consumers and consumer representatives were informed of changes in consumer care and incidents, and one consumer representative discussed strategies and interventions incorporated into their consumer’s care. Staff were well-informed about consumer changes and described review processes undertaken when consumer conditions changed and incidents occurred. Regular care plan reviews were conducted every 3 months and consumer care plan documentation evidenced review and evaluations related to personal hygiene, falls and mobility, skin integrity and pain. Engagement of geriatricians, Dementia Services Australia and other allied health professionals was demonstrated.

# 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)(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

Requirements 3(3)(a), 3(3)(b) and 3(3)(g) were not compliant following a Site Audit conducted from 1 November 2022 to 4 November 2022. An Assessment Contact was conducted from 13 March 2024 to 14 March 2024 to reassess the Requirements.

Consumers and consumer representatives provided positive feedback about the safe and individualised care provided. Staff discussed individualised behaviour management strategies and distraction techniques tailored to individual consumers and described observations and activities implemented for consumer health and well-being. Staff were observed providing individualised care which was tailored to consumer needs. Care planning documentation evidenced regular and consistent skin assessments, wound management charts and repositioning requirements for consumers and adapted personal care provision for individual needs and preferences.

Consumers and consumer representatives were satisfied with consumer care for high-impact and high-prevalence risks. Effective skin integrity management was demonstrated for all wounds, incontinence associated dermatitis, pressure injuries, skin tears and ulcers. Wound management and incident forms were evidenced to include injury type and size, dressing type and frequency, wound photography and increased healing interventions which included repositioning, surrounding skin management and pain management. Staff discussed repositioning strategies for individual consumers and expressed confidence in attending to skin management referrals and medical officer reviews when required.

Effective falls prevention and management which utilised a multi-disciplinary approach was demonstrated. Staff described falls prevention strategies including appropriate footwear, mobility aid use and removal of clutter and obstacles. Comprehensive post-fall assessments were completed which included medical officer and next of kin notifications and hospital transfer when required. Physiotherapy assessment occurred for consumers with increased risk of falls, post-fall management and for mobility changes, with group exercise classes and individualised mobility and strengthening programs facilitated for consumers as required.

Restrictive practices were managed in accordance with legislative requirements, with appropriate risk assessments and consents in place and consent review strategies implemented for consumers with chemical, mechanical and environmental restraints. Behaviour support plans were evidenced for consumers with chemical restraint and staff discussed intervention strategies trialled for consumers with changed behaviours before medication is administered.

Consumer infection risk prevention and control was evidenced and effective. Staff demonstrated a good understanding of infection prevention and control practices and were observed performing hand hygiene, wearing appropriate personal protective equipment and wiping consumer equipment between use. Staff discussed antimicrobial stewardship and signs and symptoms of urinary infections and described intervention strategies which included urinalysis and pathology, continence assistance, hygiene and increased fluid intake.

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Requirements 4(3)(a) and 4(3)(f) were not compliant following a Site Audit conducted from 1 November 2022 to 4 November 2022. An Assessment Contact was conducted from 13 March 2024 to 14 March 2024 to reassess the Requirements.

Consumers and consumer representatives were satisfied with the lifestyle program and laundry services provided. Whilst lifestyle staff were familiar with individual consumer activities and discussed individualised activity calendars for consumers with wandering behaviours, activities were not always captured in care planning documentation and activities engagement was not always reflective of consumer needs and preferences. Activities were not regularly reviewed for effectiveness and improvement, with some consumers unable to engage in group and community-based activities.

In response to the findings in the Assessment Team report, the Approved Provider submitted a plan for continuous improvement which supported a review of consumer activities had occurred and several strategies have been implemented. Lifestyle staff reviewed consumer documentation to ensure planned activities were effective and aligned with individual and group activities, which were confirmed to be entered into the correct section in the electronic care system. An activities focus group commenced from 15 April 2024, with consumers able to provide ongoing input into activity preferences. Activity focus groups were initially held fortnightly, and were then transitioning to monthly. Lifestyle staff activity reviews have also commenced on a monthly basis, and alternate community outings are considered for consumers unable to attend the regular bus trips. Improved communication to consumers has been highlighted, with lifestyle staff to inform consumers directly of changes to activities.

