Performance

Report

**1800 951 822**

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| Name: | Aegis Melville |
| Commission ID: | 7875 |
| Address: | 1 French Road, MELVILLE, Western Australia, 6156 |
| Activity type: | Site Audit |
| Activity date: | 18 September 2024 to 20 September 2024 |
| Performance report date: | 29 October 2024 |
| Service included in this assessment: | Provider: 3307 Balmoral Aged Care Group Pty Ltd  Service: 4882 Aegis Melville |

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 Aegis Melville (**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, valued their diversity, know their backgrounds and understand their values. Staff explained they respected consumers by seeking their consent when providing care, acknowledging their choices and becoming familiar with their backgrounds, life histories and individual needs. Care documentation evidenced consumers’ backgrounds and interests, diversity and cultural preferences.

Representatives confirmed care and services were culturally safe and consistent with consumers’ traditions and preferences. Care documentation evidenced consumers’ cultural needs and preferences, with strategies to guide staff in care delivery. Staff practice was guided by a cultural diversity and safety policy.

Consumers said they were supported in making their own decisions, had choices in how their care was delivered, who else was involved in their care and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring care is provided in line with their preferences. Consumers were observed making connections with others and spending time with their visitors, whilst married couples benefited from the privacy of their shared rooms.

Representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk such as choosing to eat meals of normal consistency, though a texture modified diet had been recommended by a health professional. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Consumers and representatives reported consumers received timely verbal and printed information which enabled them to make choices about consumers’ daily living activities. Staff could explain both written and verbal methods for sharing information with consumers to inform choices, including for consumers with language and communication barriers and for consumers who are visually impaired. Staff also described using communication cards for consumers who speak languages other than English. Information such as activity calendars, menus and newsletters were observed to be displayed in prominent areas of the service.

Consumers gave practical examples of how their privacy was respected, such as staff closed doors when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms, confidential information was secured in an electronic care management system (ECMS) and care discussions were held in private areas. Staff were observed respecting consumers’ privacy and keeping their information confidential, in line with the privacy policy.

# 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:

Representatives said assessment and care planning considered risks to consumers health and well-being. Staff could describe the assessment and care planning processes, including how they consider risks for individual consumers, such as diabetes and how these processes inform the delivery of safe and effective care and services. Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks. Clinical assessment tools were available on the electronic clinical care system (ECMS) and the service utilises an entry checklist.

Consumers and representatives reported consumers receive care that aligns with their needs, goals, and preferences, and they are asked about their end-of-life wishes. Staff described how assessment and planning identify and addresses the consumer’s current needs, goals, and preferences and how they undertake conversations in relation to advance care planning upon consumers entry to the service, during regular care plan reviews or when any change in consumers’ condition. Care documentation contained consumers’ current needs, goals and preferences, including advance care planning.

Representatives said they were involved in assessment and care planning and described the involvement of other health professionals in their care and services such as allied health professionals. Staff explained input from consumers, representatives and specialist 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, for example allied health professionals.

Consumers and representatives were satisfied outcomes of assessment and planning are communicated to them, the staff explained what was in the care plan, and they were offered a copy of consumers care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and email. Care documentation was observed to be readily available through the ECMS, with care plans available to consumers.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as changed mobility needs. Staff said consumers participated in an annual case conference, or when circumstances changed, to discuss updates in their conditions, with care plans audited monthly. Care documentation evidenced consumers’ needs were reviewed as scheduled, as well as when their health status, preferences or 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 said the service provides safe and effective clinical care that addresses their needs and preferences. Care documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to behaviour support, skin integrity, pain management and restrictive practices. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being.

Representatives gave positive feedback about how the service managed known risks associated with consumers’ care and services. Staff demonstrated an understanding of risks for each consumer, such as falls and changed behaviours and could describe personalised strategies for mitigating the risk of harm and explained how consumers’ risks are monitored and reviewed following incidents. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and they were supported by family, in line with their wishes. Staff understood how to care for consumers nearing end-of-life, to ensure their comfort and meet their needs and preferences, including arranging spiritual care. Policies and procedures guided staff in the provision of end-of-life care.

Representatives said staff recognised and responded to deterioration or changes in consumer’s condition. Staff explained when consumers’ conditions deteriorated, medical officers, allied health professionals and relevant specialists were involved to ensure appropriate management strategies were in place. Care documentation evidenced deterioration in consumers’ conditions were recognised and responses were timely.

Consumers gave positive feedback about how information was shared and confirmed staff provided care in line with their assessed needs and preferences. Staff explained any changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions was shared between those who had responsibility for their care.

Consumers confirmed they had access to other health care providers and were promptly referred when required. 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 speech pathologists, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were managed and said staff practiced hand hygiene and used personal protective equipment. Staff understood infection prevention and control and described care strategies used to minimise consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including what to do if there is an infectious outbreak. The service maintained records of consumer and staff vaccinations, and provide vaccination clinics.

# 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 to them, such as gardening and cooking classes, which optimised their quality of life. Lifestyle staff said they consulted consumers and representatives during assessment and planning processes and as part of ongoing review processes to gather an understanding of consumers’ needs, goals, and interests, and develop appropriate supports for daily living. Care documentation identified the needs, goals, preferences and leisure interests of consumers.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support, spending time with consumers, arranging communication from family and referrals as appropriate. Care documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said they were supported to participate within their communities, have social and personal relationships, do things of interest and leave the service independently to socialise with family and friends. Staff explained consumers were supported to maintain contact with people important to them and were encouraged to participate in scheduled activities such as bus trips and receive visits from volunteers. Consumers were observed leaving the service independently or with family and friends to spend time in the community, whilst others socialised in communal areas.

