Performance

Report

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| Name of service: | Annie Green Court |
| Service address: | 47 Redfern Street Redfern NSW 2016 |
| Commission ID: | 1004 |
| Approved provider: | Mission Australia |
| Activity type: | Site Audit |
| Activity date: | 27 March 2023 to 29 March 2023 |
| Performance report date: | 23 April 2023 |

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 Annie Green Court (**the service**) has been prepared by P. Sherin, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 20 April 2023 acknowledging the assessment team’s findings.
* other information and intelligence held by the Commission.

# 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

Consumers and representatives said staff are kind and caring, they felt consumers’ identity, culture and diversity is valued, and consumers’ religious affiliation and sexual orientation is supported and respected by the service. Staff were able to describe consumers’ religious, diversity, and cultural requirements and what they do to support them. The organisation has policies and procedures to guide staff practice in supporting consumer dignity and choice.

Consumers and representatives said consumers’ care and services are delivered in line with their needs and preferences, culture, values, and diversity. They confirmed the service provides culturally safe care and services through the provision of religious services and lifestyle cultural activities. Lifestyle staff described how the service’s lifestyle program is influenced by consumers’ cultural and spiritual preferences, and review of the service’s lifestyle calendar confirms this. Posters and information material were observed throughout the service in different languages for consumers from a culturally and linguistically diverse background and outlining the organisation’ commitment to diversity and inclusion.

Consumers and representatives stated consumers are supported to make choices regarding their care, how services are delivered, and whom they want to be involved in their care. Consumers confirmed they feel supported to develop and maintain relationships either within or outside of the service. Staff described how they support consumers to maintain relationships and ensure family and friends can communicate frequently and with ease such as through the use of technology. Consumer care documentation includes contact details of consumers’ representatives as applicable and their level of involvement to consumer care. The assessment team observed the Charter of aged care rights displayed throughout the service.

Consumers and representatives confirmed consumers are supported by the service and staff to take risks and live the best life they can. Staff described areas where they have supported consumers to take risks and how they help consumers to understand the possible harm associated with their risk-taking activity of choice. For consumers who choose to take risks, there is evidence of completed dignity of risk forms reflecting the consumer’s involvement in planning risk mitigating strategies. A risk management policy and procedure are available to guide staff practice.

Consumers and representatives advised they receive regular information about care and services, activities, meals, and events happening in the service. Staff explained how they remind consumers of various activities on offer, and advised a monthly newsletter, weekly activity calendar, and a menu are printed and provided to consumers regularly. Management said the service conducts monthly consumer and representative meetings. The service has several bulletin boards displaying announcements, weekly activities, and the service’s menu. The assessment team observed care and lifestyle staff going around the service ensuring each consumer was aware of the events occurring in the service during the Site Audit.

Consumers and representatives said consumers’ privacy is respected and they feel consumers’ confidential information is kept secure. Staff confirmed they receive annual mandatory training on privacy and confidentiality and provided examples of how they maintain consumers’ privacy. The assessment team observed staff respecting consumers’ privacy by announcing themselves and seeking permission prior to entering their room and closing doors when providing care. The service has a privacy and confidentiality policy and procedure to guide staff practice.

# 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 consumers receive the care and services they need, staff are transparent with their care plans, and they are involved in discussions about their care. Staff demonstrated proficiency in describing the care planning process and how it informs delivery of care. Review of consumer care documentation identifies risks are appropriately assessed and risk mitigation strategies developed and implemented utilising risk assessment tools under the service’s electronic care management system.

Review of care planning documentation demonstrates consumer’ needs, goals and preferences are captured, including advance care directives where consumers have chosen to do this. Staff said they receive training on how to discuss end of life planning with consumers, and there are opportunities to approach the topic via care reviews if the consumer declines this discussion initially. Review of care planning documentation demonstrates advance care directives on file, or documentation of attempt and refusal for consumers who declined discussions for end-of-life planning.

