Performance

Report

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| Name of service: | Performance report date: |
| Benetas Dalkeith Gardens | 29 June 2022 |
| Commission ID: | Activity type: |
| 3034 | Site audit |
| Approved provider: | Activity date: |
| Anglican Aged Care Services Group | 10 May 2022 to 13 May 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 Benetas Dalkeith Gardens **the service**) has been considered by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 10 June 2022.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 4(3)(a)**

* Ensure consumers’ needs, goals and preferences are assessed and care planned in relation to this requirement
* Ensure the service has the resources in place to meet consumers’ needs, goals and preferences.

**Requirement 4(3)(c)**

* Implement services and supports for daily living to assist consumers to do things of interest to them.

**Requirement 7(3)(a)**

* Ensure the number and mix of staff is planned and enables, the delivery and management of safe and quality care and services.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

This Quality Standard is Compliant as six of six Requirements have been assessed as Compliant.

The service demonstrated consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

Consumers and representatives expressed satisfaction that consumers are treated with dignity and respect and their identity, culture and diversity is valued. Staff were observed treating consumers with dignity and respect and respecting their individual choices and preferences. Consumers’ care planning documents include information about their individual preferences.

Consumers expressed satisfaction with how staff deliver care and services and said they feel comfortable and safe. Staff provided examples of how they ensure care and services are culturally safe. Care planning documentation reflects consumers’ cultural needs and preferences. Consumers and representatives are satisfied with the respect shown for consumer’s choices and preferences for independence, care, decision making and services.

Representatives reported satisfaction with the opportunity to maintain relationships and the frequent communication provided through a variety of methods. Staff said consumers have choice in all aspects of their care and services. While staff said due to the current staff shortages there are sometimes challenges delivering all care and services in a timely way.

Consumers and representatives are satisfied that consumers are supported by staff to take risks and live the best life they can. Care planning documents reviewed demonstrated consumers are supported to live their best life.

Consumers and representatives are satisfied that the information they are provided with is current, accurate, timely and communicated clearly and easy to understand. Management and staff demonstrated how consumers and representatives are kept informed. Assessment team observations demonstrated consumers and representatives are kept informed.

Consumers and representatives are satisfied that consumers’ personal privacy is respected, and their personal information is kept confidential. Documentation and assessment team observations of staff demonstrated the service is maintaining consumers’ privacy.

# Standard 2

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

## Findings

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

The service demonstrated that the consumers sampled are involved when partnering in the ongoing assessment and planning of their care and services needed for health and well-being.

Consumers and representatives expressed confidence that the assessment and care planning process considers the risks of the consumer’s health and well-being. Care planning documents reflect the outcome of risk assessments undertaken in relation to falls, weight loss, skin integrity, challenging behaviours, and specialised care needs. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care.

Consumers and representatives are satisfied the care and services identify what is important to them. Assessment and care planning reflect consumers’ current goals, needs and preferences and include the documentation of advance care wishes. Clinical staff work with consumers and/or their representatives to complete their advance care plan and end of life plan and care planning documentation is consistent with the consumer’s needs, goals, and preferences

Consumers and representatives sampled participate in assessments and identified that they can nominate others who they wish to involve in care planning and review. Staff and management collaborate with other health professionals and external health services and with consumers and representatives to ensure the delivery of safe and individualised care. Documentation reflects the participation of the consumers and representatives in assessment, planning and review of care.

Though not all consumers and representatives recall being offered a copy of their care plan, staff communicate relevant information and any changes about consumer care. Documentation reflects the communication of relevant information with consumers and representatives.

Consumers and representatives are satisfied with how the service reviews care following a change in circumstances or after an incident. Care planning documents reflect that when circumstances change or when incidents impact on the needs, goals, and preferences of the consumer, review and evaluation for effectiveness occurs. Management and staff monitor and review processes following incidents or changes in consumers’ care.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

This Quality Standard is Compliant as seven of seven Requirements have been assessed as Compliant.

The service demonstrated the provision of personal and clinical care to consumers that is safe and tailored to their needs. Consumers and representatives expressed satisfaction with the management of consumers’ pain, wounds, and restrictive practices. Clinical staff demonstrated knowledge and skills in managing complex wounds. Most consumers and representatives identified that staff assisted with their personal care needs in accordance with their preferences. Consumers and representatives expressed satisfaction that risks affecting each consumer are safely managed. Documentation reflects processes to promote the effective management of high impact or high prevalence risks including falls, challenging behaviours, pressure injuries, diabetes management, urinary catheter management, and weight loss.

Management and staff described the high impact and high prevalence risks to consumers and strategies on how they are minimised. Documented policies and procedures to support the management of high impact or high prevalence risks are available. Incidents are documented, investigated, actioned, and analysed for trends, with actions for improvement planned as appropriate to minimise a recurrence.

Care planning documents demonstrate the service meets the needs of palliating consumers to ensure comfort care with dignity. Document review reflected palliative care planning is individualised and tailored to the consumer’s wishes. Policies and procedures guide the provision of palliative care.

