

**Performance Report**

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| Name: | Aurrum Brunswick |
| Commission ID: | 3975 |
| Address: | 17 Egginton Street, BRUNSWICK WEST, Victoria, 3055 |
| Activity type: | Site Audit |
| Activity date: | 21 January 2025 to 23 January 2025 |
| Performance report date: | 3 March 2025 |
| Service included in this assessment: | Provider: 6860 Aurrum Pty Limited  Service: 22683 Aurrum Brunswick |

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 Aurrum Brunswick (**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 report 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

Consumers and representatives said they are treated with dignity and respect, and consumers’ identity, culture, and diversity is valued. Staff demonstrated knowledge of individual consumers’ lived experiences, background, and cultural needs. Care documentation includes information on consumers’ background, identity, life story, and personal preferences to guide staff practice. Documents such as the code of conduct, charter of aged care rights, and various policies and procedures promote diversity and inclusion, and outline the right of consumers to be treated with dignity and respect.

Consumers and representatives said care and services are culturally safe and provided examples of this. Care planning documentation captures information on consumers’ cultural needs and preferences and how staff can support this. Management described the delivery of a person-centred care model in line with organisational values and how staff are trained to deliver this. Staff demonstrated knowledge of individual consumers’ cultural background and preferences. Various cultural and religious events and activities of significance are conducted as part of the service’s lifestyle calendar.

Consumers and representatives said consumers are supported to exercise choice and independence, make decisions about their care and services, and choose who is involved in the decision-making process. Care documentation reflects individual choices on care and service delivery and who to involve in decisions. Observations of staff interactions with consumers aligned with care documentation, consistently promoting autonomy, independence, and social engagement.

Consumers and representatives said consumers are supported if they choose to engage in activities that may pose a risk to the consumer. Care documentation reflects risk assessments, discussions with consumers/representatives on the risks involved, and information on risk mitigation strategies. Policies and procedures are in place to guide staff in supporting dignity of risk.

Consumers and representatives said they are provided with information that is current, accurate, and easy to understand. Consumers said they are provided information via consumer meetings, food focus meetings, and information sessions and they receive written material such as meeting minutes, newsletters, menus, and activities calendars to enable them to exercise choice. Staff demonstrated knowledge of individual consumers’ communication needs and preferences. A range of information was observed available throughout the service and accessible to consumers in multiple languages and formats.

Consumers and representatives said consumer privacy is respected by staff and personal information is kept confidential. Care documentation was observed to be accessible by authorised personnel only and staff were observed respecting consumer privacy through actions such as knocking on doors before entering bedrooms; keeping computer screens locked when not in use; and not undertaking discussions regarding consumer information in communal areas. The service implements a privacy and confidentiality policy and information on this is included in the service’s consumer handbook.

# 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 they are satisfied with the service’s assessment and care planning processes. Staff described assessment and care planning processes undertaken through the use of validated assessment tools, and how they include consideration of risks to individual consumers. Assessment and care planning policies and procedures are available to guide staff practice.

Consumers and representatives said the service addresses consumers’ current needs, goals and preferences, including in relation to advance care planning. Clinical staff said they discuss advance care planning with consumers on entry to the service, during care plan reviews, and when there is a change in a consumer's condition. Care documentation identified assessment and planning is personalised and reflective of consumers’ current needs, goals and preferences, including advance care planning and end of life planning where the consumer has chosen to do this.

Consumers and representatives said the service actively involves them in assessment, planning, and review of care and services. Staff described, and care documentation evidenced, the involvement of consumers, representatives, and various health professionals and providers in assessment and planning.

Consumers and representatives said the service effectively communicates the outcomes of assessment and planning and they have access to care plans when they wish. Staff described various communication processes used to communicate and share the outcomes of assessment and planning. Care documentation and progress notes demonstrated assessment outcomes are effectively communicated to consumers, representatives, staff, and other health professionals and providers.