Consumers and representatives confirmed they are actively included in the assessment, planning and review process. Clinical staff provided specific examples of how they incorporate the wishes, needs and preferences of consumers into the assessment and planning process. Information regarding consumers’ legal representative such as a public guardian/trustee or next of kin is documented under the service’s electronic care management system. Review of care planning documentation and progress note entries demonstrate the involvement of a range of external service providers.

Consumers confirmed they can easily access their care plans, are verbally informed when a change is made and may sign their care plan as an engaged partner in the care plan process. Consumers’ care documentation captures entries reflecting communication with consumers, representatives, and others where responsibility of care is shared. Staff said all care plans are accessible through the electronic care management system and were observed accessing these files with ease.

Consumers and representatives reported the service regularly informs them in person or by phone call about their care and services. Staff were able to demonstrate how care plans are reviewed every 4 months and followed up with a note in consumer files demonstrating the outcomes of the review were communicated with the consumer. The service implements a yearly care plan review schedule which is accessible to registered staff and monthly reports are generated and reviewed in registered staff meetings to ensure care plans are current.

# 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

Consumers said they feel well cared for, their clinical needs are promptly and consistently met, and care is tailored to their individual needs. Review of care planning documentation, progress note entries and clinical indicator data demonstrate consumers receive personal and clinical care that is safe, effective, and best practice. Staff were able to demonstrate an understanding of each consumer’s care needs and what they do to support them. Clinical management referenced support, training, and guidance from the service’s national quality team to optimise consumer health and wellbeing, and continually improve the level of clinical care.

Consumers and representatives said they felt risks to consumers’ health and wellbeing are competently managed by the service. Staff described, and care planning documentation identified, comprehensive risk mitigation strategies for high impact and high prevalence risks specific to individual consumers such as falls management and diabetes management. Clinical management described how they monitor consumers’ assessment outcomes and update the service’s clinical risk register to ensure appropriate risk mitigation strategies are documented. Policies and procedures are available to guide staff practice in the management of high impact and high prevalence risks.

Review of care documentation for a consumer who had recently passed away at the service identified an advance care directive on file, and end of life care provided according to the consumer’s personal wishes and to maintain comfort and dignity. Staff and management were able to describe how they manage end of life care for consumers at the service. The organisation has palliative care policies and procedures to guide staff practice.

Consumers and representatives said staff respond to a change in consumers’ mental health, cognitive or physical function in a timely and appropriate manner. Staff described how they respond to and document a change in consumer capacity, and how they liaise with and refer to appropriate support services to ensure these changes are addressed. Review of clinical documentation and meeting minutes demonstrates changes in consumers’ health and condition are identified and responded to in a timely manner.

Consumers and representatives stated staff are aware of the consumer’s needs and felt confident this information is documented and available to all staff involved in the consumer’s care. Review of documentation demonstrates appropriate and timely communication of consumers’ condition, needs and preferences within the organisation and with those involved in the consumer’s care. Staff referred to various ways information is shared at the service including but not limited to verbal handover, written handover sheets and charts, email correspondence, progress notes, and alerts in the electronic care management system.

Consumers and representatives said the service facilitates timely and appropriate referrals where required. Clinical management described the service’s referral process and listed specific health professionals and organisations with whom the service partners with, including but not limited to wound care consultants, geriatricians, community mental health services and speech pathologists, to ensure quality and timely care is provided.

Staff demonstrated knowledge of infection control practices and antimicrobial stewardship relevant to their duties and confirmed they receive ongoing education in relation to infection control. The service has a designated infection prevention and control lead responsible for educating staff on infection prevention and ensuring staff are kept up to date via quarterly training sessions. Policies and procedures are available to guide staff practice in infection control and 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 said they feel supported by the service to do things of interest to them, including participating in the service’s lifestyle program or spending time on independent activities of choice. Care planning documentation demonstrates services and supports are in line with consumers’ needs, goals, and preferences and staff were able to describe how they support individual consumers. Review of consumer meeting minutes identifies consumer requests for services and supports are catered to. The assessment team observed consumers engaging in a variety of group and independent activities during the Site audit.