Representatives expressed confidence in how the service has responded to a change or deterioration in consumer’s condition, health or ability. The service demonstrated how deterioration or change in the consumer’s condition is recognised and responded to in a timely manner. The assessment team found the clinical staff could describe how deterioration or changes are identified, actioned, and communicated. Documentation reflects appropriate actions taken in response to deterioration or change in a consumer’s health.

Consumer files, progress notes and handover sheets reflect information about consumers' condition, needs and preferences. The service demonstrated how information is shared with external services involved in care as required

Consumers and representatives are confident that access and referral to their general practitioner, allied health professionals and other external specialist services are available when needed. Documentation reflects timely and appropriate referrals to individuals, other organisations and providers of other care and services and management and staff provided examples of referrals completed.

The service has policies and practices that minimise the risk of infection for consumers, staff, and visitors and the assessment team found staff showed a good understanding of infection prevention and control practices. The service has an outbreak management plan which has been reviewed and practised. Consumers and representatives are kept up to date about the service’s response to COVID-19. The service has policies and practices that encourage the appropriate use of antimicrobials. The response for the provider to the assessment team’s report identified further infection control initiatives and practices demonstrating effective and responsive infection control practices are in place.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-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. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

This Quality Standard is Non-compliant as two of the seven Requirements have been assessed as Non-Compliant.

In relation to Requirement 4(3)(a) and Requirement 4(3)(c) The service was not able to demonstrate it is meeting consumers' needs in relation to providing leisure and lifestyle activities consumers can engage in to improve their quality of life and well-being. The service did not demonstrate consumers are able to do the things of interest to them.

At the time of the site audit the service did not demonstrate each consumer receives safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Consumers were not found to be actively engaged in activities to improve their quality of life and well-being. Some consumers and representatives were not satisfied with the activities available, the quality of the lifestyle program and feedback and assessment team observations demonstrated consumers were not actively engaged.

Consumers living in the memory support apartment were not provided with a tailored lifestyle program to meet their needs. The one hour activity per week was cancelled the week of the site audit. The assessment team observed that no activities took place in the memory support apartment while they were on site. The service did not demonstrate the lifestyle program is based on consumer needs and preferences and specific activities for male consumers ceased in September 2021 when a staff member resigned and no replacement activities were implemented. The assessment team observed consumers in apartments at the service each day of the site audit and noted they were not engaged and noted minimal activities occurring. Staff said the service requires more activities for consumers to engage in.

The assessment team found there are some services and supports for daily living that assist each consumer to participate in their community within and outside the organisation’s service environment and have social and personal relationships. Information about participation and relationships are recorded in consumers’ care plans. Consumers and representatives are satisfied with the support provided to maintain relationships.

In the response to the assessment team report the provider submitted clarifying information about challenges with staffing and planned and actual recruitment of staff to assist with lifestyle programs and activities. An action plan detailing actions undertaken since the site audit, plans in place and outcomes was also supplied. This includes a survey of all consumers asking about preferred activities, arranging targeted activities for males that had previously been identified as lacking, distributing the activities calendar to all stakeholders, commencing consumer experience interviews and a specific daily activity program for consumers with dementia.

I have considered the assessment team report and the response from the approved provider. I acknowledge the action plan and the actions undertaken during and since the site audit. As these plans actions are not yet fully implemented and evaluated and were not in place at the time of the site audit I find that Requirement 4(3)(a) and Requirement 4(3)(c) Non-Compliant.

I find the remaining 5 Requirements under Standard 4 Compliant. This is because the service demonstrated consumers receive services and support in relation to emotional and spiritual well-being, information, referrals, satisfactory meal service and equipment is provided and maintained. For example, the service has funding for a regular pastoral carer and is currently recruiting for the role. Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. The service demonstrated there are timely and appropriate referrals to individuals, other organisations and providers of other care and services and care planning documents show timely referral and support provided by individuals and organisations for consumer participation and wellbeing. Overall consumers and representatives expressed satisfaction with the quantity, quality and variety of food provided. A choice at meal time is offered and they are varied and of suitable quality and quantity. Where equipment is provided, it is safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

This Quality Standard is Compliant as three of three Requirements have been assessed as Compliant.

The service demonstrated the living environment is clean, comfortable, well maintained and appropriate for consumers’ needs.

The service is welcoming and offers numerous communal spaces in which consumers can interact with others or spend time alone. The service was observed to be clean and uncluttered and consumers moved freely around the service.

Consumers described how their rooms are clean and well maintained, any requests are responded to promptly and they feel safe and able to move freely at the service. Staff and documentation demonstrated the service is reactive and preventative maintenance and cleaning systems are in place. Assessment team observations of the service indicate it is safe, clean, and well maintained, well-lit and clutter-free.

Consumers interviewed said they have access to appropriate, safe, and clean equipment and are satisfied with the furnishings. The Assessment team observed that the furniture, fittings and equipment are clean and well maintained and there is regular monitoring of all equipment.

**Standard 6**

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

## Findings

This Quality Standard is Compliant as four of four Requirements have been assessed as Compliant.