Consumers said information about their daily living needs were effectively communicated, including their dietary needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, team meetings, through dietary lists and care documentation available in the ECMS. Care documentation reviewed demonstrated care plans and assessments are reviewed and updated regularly, ensuring staff have access to up-to-date and relevant information for each consumer.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers. Staff described how they completed appropriate referrals for other individuals and other providers of care and services to support consumers’ current and emerging needs such a visits by volunteers and pastoral care services. Care documentation evidenced referrals were completed in a timely manner for various individuals, other organisations, and providers.

Overall consumers considered meals were of suitable quality, temperature, and portion size, with a variety of options available. Consumers said their requests for alternative meals was accommodated. Staff explained the menu was developed and updated based on consumers’ feedback gathered at meetings and in-person discussions. Meals were observed to be of suitable quality and quantity, and staff provided assistance for consumers as required.

Consumers said they had access to clean equipment, such as mobility aids, and confirmed these were well maintained. Staff explained they were trained in the correct use of consumers’ mobility aids and transfer equipment and were confident in their safe use. Mobility aids and lifestyle equipment were observed to be clean, well maintained and in good condition.

# 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 reflected they felt at home at the service, it was easy to navigate, and they were supported to personalise their rooms. Staff described how consumers are encouraged to personalise their rooms upon entry to the service, in line with their preferences, using photographs, furniture, personal memorabilia and other items of interest. The service environment was observed to be clutter free and had sufficient lighting, wayfinding signage and handrails to assist with consumer movement and interaction.

Consumers confirmed the environment was kept clean, it was well maintained, and they were able to move freely indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely within the service to communal areas and the outdoors, and staff provided assistance, if needed.

Consumers confirmed furnishings and fittings were safe, clean and regularly maintained. Review of the service’s preventative maintenance schedule demonstrates regular servicing of equipment occurs and preventative and reactive maintenance was up to date. 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers confirmed they felt supported and comfortable to provide feedback and make complaints. Staff said consumers and representatives are encouraged to provide feedback through a variety of mechanisms including verbally, via email, at consumer meetings, food focus meetings, during care planning conversations, or using the service's paper-based feedback form. Meeting minutes evidenced feedback and complaints were a standing agenda item, whilst feedback forms were readily available, with a locked box available so forms could be submitted anonymously.

Consumers and representatives were aware of how to access advocates, language services and external avenues for raising and resolving complaints. Staff described the external complaints, advocacy and language services available and reported an information session by an advocacy service was provided at a recent consumer meeting. The consumer handbook, pamphlets and notices displayed promoted access to the Commission and external advocacy and language services.

Consumers and representatives gave positive feedback about how their concerns or complaints had been resolved and said an apology was made when things went wrong. 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 positive feedback about the complaints process and said their feedback was used to improve the quality of care and services. Staff said a trend in complaints about consumers’ dining experience was identified and in response, consumers were encouraged to attend food focus meetings, where feedback about the menu was provided and food quality had improved. Complaints documentation 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 assessed as Compliant, as:

Representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. 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. In relation to workforce responsibilities management advised and documentation evidenced the service had a Registered nurse on 24 hours, and the service was meeting mandated care minute requirements. Documentation demonstrated the service had systems in place to regularly review the delivery and management of safe, quality care and services including daily analysing of call bell data.

Consumers confirmed staff were kind, caring, gentle and showed respect for their individual identities. Management explained that staff consistently provided care to the same consumers, fostering relationship building and enabling staff to become familiar with each consumer, needs, identity, and culture. Staff were trained in the Code of Conduct for Aged Care and were observed treating consumers with kindness, care and respect.

Representatives confirmed staff were patient, and suitably skilled in meeting consumers’ care needs. Management explained staff competency was determined through orientation processes, buddy programs, and regular training which reflected the Quality Standards. 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.

Consumers and representatives gave positive feedback about staff training and said they were competent and equipped to perform their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), open disclosure, manual handling and restrictive practices, with staff able to request training when they wished to enhance their knowledge. Training records evidenced most staff had completed mandatory training as scheduled.

Management advised staff performance was assessed and monitored during probation periods and annually thereafter, along with informal appraisals where staff were provided with immediate, additional support to improve their performance. Staff confirmed they participated in performance reviews and described the process as an opportunity to discuss their development and goals. Personnel records evidenced staff performance appraisals addressed key areas of responsibilities, their achievements and development opportunities.

# 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 meetings, surveys and speaking with staff and management. Management advised consumers contributed to service evaluation through the Consumer Advisory Body (CAB), scheduled meetings, feedback processes and care plan reviews. Meeting minutes evidenced consumers and representatives were actively engaged in providing feedback about aspects of their care, such as the menu and lifestyle activities.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through a range of committees, meetings with executive level staff and communication. Management advised that in order to satisfy itself that the Quality Standards are being met, they implement various measures including conducting internal audits, preparing quality reports that feature trend analysis, holding different types of meetings, ensuring regular visits to the service by Board members, and continuous staff education. 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.

The organisation had effective governance systems which involved the board, senior management and staff, and supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. For example, financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs. 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.

A clinical governance framework was supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff explained how policies, procedures, and training within the framework informed care delivery and described how use of restraint is minimised and open disclosure practiced. Reporting demonstrated information regarding infections, antibiotic usage and restraint was analysed, trends identified, and information used to improve delivery of care and services.

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)