Performance

Report

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| Name of service: | Baptcare - Hedley Sutton Community |
| Service address: | 19 Canterbury Road CAMBERWELL VIC 3124 |
| Commission ID: | 3623 |
| Approved provider: | Baptcare Ltd |
| Activity type: | Site Audit |
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| Performance report date: | 2 December 2022 |

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 Baptcare - Hedley Sutton Community (**the service**) has been prepared by L Glass, 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.

# 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

All consumers and/or the representatives sampled were satisfied they are shown dignity and respect by staff in the delivery of their care. Care plans sampled were individualised and reflected what was important to the consumer, including their values and goals. Care staff said they listen to consumers, ask them whether they are ready to be assisted, what they would like to do or where they would like to go.

Care planning documents clearly outlined consumer’s needs and for staff to keep explaining tasks to assist daily living relevant to needs. Staff were observed treating consumers with dignity and respect and it was clear staff understood the consumers’ individual choices and preferences.

Consumers and/or their representatives said the service provides care and services that are culturally safe. Staff were able to explain and provide examples of how they support consumers’ individual needs. Care planning documents described consumers’ individual requirements.

Consumers and/or their representatives said the service supports consumers to exercise choice and independence and make decisions about how care and services are delivered to meet their needs. Staff described how they support the decisions of consumers. Care documents detailed primary contacts for consumers and their preferences for assistance for daily living. A representative confirmed the consumer they represent makes day-to-day decisions, such as what time in the morning to take daily showers.

Staff interviewed described how they support consumers to make connections inside and outside of the service and to maintain relationships with family and friends. Care documentation reflected consumer support to maintain relationships with those involved in consumer care and with others as preferred.

Most consumers and/or their representatives indicated that living their best life does not necessarily have risk elements involved. However, where consumers choose to engage in activities that involve an element of risk, they are supported by staff and a support decision tool is in place. A consumer at high risk of falls risk chooses not to adhere to fall’s prevention strategies. A supported decision-making tool was completed with the consumer and their representative. The tool outlined all the risks in relation to the consumer and falls that might occur because of their decision.

All sampled consumers and/or their representatives were satisfied that the information they receive is current, accurate, timely, communicated clearly and is easy to understand. A consumer confirmed they receive the weekly lifestyle program and highlight activities they planned to participate in describing the activities they enjoyed taking part in each week. Staff described how consumers are provided with information.

The organisation has documents and a process to inform and enable consumers to make choices. Care planning documentation includes information about what is important to consumers, and how they decide which activities to attend. Weekly activity programs were observed in consumers’ rooms and on notice boards, and special event posters displayed throughout the service.

Consumers and/or representatives were satisfied consumer privacy is respected and information is kept confidential. Staff were able to demonstrate how they maintain consumer privacy. The service has policies and procedures in place regarding the confidentiality of personal information and disclosure of information. Observations of staff practice demonstrated staff respected consumers’ privacy.

# 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 are satisfied with how the service is managing consumer risks. Care documentation demonstrated risks such as restrictive practices, wounds, skin integrity, falls, challenging behaviours and nutrition are identified with planning to guide staff practice. Staff were able to describe how they use risk screening assessments for pain, falls and skin integrity, to assess the risks for individual consumers and to plan strategies used to ensure safe and effective care.

Care planning documentation identified consumers’ needs, goals and preferences and included advance care planning. Consumer care and services are planned around what is important to them. Representatives have discussed advanced care planning with the service. Clinical staff engage with consumers and/or their representatives to complete the consumer’s advance care plan and the plans are located in folders in the nurse’s station.

Consumers and representatives described their participation and that of others whom they wish to involve in the assessment, planning and review of their care. Staff and management demonstrated how the consumers, representatives, other health professionals and external health services collaborate to ensure the delivery of safe and individualised care such as a geriatrician, physiotherapist, dietitian, podiatrist and a wound specialist as required. Care planning documents reflected the participation of the consumers and/or representatives in assessment, planning and review.

Consumers and representatives were satisfied with the communication received about their assessment and planning outcomes. Care planning documentation reflected the communication of relevant information with the consumer and/or representatives. Staff described how they access consumer care plans from the electronic care system and how they receive and use handover information to deliver care. Clinical staff review care plans as part of the ‘resident of the day’ (ROD) process bi-monthly and involve consumers and/or their representatives.

Care planning documentation overall identified evidence of review on both a regular basis and when circumstances changed such as consumer deterioration or incidents such as infections, falls and wounds. Clinical staff described how and when care plans are reviewed with consumers and/or their representatives. Consumers and/or their representatives confirmed clinical staff discuss care needs with them and any changes or requests for changes are addressed in a timely manner.

# 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

Overall care plans reflected best practice principles and care of consumers that is individualised addressing the needs, goals and preferences of consumers in consultation with consumers and/or their representatives. When required consultation also occurs in collaboration with external health providers. Consumers and/or their representatives are generally satisfied with the tailored care the service provides to consumers, particularly with the management of the wounds, personal care and pain. Personal care included recent dental checks. Restrictive practices were managed in accordance with legislative requirements such as reviews, consultation and consent. Clinical and care staff demonstrated knowledge of consumers and skills in managing clinical and personal care of consumers.

