

**Performance Report**

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| Name: | Anglicare SQ St John's Home For Aged Men |
| Commission ID: | 5050 |
| Address: | 1 Exmouth Street, TOOWONG, Queensland, 4066 |
| Activity type: | Site Audit |
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| Performance report date: | 19 November 2024 |
| Service included in this assessment: | Provider: 621 The Corporation of the Synod of the Diocese of Brisbane  Service: 3407 Anglicare SQ St John's Home for Aged Men |

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 Anglicare SQ St John's Home For Aged Men (**the service**) has been prepared by Grace Hope-Simpson, 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, older people/representatives and others
* the provider’s response to the assessment team’s report received 6 November 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

The service provides training and enacts policies to ensure consumers’ dignity is protected and their cultural identities are respected. Consumers said staff listen to them and appreciate their identities and cultural differences. Staff are familiar with consumers’ backgrounds and described how they provide care in a dignified manner. Observations confirmed staff seek permission before entering rooms, use consumers’ preferred names, seek permission before providing care and explain the care to be provided.

The service supports consumers from a range of cultural backgrounds, and adapt the services provided according to expressed needs. Care plans contain information about consumers’ identities, cultural requirements and life histories, to support provision of individualised care. Consumers and representatives said the service supports them without making assumptions about their needs.

Consumers said their voices are heard and they can express their preferences about care delivery. Care plans document preferences and needs, and staff described how they encourage independence and decision-making through their daily interactions. The service supports consumers to sustain important relationships, through visits outside the service, participation in group activities and by welcoming visitors. Care plans documented those involved in consumers’ care, including nominated representatives and Enduring Powers of Attorney.

The service has embedded dignity of risk processes, to support consumers who want to take risks that enhance their quality of life. Staff understand the process, confirming consumers participate in developing risk mitigation solutions. Care documentation showed the service identifies risks and strategies used to mitigate potentially negative outcomes, with consumers and representatives providing informed consent which is consistently documented.

The service uses a wide range of methods to communicate information about daily life and activities. Consumers and representatives confirmed they receive the information they need to make decisions. The service uses visual sources such as posters, flyers, calendars and menus. Verbal announcements are made daily over the Public Address system, representatives receive regular emailed newsletters and there is a monthly consumer and representative meeting.

Consumers and representatives said consumer privacy is protected; staff are discrete and confidential information is handled appropriately. Staff explained common practices they use to protect consumer privacy, including having clinical conversations in private areas. Sensitive information is securely stored in the Electronic Care Management System (ECMS), and upon entry to the service, consumers sign privacy agreements confirming what information they agree to share with whom.

# Standard 2

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

Findings

Consumers and representatives said care is planned, tailored and responsive to changes in condition and need. The service has embedded policies and procedures for planning, assessing, and monitoring consumers’ care, to ensure preferences are met and to identify risks. Registered nurses assess risks such as falls, weight loss, and infections. External medical professionals are involved in care as needed and their advice is integrated into care plans. Restrictive practices, supported by Behaviour Support Plans (BSPs), are used as a last resort after other interventions have been trialled. High prevalence and high-impact risks, including skin integrity, falls and pain management are reviewed quarterly, with the service manager and clinical team developing strategies for risk mitigation.

Consumers' care needs, goals, and preferences are identified through a structured assessment and planning process that is guided by organisational policies and procedures. Information about consumer preferences, care needs and wishes are gathered on entry to the service. Preferences for advanced care plans and end of life plans are requested at that time, with regular follow up to ensure consumer wishes are recorded. Document review showed care plans are tailored to each consumer and regularly reviewed to ensure alignment with their needs.

Assessment and planning are based on partnership with the consumer and others they want involved in their care. This was reflected in care plans, staff interviews and interviews with consumers and representatives. Care plans demonstrated consumers and representatives are involved in assessments, planning and review processes. External professionals, including medical officers, allied health professionals, palliative consultants, dentists and others are involved in care, with recommendations and instructions integrated into the reviewed care plans.