In making my decision about Requirement 4(3)(a), I have considered the feedback from consumers and the actions taken to improve the activities available to consumers. Of particular benefit to consumers, has been the tailored approach to seeking their feedback and preferences through the activities focus group and improvements in communication about changes to activities. I am satisfied the care planning documentation captures individual and group activities relevant to consumers and this is readily available to staff when required. As such, I find Requirement 4(3)(a) is compliant.

Most consumers and consumer representatives expressed satisfaction with the variety, quality and quantity of food provided and meal service, and were afforded opportunities to provide feedback and engage in menu development through monthly food focus meetings. Individual consumer needs and preferences and specific dietary needs were incorporated into menus and individualised meals were provided when required. Mealtimes were staggered to ensure consumers received appropriate support and had sufficient time to enjoy their dining experience.

# 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. | Not 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. | Not Compliant |

Findings

Requirements 5(3)(a) and 5(3)(b) were not compliant following a Site Audit conducted from 1 November 2022 to 4 November 2022. An Assessment Contact was conducted from 13 March 2024 to 14 March 2024 to reassess the Requirements.

Consumer rooms were observed to be personalised and staff familiarity with consumers created a sense of community and belonging. However, the current refurbishment activities have impacted on consumers, with limited communal space availability and consumers exposed to daily construction disturbance and emissions. Management were cognisant of consumer impacts during daily construction and noted consumers were encouraged to participate in activities in unaffected areas and advised decoration of completed areas of refurbishment were being undertaken.

The Approved Provider acknowledged the feedback provided during the Site Audit conducted in November 2022 about way finding and multibed rooms and subsequently engaged an architect and building engineer to assist with planning and solutions. Some of the solutions have included reduction of multibed rooms and more single and double rooms, relocation of key services (i.e. nurses stations) to more centrally located positions within the service, new vinyl flooring, upgraded lounge rooms and dining rooms with built-in joinery and kitchenettes and baine marie stations in both dining rooms to enhance the dining experiences, and new furniture throughout the entire service, including in consumer rooms.

In response to the recent Assessment Team findings, the Approved Provider welcomed the additional feedback and undertook a re-assessment of current workplans to implement additional strategies to ensure no impact on consumers where possible during the remaining building upgrades. An external independent company and project manager have been appointed to project manage and oversee the completion of the building refurbishment. The project manager will monitor progress to ensure the project remains on track and consumers quality of life is supported with enhanced accessibility and minimisation of disruptions throughout the refurbishment process. Changes have been implemented which will limit the number of rooms undergoing refurbishment at any given time which facilitates free access to all other areas of the service for consumers, prioritising their comfort and convenience.

Daily surveillance of the construction plan monitoring checklist will be undertaken and the group maintenance manager will also undertake weekly surveillance to ensure compliance with the construction plan and to promptly address any emerging issues. A copy of the ‘construction plan rounds checklist’ was provided for consideration and was noted to include safety and care measures, noise and disturbances, infection prevention and control, accessibility, comfort and wellbeing and communication and information. Regular evaluations to assess the effectiveness of implementation strategies will be undertaken and adjustments made to optimise the experience and quality of life for consumers as required.

Weekly project meetings occur with key personnel and attendance of the chief executive officer to monitor compliance, authorise major changes if needed and to ensure consumers are not impacted by refurbishment changes. A copy of the meeting agenda was provided and matters including consumer feedback, clinical impacts, risk management, infection control and environmental spot checks were noted for regular discussion.

Designated quiet periods are being extended for ‘tools down’ and construction hours have been modified. New wayfinding signage has been tailored to consumer use and floor markings are utilised for key area identification, like dining rooms and other communal areas. Additional ventilation and extraction systems are being used to further minimise consumer exposure to fumes, and materials with low volatile organic compound levels are used.

Consumers are regularly involved in discussions and decision-making processes about communal spaces and outdoor areas to ensure their needs and preferences are respected and fulfilled. Consumers are encouraged to provide feedback through regular surveys and meetings to identify areas for improvement. The Approved Provider noted the strategies identified will enhance the consumer experience and create an environment which promotes social interaction, relaxation and well-being for all consumers.