Consumers and representatives expressed confidence in the service’s processes to ensure care and services are reviewed regularly and said they are kept well informed of any changes. Care documentation evidenced regular review of assessments and care plans, including when there is a change in a consumer’s needs and condition or when an incident occurs.

# 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 and representatives said consumers receive safe and effective personal and clinical care tailored to the consumer’s needs and preferences. Staff demonstrated knowledge of individual consumers’ personal and clinical care needs and described how this is supported. Staff have access to policies, procedures, and guidelines to ensure delivery of care in line with best practice. Where restrictive practices are used, documentation evidenced appropriate authorisations, consent, behaviour support plans, monitoring, and review practices in place.

Consumers and representatives said the service effectively manages risks associated with the care of consumers. Staff demonstrated sound knowledge of high impact and high prevalence risks to individual consumers and described strategies in place to manage and mitigate these risks. Management described processes to review high-risk consumers and identify and manage incident trends such as through daily review of progress notes and incidents, daily huddles, and via monthly clinical governance meetings.

Consumers and representatives expressed satisfaction with how the service addresses the needs, goals, and preferences for consumers nearing end of life. Staff described how end of life care is managed to ensure comfort is maximised and dignity maintained, such as through monitoring signs and symptoms of pain, ensuring effective pain management, and provision of comfort care. Information relating to a consumer's end of life wishes is documented on entry to the service, at care plan reviews, and when the consumer's condition or wishes change.

Consumers and representatives said staff identify and respond to changes in a consumer’s health and condition effectively. Care staff described how they identify any concerns or changes in a consumer’s health and condition and report to clinical staff. Clinical staff described how they assess and monitor consumers, and refer them to the medical officer, allied health professionals and other specialists, and/or transfer to hospital as required. Review of care documentation evidenced timely identification and response to deterioration in consumers.

Consumers and representatives said information regarding the consumer is communicated well between staff and those involved in the consumer’s care. Staff and external health providers said they have access to the electronic care management system and confirmed they receive accurate and up-to-date information to enable care and service delivery. Review of progress notes, handover sheets, and care documentation demonstrated consumer information is effectively documented and communicated.

Consumers and representatives expressed satisfaction with the service’s referral processes and confirmed the consumer has access to external health professionals and providers. Staff described the process for referrals to external health professionals and providers in line with the service's policy. Care documentation evidenced timely and appropriate referrals based on consumers’ needs.

Consumers and representatives said staff follow infection control practices and confirmed they are satisfied with how the service manages outbreaks. Staff receive training on infection control protocol, antimicrobial stewardship, and hand hygiene and demonstrated sound knowledge of this as relevant to their roles. Policies and procedures on infection prevention and control and antimicrobial stewardship are available to guide staff practice. Infection prevention and control measures such as handwashing stations, access to antibacterial wipes and hand sanitiser, and availability of personal protective equipment stock was observed throughout the service.

# 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 staff assist consumers to maintain independence and participate in activities of interest to them. Staff demonstrated knowledge of consumers’ lifestyle needs, goals, and preferences and the support they require to participate in activities or pursue individual interests. Care planning documentation identified individualised strategies to deliver services and supports for daily living reflecting the needs and interests of consumers.

Consumers and representatives said the service provides access to activities and support networks to meet their individual emotional, spiritual, and psychological needs. Staff described how they support consumers when they are feeling low and refer to external services when needed. Consumers are given opportunities to observe their faith in various ways such as through participating in small prayer groups, attending mass held at the service, or attending local church services. Care documentation evidenced lifestyle assessments completed include information on consumers’ religious, spiritual, and psychological needs and the supports they require.

Consumers and representatives said consumers are supported to participate in activities within and outside the service. Staff demonstrated knowledge of activities of interest to individual consumers and relationships of importance to them, consistent with information captured under care documentation. Consumers have access to a wide range of activities, including but not limited to social outings, walking groups, movies, musical concerts, a pet therapy program, connection with local Italian groups, participation in an intergenerational program, and community visitor program. Lifestyle staff described how the activities calendar is designed using information on consumers’ social needs and preferences and consumer feedback.