The service has processes in place to manage high impact or high prevalence risks effectively such as mobility and falls, challenging behaviours, skin integrity, nutrition and swallow-related issues. Consumers and representatives said the service is effectively managing identified risks to consumers. Documentation viewed showed the service was effectively managing these risks. Management and staff described the high impact and high prevalence risks to individual consumers at the service and how the risks are minimised.

Care planning documentation demonstrated how the needs and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and how their dignity is preserved. Staff and management provided examples of the provision of palliative care to consumers. Staff described the palliative care pathway and the resources available to them to support consumers nearing the end of life. Documentation viewed by the Assessment Team reflected the identification of, and response to, deterioration or changes in the consumer’s condition.

The service demonstrated that deterioration or change in consumers’ condition is recognised and responded to in a timely manner. Consumer care documentation reflected appropriate actions taken in response to deterioration or change in a consumer’s health. Consumers and/or their representatives expressed satisfaction in how the service has responded to a change or deterioration in a consumer’s condition. Clinical staff described how deterioration or changes are identified, actioned and communicated.

The service demonstrated that information about consumers’ conditions, needs and preferences is documented in consumer’s care plans, and in progress notes and is communicated within the service. Information is shared with other services within the organisation and external services involved in care as required and management demonstrated how this occurs through email communication. Staff said they receive up-to-date information about consumers during handover times.

Consumers and representatives were satisfied the service accesses other providers such as the general practitioner, allied health professionals and other external specialist services when required. Care planning documents reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management and staff described the service’s referral access processes.

The service has policies and practices that minimise the risk of infection for consumers, staff, and visitors. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. The service has an outbreak management plan which had been reviewed and practised. Consumers and representatives said they are kept up to date about the service’s response to COVID-19. The service has an Infection Prevention and Control (IPC) Lead.

Clinical and care staff complete a pathology test for a consumer prior to the medical officers’ antibiotic prescription. They also discuss with the medical officer any alternatives prior to prescribing antibiotics when a consumer is asymptomatic. The Assessment Team reviewed the service’s infection register file in the last 3 months. The service has policies and practices that encourage the appropriate use of antimicrobials. Management described the infection control strategies implemented at 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/or their representatives were satisfied that consumers receive services and supports which optimise consumer independence and quality of life. Staff described how the service supports consumers to maximise their independence and well-being. Care planning documentation identified consumers’ choices and provided information about the services and supports needed to help them to do what they like to do.

Consumers and/or their representatives expressed satisfaction with and staff confirmed consumers’ emotional, spiritual and psychological well-being is supported at the service. Care planning documentation included information about consumers’ individual emotional, spiritual and psychological needs.

Consumers and/or their representatives were satisfied that the service provides adequate support for consumers to maintain relationships, participate in the community and do things that interest them. Staff could adequately describe the relationships and interests of consumers, both within and outside the service. Care planning documents contained information about consumer interests and family relationships.

Consumers and/or their representatives were satisfied information is shared effectively at the service. Staff are informed about changes to consumer needs and this is communicated through written notes, handover sheets and meetings.

The service demonstrated timely and appropriate consumer referrals to other organisations, individuals and providers of other care and services. Consumer care planning documentation reflected collaboration with external providers to support the diverse needs of consumers.

All consumers sampled were happy with the quality of meals, meal size and variety and if they were not happy with the meal available, they were able to have something else. The registered nurses utilise the resident dietary information form to advise kitchen staff about consumers’ dietary change such as food texture or preferences.

Staff were satisfied that they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well maintained and available to meet the needs of 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

All sampled consumers said they feel at home and comfortable at the service and were encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service was observed to be welcoming with comfortably furnished communal areas that optimise consumer interaction and engagement. All rooms are single with ensuites.

All sampled consumers and/or their representatives reported the environment is comfortable, clean and well maintained. The maintenance and cleaning staff demonstrated the service’s preventative and reactive systems and schedules ensure the service is safe, clean and well maintained. Consumers can freely access internal and external areas at the service, and the living environment is generally suitable for use.

Consumers and/or their representatives were satisfied that the furniture and equipment available is suitable for consumer’s needs. Furniture, fittings, and equipment were safe and clean. The equipment in use was noted to be in good working order. Documentation, including preventative and reactive maintenance systems, demonstrated ongoing monitoring and timely response to breakdowns and repairs required.

# 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

All consumers and representatives sampled said they are encouraged and supported to provide feedback and make complaints. Staff confirmed if a consumer or representative raises a concern or complaint, they will address issues raised if able to do so, document concerns, and refer the issue to management. The service receives feedback and complaints via a feedback form, emails, or verbally. Concerns, complaints, compliments, and other feedback are logged within the service’s ‘feedback and complaints’ register. Management explained how it supports consumers to provide feedback and how feedback drives continuous improvement.

The service has advocacy and language service information available in the communal and reception area for consumers and representatives to access. Five of 5 consumers and representatives indicated they did not require language services to assist them with raising complaints or providing feedback and stated they were aware of how to access external advocacy services. Staff demonstrated awareness about how to access external interpreting services if consumers required those services when providing feedback or raising a complaint.