In making my decision on Requirement 5(3)(a), I have considered the refurbishment activities and their impact on consumers and how that aligns with the intent of this Requirement, which is to provide an environment which is welcoming and encourages a sense of belonging. I have also considered the commitment made by the Approved Provider to ensuring the impact on consumers is regularly monitored and adjustments are made accordingly.

Whilst I acknowledge the longer term benefits to consumers and the genuine efforts made to minimise the impacts, the nature of the refurbishment means there is an ongoing impact on consumers even when mitigation strategies are in place. I therefore find that Requirement 5(3)(a) is not compliant.

Consumers rooms and shared bathrooms were observed as clean and tidy. Due to ongoing refurbishment construction, impacts were demonstrated on consumer dining experiences, mobility and access throughout the internal courtyard, secondary smoke inhalation and building infiltration, limited quiet spaces, and restrictive access to back garden areas. Responsive maintenance was promptly managed and preventative maintenance was demonstrated within required time periods for several areas which included regular pest control and electrical testing.

In response to the findings in the Assessment Team report, the Approved Provider acknowledged the impact of ongoing construction and limitations on consumer access to communal areas. Several strategies have been implemented and include removal of construction equipment to specific storage areas to ensure communal areas are clear for consumers and tools used in the refurbishment of the remaining consumer rooms will be kept behind closed doors to ensure clear corridors and accessibility.

Clear signage for designated smoking areas has been implemented and remedial staff training has occurred to ensure effective monitoring and active promotion of designated areas. Relocation of smoking areas or alternate locations are being considered to facilitate consumer access to outdoor areas which are smoke free.

The facilities management team will conduct increased surveillance activities to ensure ongoing compliance with the smoking policy, correct storage of construction materials and prompt responses for any issues requiring corrective action. An external cleaning checklist and any areas of concern will be presented at weekly team meetings. The lower ground dining room and lounge room were completed and opened on 15 March 2024. All corridors and thoroughfares are fully accessible.

In making my decision on Requirement 5(3)(b), I have considered the intent of this Requirement which is for the service environment to be safe, clean, well maintained and comfortable and for consumers to move freely around the service environment, both indoors and outdoors. I have also considered the impacts on consumers and note the various strategies implemented by the Approved Provider in order to minimise those impacts. I find, however, the refurbishments and impacts on consumers continue to be present and as such, Requirement 5(3)(b) is not compliant.

# 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)(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

Requirements 6(3)(a), 6(3)(c) and 6(3)(d) were not compliant following a Site Audit conducted from 1 November 2022 to 4 November 2022. An Assessment Contact was conducted from 13 March 2024 to 14 March 2024 to reassess the Requirements.

Consumers and consumer representatives were comfortable providing feedback and complaints and felt heard. Internal and external complaint processes were evidenced and an open door policy provided opportunity for consumers and consumer representatives to present suggestions, concerns and compliments. Alternate avenues for feedback and complaints included monthly consumer and consumer representative meetings and food focus groups, and feedback and complaints information was contained in monthly newsletters and located throughout the service.

Consumers and consumer representatives were confident staff and management would address their feedback and complaints and acknowledged the considerable improvements in communication from management. Staff demonstrated an understanding of open disclosure principles and described their application in care and services provision, which was consistent with feedback from one consumer and their representatives about their open disclosure experience.

Consumers and consumer representatives confirmed improvements in care and services provision resulted from their feedback and complaints. Review processes were demonstrated and incorporation into the plan for continuous improvement was evidenced, with confirmation from management about actions taken and outcomes provided to consumers and consumer representatives.

# 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)(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

Requirements 7(3)(a), 7(3)(c), 7(3)(d) and 7(3)(e) were not compliant following a Site Audit conducted from 1 November 2022 to 4 November 2022. An Assessment Contact was conducted from 13 March 2024 to 14 March 2024 to reassess the Requirements.

Most consumers and consumer representatives discussed timely care and services provision and staff support, with some observations made that staff were scarce at times. Staff indicated there were sufficient numbers for shift coverage and vacant shifts were filled. Management discussed recruitment of qualified staff to ensure increased staffing levels and frequent utilisation of part-time and casual staff for shift coverage. Management also confirmed sufficient registered nurse availability and decreased usage of agency staff.