The service was able to demonstrate there is an effective complaints and feedback system in place. Consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints.

The assessment team found although consumers and representatives were unaware of the formal complaints process, they expressed confidence that they could raise a complaint, and have it addressed. Consumers and representatives said they felt comfortable speaking with staff if they had a complaint. Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff described how they would assist consumers to access advocacy and support services when requested.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff demonstrated a good knowledge of open disclosure and were able to provide examples. Feedback and complaints are reviewed and used to improve the quality of care and services. Management described how consumer feedback is collected and used to improve services for consumers.

**Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

This Quality Standard is Compliant as one of five Requirements has been assessed as Non-Compliant.

In relation to Requirement 7(3)(a) the service did not demonstrate 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. At the time of the site audit the number of care staff was insufficient to provide adequate care and support to consumers particularly for personal care at the time and in the way consumers preferred. The service was unable to demonstrate there are sufficient staff in care roles to deliver safe and quality care and services. Some consumers and representatives said staff do not have time to deliver care and services and described how consumers are adversely impacted by staff insufficiency and the waiting time for staff to respond to a call bell.

In the response to the assessment team report the provider clarified there are significant staffing pressures at the service. The service is aware of the staffing challenges further impacted by COVID-19 outbreaks and unplanned leave and resignations. The provider’s response outlines the plans in place to recruit staff and details staff newly engaged.

I have considered the information in the assessment team report and the response from the provider. While the response maintains, and I acknowledge that the provider has been proactive in implementing strategies to allocate staff daily to mitigate risk to consumer care and services and address staffing shortages and is actively recruiting new staff I find that when that the service was Non-Compliant with Requirement 7(3)(a) at the time of the site audit.

I find the remaining four Requirements under Standard 7 are Compliant. Consumers expressed satisfaction with how staff are kind, caring and respectful of their individual needs. Staff were observed to engage with consumers in a positive and kind manner.

Consumers and representatives said staff are skilled, knowledgeable and provide quality care to consumers. Management monitor and review staff performance and job descriptions with roles and responsibilities are in place. Staff said they have completed training to support them in their roles.

Consumers and representatives expressed satisfaction with how staff are trained and supported to care for consumers. Staff are well trained and have access to both online and face to face training. Staff education and training records evidenced a comprehensive range of clinical education provided.

The service provides regular assessment, monitoring and review for their workforce. Most staff have completed their annual appraisals. The service provided examples of how they conduct performance appraisals and performance management of staff.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

The service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement and partner in improvements.

Consumers said they are encouraged to participate in the development, delivery and evaluation of care and services and are supported in that engagement. Management demonstrated and provided examples of how consumers and representatives are involved in the engagement, development, delivery and evaluation of consumer care and services. These included the ‘residents and relatives’ meeting, food focused meetings and the complaints and feedback system.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The board receives committee reports monthly including clinical governance and care and audit, risk, and compliance committee reports. The clinical forum, quality, safety, risk, and service clinical staff committees oversees clinical care, consumer feedback and complaints, restrictive practice and incidents from data generated from all services. The board receive updates on individual service’s compliance with the Aged Care Quality Standards. Individual service performance is monitored at regional and service level.

Staff described how they have access to information management systems including electronic care planning systems, handover documentation and internal emailing and intranet systems. Management and staff confirmed regular meetings occur to ensure currency of consumer care information, implementation of new systems and processes and discussions for comments, suggestions, and continuous improvements. Management described how they identify opportunities for continuous improvement through reviewing incident and complaints data, analysing quality indicator data, completing audits, conducting observations, and seeking informal feedback from consumers, representatives, and staff. Expenditure is managed at the service and regional level based on requirements and day to day expenditure is managed at the local level with regular monthly engagement between the service and regional manager. Workforce governance and training is managed by a dedicated human resources team and the service manages local recruitment. The service receives information on changes to regulation and legislation through the organisation’s quality department. Policies are amended as appropriate and communicated to the service. There is a complaints and feedback register linked to service improvement and the board receives monthly reports on consumer feedback and complaints.

Effective risk management systems and practices are in place. Risks are reported, escalated, and reviewed by management at service level and through the organisation’s executive management to the board. Feedback is communicated through regular service, consumer and regional meetings and results in improvements to the care and services are monitored. Staff are provided with education on elder abuse and file documentation did not evidence abuse or neglect to consumers.

The assessment team found at the time of the site audit consumers are not actively engaged in activities to improve their quality of life and well-being and the service has provided information clarifying actions takin and has a continuous improvement plan in place and addressed the reasons for the lack of activities at the time of the site audit.

The organisation has an effective incident management system in place. The organisation’s Clinical Governance Framework includes policy and procedure covering antimicrobial stewardship and the board and quality and compliance committee reviews relevant service data to oversee compliance. The service provided documentation on consumers who are subject to chemical restraint. Each of these consumers has a consent for restrictive practices signed by their nominated representative and general practitioner. The service has significantly reduced the use of chemical restraint over the past 12 months.

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-2)