The outcomes of assessment and planning are consistently documented and available to consumers and representatives after scheduled reviews or upon request. Outcomes are also communicated via regular consultations. Service staff support consumers to understand their care plans, which are made available in summary and printed formats. Staff confirmed they access up-to -date consumer information on the ECMS and at handovers. Registered and care staff explained how they ensure assessments and care plans are kept current.

Care plans viewed by the assessment team were current and had been reviewed three monthly and once monthly as part of the ‘consumer of the day’ process. Consumers and representatives said, and documentation review confirmed, that care and services are promptly reviewed after incidents and when changes occur. Staff understand incident reporting processes which trigger an immediate review into care.

# 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

Care and planning documentation reviewed by the assessment team demonstrated the service is providing clinical and personal care which aligns with best practice, is appropriately tailored and which optimises their well-being. Restrictive practices are used as a last resort and in compliance with legal requirements. Skin integrity and pain assessments are used to inform care plans and both pharmacological and non-pharmacological pain management strategies are used. Medication use is monitored, wound care and pressure injury management follows wound care protocols set by medical officers or specialists. Clinical practice is guided by organisational policies and procedures. Care and clinical staff understand their respective roles in relation to skin and pressure injuries, infection prevention and behaviour support.

There is embedded process in place, to monitor and manage high-impact and high-prevalence risks associated with care. Consumer care plans for high-risk consumers were reviewed and they contained appropriate risk management strategies. For example, regular assessments for consumers with impaired skin integrity are conducted, and the service had no active pressure injuries at the time of audit. Consumers with high falls risks are closely monitored and falls have been minimised. Falls are tracked, as is weight loss, the service checks for infections daily. Behaviours are addressed collaboratively, with support from allied health professionals. Staff understand consumer behaviour support plans and how they are used.

Advanced care and end of life plans are documented and reviewed periodically and when changes occur. End of life wishes, directives and needs are recorded and detailed choices about CPR, treatments and life prolonging procedures are also documented. Clinical staff outlined how care changes when a consumer enters a palliative pathway, with ongoing communication with the family and a palliative team occurring. A palliative care plan is implemented, and staff are notified, with regular updates given to alert them to changes in the consumer’s needs.

A representative gave favourable feedback about the service’s response to their family-member’s deterioration. The service has effective, embedded policies and procedures for monitoring consumer condition and responding to change and deterioration. Care documents demonstrated how changes are recognised and managed, with staff escalating deterioration to the RN. Clinical staff refer consumers to MOs for further evaluation or arrange hospital transfers when required. Staff explained how they monitor, identify, escalate, and act on signs of deterioration, with training records showing they have received education to guide their practice. RNs are available 24/7.

Consumers said they trust how the service manages their information. Information about consumers’ condition, their needs and preferences are consistently documented in care plans and available via the ECMS. Information is shared at handovers that occur three times daily and documentation is updated in a timely manner following changes and incidents. Updates are recorded in progress notes, discussed during handovers, and shared through the ECMS. The ECMS is available to agency staff and external consultants and alerts are used to notify of changes in consumer care. A handover was observed and relevant information about changes was communicated, with care planning documentation also updated.

Consumers and representatives confirmed consumers are supported to access external appointments and services, and to have in-service visits from external professionals. Care planning documents for sampled consumers include input from health professionals, such as speech pathologists, physiotherapists, podiatrists, and dementia services. Consumers are referred to medical officers and other health professionals as required, with staff explaining how input from these practitioners informs the care provided. Systems are in place to ensure referrals are made promptly, and the service has weekly visits from medical officers

Consumer said staff have pay attention to hand hygiene and observations during the site audit confirmed this. Staff are trained in infection control practices, including hand hygiene, the use of personal protective equipment (PPE), and outbreak management. The service has a vaccination program for staff and consumers and an outbreak management policy is in place and followed. The clinical team, with support from an infection prevention and control (IPC) lead, monitors antibiotic use and reviews infection data to guide improvements. Staff have received training in infection prevention and control measures, including antimicrobial stewardship.