Consumers and representatives said consumers receive the emotional, spiritual, religious, and psychological support they need to support their well-being. Some consumers expressed they do not require religious support, but they do enjoy having a chat with the pastoral care worker when they need. Staff described how they initiate one on one conversations with consumers during care and refer consumers to lifestyle staff if they observe them to be feeling low. Care planning documentation demonstrates individual support strategies are captured to guide staff practice. The service provide access to church services, volunteers, and pastoral care staff to support consumers.

Consumers described ways in which they are supported to do activities and things of interest both within and outside the service and how they maintain relationships. Staff described how they support consumers to do the things they want and to engage in activities meaningful to them. Lifestyle care planning documentation reflects information about people important to each consumer and their individual interests such as hobbies and favourite activities. The activity calendar is provided to consumers, is displayed throughout the service, and announced daily to remind consumers of activities happening each day. The assessment team observed consumers participating in activities on schedule and socialising with visitors during the Site Audit.

Consumers and representatives said their services and supports are consistent and staff are aware of their needs and preferences. Staff said they refer to care plans and changes are identified at daily handover. Management said consumer care and other needs are shared internally at handover and recorded via a handover sheet. Care documentation demonstrates changes in the consumers’ condition, needs and preferences are documented in progress notes and care plans, and the electronic care system is readily accessible by staff and other people involved in the consumer’s care.

Consumers and representatives said referrals made to other organisations, individuals and providers of care and services are timely and appropriate. Lifestyle staff described the various services and supports they utilise for consumers and provided evidence demonstrating appropriate consumer referrals. Care planning documentation reflects the engagement of various external providers such as volunteers, religious and community services.

Consumers and representatives expressed positive feedback regarding the dining experience and confirmed consumers receive meals that are varied and of suitable quality and quantity. Management described the service’s process of gathering consumer feedback through an annual meeting involving an in-depth discussion on food, which is further followed up during monthly consumer and representative meetings. The service’s chef explained the process of including consumers in developing the seasonal menu and considering each consumer’s dietary needs, preferences, and cultural requirements. Staff were aware of individual consumers’ dietary requirements and preferences which aligned with information under their care plans.

Consumers confirmed equipment provided is safe, clean, suitable, and well-maintained and confirmed they feel safe when staff use equipment with them. Staff were aware of the process for reporting an issue with equipment and said any repairs or replacement occur promptly when required. Review of the service’s maintenance registers demonstrate preventative maintenance occurs as per schedule and reactive maintenance tasks are attended to in a timely manner.

# 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

The service is in a multi-level building with dining and lounge areas on each floor, a spacious multifunction room, a rooftop garden and several outdoor courtyards and smoking areas for consumer use. Consumers said they are encouraged to personalise their rooms according to their preferences. Floors plans and signage are available to support way finding. Hallways are spacious and well lit and there is ample natural light throughout the service.

Consumers confirmed they feel safe and comfortable in the service environment and can move freely. The service has effective preventative and reactive maintenance processes established, and staff are aware of how to report any safety issues. Cleaning schedules are in place for staff to attend to cleaning 7 days a week. The assessment team observed the service environment to be clean and well maintained, with doors to outdoor areas unlocked, and consumers moving freely indoors and outdoors throughout the service.

Consumers and representatives said consumers are provided with a range of equipment and the service has furnishings suitable to consumer needs. Staff demonstrated knowledge of the service’s processes for raising concerns in relation to furniture, fittings, and equipment. Management advised the service has access to external contractors for scheduled preventative maintenance. The service’s maintenance records are audited by the organisation’s corporate office, and review of these records demonstrate preventative maintenance occurs as per schedule and timely response to maintenance requests.

# 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 were aware of various ways they can provide feedback and make complaints at the service, and said they felt their feedback is welcomed and valued by the service. Management and staff described the avenues for feedback or complaints such as feedback forms, surveys, and consumer meetings and how they support consumers in providing their feedback. The assessment team observed feedback forms and boxes available in the service’s foyer, and a poster on how to submit feedback and complaints framed behind every consumer’s bedroom door.