Consumers and consumer representatives indicated staff were competent and knowledgeable about their roles and responsibilities. Staff discussed qualifications and mandatory training and expressed confidence in their ability to perform their roles competently. Management discussed daily staff practice observations and consumer feedback as staff competency management tools, and education and training support provided to manage staff knowledge or practice deficiencies. Role descriptions were read and understood by staff before employment commencement and new staff were paired with experienced staff until competency was demonstrated.

Consumers and consumer representatives were satisfied staff were sufficiently trained and noted new staff were adequately supported. Staff confirmed participation in education and training which included the Serious Incident Response Scheme, elder abuse, restrictive practices, dignity and respect, choking and swallowing risks, falls management and fire safety. Management discussed education and training needs identification through clinical indicators and risk management, and the subsequent engagement of the organisational education coordinator when required. Regular toolbox talks were provided and training records confirmed 100% completion of mandatory training for permanent staff.

Regular staff performance assessments were demonstrated and staff confirmed participation in performance appraisal discussions. Management discussed monitoring staff performance through observations and annual performance appraisals and undertaking performance management when required.

# 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

Quality Standard 8 was not compliant following a Site Audit conducted from 1 November 2022 to 4 November 2022. An Assessment Contact was conducted from 13 March 2024 to 14 March 2024 to reassess the Quality Standard.

Consumers and consumer representatives discussed being included and engaged in the development and delivery of consumer-centred care and services. Consumers were supported to engage in monthly consumer and representative meetings, food focus groups, consumer surveys, feedback and complaints processes and the consumer and consumer representative advisory body. Board directors and executive and service management were regularly engaged with individual consumers during service walk throughs and consumers were consulted about interior design concepts for the service refurbishment.

Organisational policies and procedures outlined safe and inclusive consumer care, which were supported by a mission and vision statement and regular communication and reporting from management to the governing body. Regular meetings with consumers facilitated discussion about major changes and adverse events which impact on consumer safety and well-being, with investigations and root cause analysis ensuring adverse impacts were effectively managed. Data collection and analysis at service and organisational level were regularly provided to the governing body, with areas of concern highlighted and monitored.

Information management systems were evidenced for electronic care management, risk and incident management, compliance, complaints, maintenance, education and training and human resources, with effective data generation and reporting into the governing body demonstrated. The plan for continuous improvement included ongoing and completed improvement activities, improvements initiated from several sources and improvements aligned with the Quality Standards, with engagement from consumers demonstrated and regular monitoring and review undertaken.

Financial governance systems were evidenced for budget and consumer discretionary expense management which informed consumer care and services delivery and out-of-budget improvements requested by consumers. Workforce governance was demonstrated through planning and ongoing review of consumer care needs, clinical data, feedback and complaints and with involvement from consumers and staff. Roles and responsibilities were clearly identified and staff performance monitored.

The regulatory compliance register demonstrated changes to aged care regulation and communications from the Commission and peak bodies were tracked and monitored. Management were regularly updated on any legislative or policy changes and consumers and staff were provided with relevant communications and training to keep them informed. For feedback and complaints, detailed policy and procedure documentation supported management of feedback and complaints and the subsequent use of feedback and complaints to inform continued improvement was demonstrated, and oversight by the governing body was informed by trend analysis, monitoring and reporting.

Risk management monitoring occurred at both service and organisational level and policies and procedures were demonstrated for mandatory reporting responsibilities, management and closure of incidents, open disclosure, roles and responsibilities, safety and support, clinical governance and continuous improvement. Reportable incidents under the Serious Incident Reporting Scheme and high-risk incidents were escalated and reviewed by the governing body and dedicated after hours incident management processes were demonstrated. All incidents were analysed for root cause and prevention strategies implemented, with trending and improvement areas determined and acted upon.

The clinical governance framework included policies and procedures, responsibilities, planning, monitoring and improvement mechanisms, consumer partnerships and engagement and specialised outreach services for clinical care support. Antimicrobial stewardship policy and procedure documentation supported effective infection management, harm minimisation and drug resistance, with oversight through the clinical governance committee. Restrictive practices were managed in accordance with legislative requirements, policies and procedures and management confirmed active engagement is minimisation of their use. Open disclosure policy, processes and principles were familiar to staff which was consistent with feedback from consumers that open disclosure was practiced.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)