# Standard 4

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

Findings

Consumers and representatives said the service provides activities and events that are interesting. They confirmed they receive the support they need to participate in organised activities. Staff described how they seek consumer feedback to ensure activities are engaging. Care documentation reflected consumers’ favourite leisure and lifestyle activities, personal care requirements, and things of interest to them. Observations showed activities being enjoyed throughout the site audit.

The service promotes consumers’ spiritual and emotional well-being with access to chaplaincy services, one to one conversations with staff and regular social and group activities. Consumers’ care documentation provided information about emotional and spiritual needs.

The service supports consumers to be involved in the community and to maintain relationships that are important to them. For example, consumers described regular fishing trips, outings to local cafes, bus outings and regular visits from friends. The service seeks consumer input into the design of the lifestyle program, with consumer meetings used to elicit feedback and gain suggestions for lifestyle activities. Document review showed activities completed in the two months prior to site audit had been well attended.

Sampled care plans contained information about consumers’ lifestyle preferences and care needs, to ensure services and supports for daily living are delivered in line with the consumer’s condition, needs and preferences. Care plans are available to other organisations who share in the delivery of care and services to consumers.

The service demonstrated timely and appropriate referrals to external lifestyle and daily living focussed providers and organisations. For example, dementia support services and allied health practitioners, as well as religious personnel are engaged on a regular basis.

Interviewed consumers were satisfied with the quality and variety of meals on offer at the service. Consumers confirmed there are alternative options available where required and meals are served at the right temperature. Sampled care plans contained individual dietary requirements, and this information is also available to staff at the point of meal delivery.

Consumers were satisfied with equipment provided by the service and considered that staff are knowledgeable about how to use it. Consumers reported maintenance requests for mobility equipment are promptly attended to. Staff understood the maintenance request processes and confirmed the maintenance officer attends to issues in a timely manner. Monitoring and reporting procedures are in place, and observations showed equipment used to support consumers in lifestyle activities was 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

Observations showed a welcoming atmosphere, in an older style building. Indoor and outdoor communal areas are easily accessed and supports interaction between consumers. The service has several outdoor recreational areas, with a basketball ring, a pool table and a gymnasium. Indoor areas include a large activities room and a cinema. Consumer rooms are personalised and reflect individual tastes. Throughout the site visit, consumers were seen engaging in activities and socialising with visitors and friends.

Observations during the site audit showed consumers have free access to both indoor and outdoor areas. Consumers in the memory support unit have spacious outdoor areas for their use, including a large garden. Gardens and grounds are well-maintained and professionally landscaped, and indoor areas were observed to be clean and well-maintained. However, the Assessment Team noted staff smoking in an area not designated as a smoking area. Feedback was given to management and immediate remedial action as taken. In their response received 6 November 2024, the organisation outlined a review of policy to be completed by 30 November 2024, to address the issue organisationally. No consumer complaints had been received in relation to the matter.

Furniture, fittings and equipment is fit for purpose, clean, maintained and safe. Consumers reported furniture and equipment is clean, with equipment regularly maintained and well kept. Records showed routine and reactive maintenance is up to date and there are embedded procedures for detecting, reporting and addressing faults. Cleaning schedules are in place and cleaners were observed throughout the visit.

# Standard 6

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

Findings

Consumers and representatives said they were comfortable to raise concerns with the service and said they are encouraged to do so. There are a variety of ways consumers and representatives can raise complaints, including through feedback forms, consumer meetings and directly to management. Staff described assisting consumers to fill out feedback forms when needed. Consumers and representatives are informed about the feedback and complaints process on entry to the service and there is information, feedback forms and lockboxes displayed in communal areas.

Consumers are aware of advocacy and language services. Consumers and representatives said they know how to access advocates, and said the service would provide support to any consumer wanting to access external complaints mechanisms. Management and staff understand the external complaints avenues available and information about these is displayed in the service.

Document review and consumer/representative feedback showed the service takes timely action in response to complaints and uses open disclosure when things go wrong. The complaints register contains strong detail about complaints received, actions taken in response, affected parties and date of resolution. Staff understand the principles of open disclosure and have received training in its principles.