Consumers said services and supports are consistent and staff know their individual preferences and other providers and organisations that may be involved in their care and services. Staff confirmed they have access to consumer records and information relevant to care and services they are providing. Staff described ways they are kept informed of the changing condition, needs, and preferences of each consumer such as through referring to updated documentation, and via handovers and staff meetings. Review of care documentation evidenced, and staff confirmed, adequate information to support safe and effective daily living care delivery.

Consumers and representatives provided positive feedback regarding the services and supports consumers have been referred to. Lifestyle staff described how the service engages external services to supplement the services and activities provided to consumers. Lifestyle staff described how consumers are referred to external support services including religious services and local parishes, ethnic groups, and pet therapy. Consumers were observed utilising hairdressing services, being supported by volunteers to engage in lifestyle activities, and interacting with children as part of an intergenerational program activity.

Consumers and representatives said consumers enjoy the meals and snacks offered at the service, they are offered choice, and the meals are of suitable quality and quantity. Staff demonstrated knowledge of consumers’ dietary needs and preferences consistent with information captured in care planning documentation. Feedback is sought from consumers during meal service and via consumer/representative meetings and food focus meetings. Consumers were observed enjoying their meals in a relaxed and comfortable environment; being offered more food, drinks, and alternative options; and staff were observed providing assistance to consumers in a respectful manner.

Consumers and representatives said consumers have access to equipment to assist with activities for daily living which are fit for purpose and kept clean and well maintained. Staff said the service has sufficient equipment to cater to consumers’ needs and described the processes for replacement, repair, and maintenance of equipment which is attended to promptly. A wide range of equipment was observed to be available for consumers.

# 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

Consumers and representatives said consumers and their visitors are made to feel welcome at the service. Consumers are encouraged to decorate their rooms with personal effects to create a sense of belonging. The service environment was observed to be welcoming and easy to navigate. Various common areas are available for dining and activities. Consumers have access to lounge areas, outdoor gardens and spaces, a library, and a cafe to relax and socialise.

Consumers and representatives said consumers feel safe and comfortable at the service. Consumers said, and observations confirmed, consumers can move freely indoors and outdoors, and the service is kept clean and well-maintained. Cleaning schedules and maintenance systems are in place to ensure ongoing cleanliness and maintenance of the service.

The service’s furniture, fittings, and equipment were observed to be clean, well-maintained, and safe for consumer use. Cleaning and maintenance tasks are scheduled and monitored daily. Maintenance staff described preventative and reactive maintenance schedules in place. The service has access to external contractors for specialist maintenance and servicing of equipment. Staff described how maintenance issues and hazards are reported and attended to promptly. Review of documentation identified scheduled maintenance occurs regularly and maintenance tasks are monitored to ensure they are completed within timeframes.

# 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 described a range of mechanisms available to provide feedback and submit a complaint, and said they are encouraged and supported to do so. Staff described various ways they support consumers who wish to provide feedback. Management described how consumers and representatives can provide feedback in writing, verbally by meeting with staff and management directly, through feedback forms and surveys, and at consumer meetings. Feedback forms and suggestions boxes and information on how to submit feedback and complaints is available throughout the service.

Consumers and representatives said they are aware of how to access external advocacy agencies and complaints mechanisms. Information on how to make complaints and external complaints mechanisms is provided to consumers in the service’s consumer handbook and displayed through pamphlets and information material throughout the service. An information session presented by external advocacy services was observed being provided to consumers and staff during the Site Audit.

Consumers and representatives expressed confidence in the service discussing and resolving complaints in a timely manner. The service has policies and procedures on feedback and complaints handling and open disclosure to guide staff practice. Management and staff described the processes to respond to and resolve any complaints and demonstrated an understanding of open disclosure. Review of complaints documentation identified feedback and complaints are documented and addressed in a timely and appropriate manner.