Three consumers and representatives who had raised issues with management were satisfied actions had been taken to resolve their respective issues. However, one consumer representative said they have repeatedly raised their concerns with staff and whilst the issues are addressed immediately, sustainable changes were not made. Consumers and representatives described how staff apologise when something goes wrong. Management and clinical staff discussed how open disclosure principles are incorporated into the service’s complaints and feedback and incident systems.

Feedback from consumers and representatives indicated the service reviews their feedback and complaints to improve the quality of care and services. Management described how the complaints process is used to inform its plan for continuous improvement (PCI) at the service. Feedback and complaints documentation reviewed by the Assessment Team identified that appropriate action was taken to resolve complaints and that systemic improvements were being made to the service as a result.

# 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 adequate staffing levels and a mix of staff to meet consumer needs. While one representative discussed concerns regarding call bell response times, call bell response times across the service are monitored, and actions are taken to address any identified delays. Most staff indicated they have sufficient time to complete their tasks within their allocated shift.

All consumers and representatives sampled were satisfied staff interact in a kind and caring manner. Staff were knowledgeable and respectful of consumer backgrounds, culture and diversity. Staff were observed addressing consumers by name, proactively engaging with them and providing information in a way that consumers could understand. The service has policies and procedures that reflect dignity, respect, and diversity is a key focus for the service and guides staff interactions with consumers. Observations of staff practice were consistent with consumer feedback.

Consumers and their representatives said staff know what they are doing, indicating that nursing staff have the skills to look after the specialised nursing care needs of the consumers. Consumers provided positive feedback regarding the skills and knowledge of staff employed in other roles at the service. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing and allied health professional registrations for relevant staff.

All consumers and their representatives sampled said staff are being recruited and provided with training and support to ensure safe care. Staff expressed satisfaction with the training provided and discussed a range of educational topics in relation to legislative/regulatory changes such as the Serious Incident Response Scheme (SIRS), restrictive practices, personal protective equipment and clinical care.

The organisation has effective processes to regularly assess, monitor and review the performance of the workforce. The service has policies and procedures in relation to staff performance and disciplinary matters. Management described how adverse feedback about staff performance received from consumers and representatives is discussed directly with the staff member concerned. Opportunities for further training and ways performance may be improved are then discussed and agreed to. Documentation review demonstrated formal performance management with additional support is initiated to address staff performance issues. Clinical and care staff confirmed they have had regular performance appraisals with an opportunity to receive and provide feedback. The service has a staff induction program and an employee handbook, which includes the organisation’s code of conduct and values, and clearly outlines the responsibilities of staff.

# 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 they are engaged in care planning and service provision and confirmed they are invited to attend resident/relative meetings. They said they are kept informed about any changes that are occurring in the service. The service demonstrated it has effective systems and policies to engage consumers in the development, delivery and evaluation of care and services. The organisation has recently developed a consumer engagement framework. As part of the implementation of this framework, the Board and executive level are still to consider how they will engage with consumers. Board meeting minutes evidenced the collection of consumer feedback regarding a move to in-house catering. The minutes showed the Board has requested details regarding the feedback provided.

Consumers and representatives said they felt safe at the service and live in an inclusive environment with the provision of quality care and services. The organisation has a range of policies and practice standards to guide staff in the delivery of safe and inclusive care and services. Management and staff outlined how the governing body monitors the quality of care and consumer outcomes and promotes safe care and services.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, work governance, regulatory compliance, and the management of feedback and complaints.

The service monitors high impact and high prevalence risks including falls, pressure injuries, and weight loss. Reports are distributed and reviewed at various levels including to the operations manager, the quality team, and the Board. Electronic systems are in place to monitor clinical indicators and incidents and enable early intervention. These systems allow the service to monitor the effectiveness of interventions at the level of the individual consumer and service-wide. Online data relating to clinical incidents was sighted along with meeting minutes evidencing discussion of risks and strategies for individual consumers, and discussion of risks and strategies at the Board level. The service has in place practice standards for reportable incidents (SIRS), and incident management and investigation.

Staff and management discussed how they support consumers to live the best life they can by identifying what is important to the consumer and completing supported decision-making tools as needed. Supported decision-making tools viewed confirmed that risks are identified, and consumers are supported to enjoy life even when risk is identified.

The service demonstrated an effective clinical governance framework is in place which includes oversight of antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service has relevant documentation in place and the Board is engaged in monitoring the service’s performance. For example, staff discussed the identification of infection and the importance of minimising antibiotic use, completing clinical assessments, and notifying general practitioners of the results of assessments when consumers are unwell and symptomatic of an infection. Quality management outlined the organisational clinical governance framework, involving the Board, clinical practice effectiveness and risk management committees, the quality team, and service managers. The framework outlines the role of relevant Acts, Principles and the Aged Care Quality Standards in informing the work of the organisation. The service has in place a practice standard for antimicrobial stewardship, a practice standard for restrictive practices, guiding principles and a work instruction for open disclosure.

1. The preparation of the performance report is in accordance with section 40A – site audit,of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)