Consumers could describe the different avenues for raising a complaint and the availability of external resources. Staff described how they support consumers in completing feedback forms and offering to complete these on their behalf should the consumer wish. Staff were aware of how to access interpreter and advocacy services. Posters and pamphlets on external complaints mechanisms, advocacy and translation services are displayed around the service.

Consumers and representatives provided examples of how the service responded in a timely manner, maintained consistent communication, and took appropriate action in response to their complaints. Staff and management demonstrated an understanding of the principles of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Review of the service’s complaints register demonstrates the use of open disclosure and timely management of complaints. Policies and procedures on complaints management and open disclosure are available to guide staff practice.

Consumers and representatives confirmed the service listens to the feedback they provide and makes improvements. Management advised feedback and complaints received via various avenues are reviewed as part of weekly leadership meetings and used to inform improvements to care and service delivery. Review of the service’s complaints register and continuous improvement plan confirms this.

# 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

Consumers and representatives said there has been an increase in staff over the past 12 months and staff are delivering safe and quality care and services. Staff confirmed there has been significant improvement in staff numbers at the service. Management said they have undertaken planning to assess the current and future staffing needs for the service, determining the mix of staff as they transition to aging in place for consumers. Management and staff confirmed, and review of rosters identified, processes are in place to cover planned and unplanned leave and where there have been vacant shifts, these were filled using the service’s casual staffing pool.

Consumers and representatives said staff engage with consumers with respect and kindness. Staff sampled were able to describe individual consumers’ needs and preferences, which aligned with information documented under care plans. Staff were observed to be attentive and respectful in their interactions with consumers. The organisation provides staff training on consumer service which involves the mission, values and culture of the organisation, duty of care and code of conduct to ensure workforce interactions are caring and respectful of each consumer.

Consumers said staff are experienced and capable and have the knowledge to provide the care and support they need. Management outlined measures taken to determine the competency, qualifications and knowledge of staff recruited including the provision of orientation and buddy shifts for new staff, and access to mandatory online and face to face training. Position descriptions are available outlining the qualifications, skills, and responsibilities for each role. The organisation’s human resources team is responsible for undertaking police checks, qualification and registration checks prior to commencement. Review of documentation demonstrates staff training records, police checks, and registrations are up to date.

Consumers and representatives confirmed staff are well trained and know what they are doing. Staff confirmed they receive orientation, complete core competencies and mandatory training, have access to ongoing education, and feel comfortable requesting additional training where needed. Review of staff mandatory training records identify staff receive training in topics including but not limited to the Quality Standards, infection control and the serious incident response scheme.

Management described the organisation’s performance review process, which includes a probationary appraisal at 6 months and annually thereafter. Management advised the performance review process includes the continuous assessment of staff using team meetings, observations, and consumer feedback. Staff confirmed they have participated in regular performance appraisals. Review of the service’s records identifies staff appraisals are up to date.

# 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 and representatives said the service is well run and they are engaged in opportunities to participate in the design, delivery and evaluation of care and services. Management described various ways consumers are involved to provide their feedback and input including via consumer meetings, food focus meetings, and surveys.

The organisation has a governance system in place with a Board of directors and subcommittees including audit and risk, and clinical quality and safety committees. Management advised Board reports are prepared monthly capturing information including but not limited to clinical and incident data, feedback and complaints, and outcomes of internal audits. The organisation uses this information to ensure compliance with the Quality Standards and to promote a culture of safe, inclusive, and quality care and services.

The service demonstrated effective governance systems and processes in place in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints.

Policies and procedures are available to guide staff practice in relation to high impact and high prevalence risks, risk management and incident reporting and management. Staff demonstrated an understanding of these policies and could describe what they meant for them in a practical way. The service monitors and reviews clinical indicators via registered staff and management meetings to identify opportunities for improvement. Risk management is a standing agenda item for quality and operational meetings.

The organisation’s clinical governance framework includes policies, procedures, and training to staff in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they have been educated on these topics and provided examples of their relevance to their work.

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)