Most consumers and representatives said the service listens to their feedback and complaints and uses this to improve care and services. Management described how feedback is regularly reviewed to identify trends, and provided examples of how this information is used to drive continuous improvement. Trends are discussed at staff and management meetings and reported at the Board level. Review of documentation such as the service’s complaints register and continuous improvement plan identified various improvements made in response to consumer and representative feedback and complaints.

# 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 expressed satisfaction with staffing levels, stating staff attend to call bells promptly and are available when needed. Management discussed staff rostering and planning mechanisms to ensure adequate staff numbers and skill mix to enable safe and effective care and service delivery. Call bell data is reviewed by management to identify and investigate any extended response times to prevent recurrence. Staff were observed providing care and services in an unrushed manner.

Consumers and representatives provided positive feedback regarding staff, stating staff are kind, respectful, and understand what is important to consumers. Staff demonstrated knowledge of individual consumers’ background and preferences. Staff undertake training on code of conduct and respectful behaviour. Management described how the service monitors staff interactions with consumers and reviews feedback to ensure workforce interactions are in accordance with organisational values and expectations. Observations identified respectful and caring interactions between staff and consumers.

Consumers and representatives said staff are competent and know what they are doing. Management described the process for ensuring staff have the necessary knowledge and skills to undertake their roles, including regular toolbox talks and training sessions, skills competency assessments, and knowledge checks. Staff position descriptions are in place, qualification and screening checks are conducted, and staff competency is monitored through various methods including consumer/representative feedback, observations, and performance appraisals. Staff said they felt confidence they have the knowledge and skills to perform their roles, and confirmed they are supported to undertake further training and development.

The service demonstrated effective systems and processes to ensure the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Consumers said they have confidence in the ability of staff to deliver care and services and staff are well trained. Staff described, and review of documentation identified, access to online and face-to-face training on a range of topics. Management described the service’s onboarding process including orientation and mandatory training, allocation of support from buddies, and access to policies and procedures to guide staff practice.

The service demonstrated regular assessment, monitoring, and review of staff performance. Consumers said they are encouraged to provide feedback on staff performance which is considered by management. Staff said, and review of appraisal records confirmed, staff participate in documented annual performance reviews with their supervisor which includes a discussion on their performance, and any areas where they require further support and training. Management monitors staff performance through observations, feedback, and regular appraisal procedures with any issues with performance addressed through appropriate action.

# 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 the service is well run and they have an opportunity to provide feedback and be engaged in the development and evaluation of care and services through various mechanisms. Management and staff provided examples of how consumers are supported to engage in the development, feedback, and evaluation of care and services including through monthly consumer meetings, and quarterly consumer advisory body meetings. Review of documentation identified various improvements implemented in response to consumer/representative feedback and suggestions.

Management described, and review of documentation evidenced how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service has a range of meeting and reporting mechanisms to ensure the governing body is aware of, reviews, and discusses a range of matters. This includes but is not limited to information on staffing; operational and financial information, and capital expenditure; serious incidents; feedback and complaints; and quality indicators. Board members attend the service on a quarterly basis to meet consumers, representatives, and staff.

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

The service implements an effective risk management framework with policies and procedures to support the organisation’s management of risk and guide staff in identifying and responding to abuse and neglect, and reporting incidents. High-risk consumers are identified via assessments and daily review of progress notes, are discussed at various service-level meetings and shift handover, and strategies implemented to manage and mitigate risks. Staff receive training on identifying abuse and neglect and reporting serious incidents and demonstrated knowledge of their responsibilities in this regard. Review of care documentation, policies, and procedures and interviews with staff demonstrated the service supports dignity of risk.

The service has a clinical governance framework outlining roles and responsibilities, reporting mechanisms, and meeting structures. The framework is supported by various policies and procedures to guide staff practice including but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated knowledge of these policies and could describe their application as relevant to their roles.

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)