Document review, staff and consumer/representative feedback showed the service elicits consumer feedback to improve the service. Complaints and feedback are trended, to identify improvement opportunities. Examples of improvements which have resulted from feedback, includes menu enhancements and the installation of a basketball hoop.

# 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

The service demonstrated a planned approach to rostering, which deploys sufficient staff in the right mix. Consumers and representatives said there are enough staff and service delivery is not rushed. Observations confirmed this. Most staff were satisfied with the number of personnel and felt they have enough time to do their jobs and meet consumer needs. Review of documentation showed most shifts in the previous month had been filled. Rostered staff are deployed throughout the service at the beginning of each shift, allowing flexibility to move staff to areas they are needed from day to day.

Consumers said that staff never rush care, respect their individual identities and take the time to talk to them about their day. Observations showed staff interacting with consumers in a kind and caring manner, using preferred names, knocking on doors and waiting for permission to enter. The service has embedded policies and a code of conduct governing workforce interactions with consumers.

Consumers and representatives said staff have the knowledge they need to do their jobs properly. Management outlined how staff competencies are monitored, with required competencies dependent on role. Qualifications required for each position are set out in position descriptions and these are verified through the onboarding process. Staff said they feel they have the knowledge needed to do their jobs and were comfortable to seek assistance from management if they had any learning needs.

The service demonstrated an embedded system to recruit, train, equip and support staff in providing care required by these Quality Standards. Staff confirmed the onboarding process provided them with relevant role specific training. Staff have annual mandatory training modules and also receive ad hoc training throughout the year, in response to emerging topics identified through improvement mechanisms and clinical monitoring. Management monitors staff performance and identifies training needs through monitoring, data analysis, feedback and meetings. Training records show staff were up to date with mandatory training at the time of site audit.

Staff performance appraisals were mostly up to date at the time of audit, with some overdue. However, management outlined a new performance appraisal process to commence shortly after the audit and outlined a plan to bring appraisals up to date in that time. Staff performance is also monitored on an ongoing basis outside of the performance appraisal process, at regular intervals throughout the year.

# 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**

Consumers said they provide input into service delivery through different avenues, such as surveys and through feedback and complaints. The service also has consumer meetings and a Consumer Advisory Body, to channel consumer input to decision makers at higher organisational levels, as well as to the governing body.

Management described how the governing body is involved in the oversight and delivery of care and services through the organisational governance structure. Management confirmed the governing body is informed of what is happening at the service including through combined clinical and incident data, results of internal audits, surveys and complaints trends. The organisation has policies and procedures supporting delivery of inclusive care, with the governing body identified as holding overall accountability for quality and safety, in the organisation’s governance framework.

The service demonstrated appropriate governance systems are in place including an effective ECMS to support effective information sharing. Continuous improvement opportunities are identified through feedback and complaints, staff and consumer meetings, internal audits, clinical incident reporting and the National Quality Indicator Program.

Financial governance arrangements include a day-to-day budget for the service that contains a spending limit supported by spending guidelines. Additional expenditure is approved through the organisation’s procurement officer. Workforce governance is effective, with the organization using a base roster system to generate a service roster based on occupancy, required care minutes and consumer acuity. The service meets RN and care minute requirements.

The organisation has a committee structure to monitor industry standards, guidelines and legislation changes. Monthly leadership meetings support monitoring of regulatory compliance, with communiques issued to individual services regarding upcoming regulatory changes. The feedback and complaints system are effective, and data from it is communicated to the governing body. The service has policies and procedures relating to each of the governance systems.

Documentation review demonstrated the service has policies and procedures in place to manage risks, identity and respond to abuse and neglect, support consumers to take risks and to manage and prevent incidents. Staff and management understand the pertinent high-impact, high prevalence risks at the service and staff are guided by the incident management and risk policy. Incident data is reviewed, and the Quality and Safety Risk Committee discusses Serious Incident Reporting Scheme and other incident data at bimonthly meetings.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated shared understanding of these concepts, had received relevant training and gave practical examples to demonstrate how the principles apply to their work. Policies, procedures, guidelines and decision-making tools are in place to support the application of these principles in day-to-day work.

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)