Performance

Report

**1800 951 822**

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| Name of service: | Brentwood Residential Aged Care Facility |
| Service address: | 28 Glebe Street PARRAMATTA NSW 2150 |
| Commission ID: | 2600 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 11 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Brentwood Residential Aged Care Facility (**the service**) has been prepared by Stewart Brumm, 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
* other information and intelligence held by the Commission in relation to the service.

# 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 were treated with dignity and respect. Staff demonstrated knowledge of consumers’ backgrounds and preferences which was consistent with consumer goals and well-being needs. Consumer care documentation reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care. Staff could describe strategies utilised to ensure respect and knowledge of consumers individual circumstances.

Consumers and representatives expressed satisfaction that the Aproved Provider meets consumers’ cultural needs. Staff could describe how they supported consumers to maintain their culture and what is important to them. Care documentation included information related to the consumers’ country of birth, religion, cultural observations and spiritual needs. Staff demonstrated knowledge of the varied cultural needs of consumers and could describe individualised approaches for consumers with cultural differences.

Consumers were supported to exercise choice and maintain their independence by making decisions according to their individual preferences. Consumers were supported to make decisions about the way their care and services were delivered and who they would like involved in decision making of their care and services. Staff described how they supported consumers to maintain relationships with people that were important to them.

Consumers were supported to take risks which enabled them to live their best lives or the live they chose. Staff had knowledge of the risks taken by consumers and supported the consumer’s wishes to continue to live the life they choose. Dignity of risk forms were completed and signed by consumers who chose to undertake risks such as smoking. The Approved Provider had policies and procedures in place to guide and support staff in relation to consumers who choose to take risks.

Consumers were provided with information that was current, accurate and timely and was communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Consumers confirmed enough information was provided to enable them to make informed decisions about their provided care and services, including meals and lifestyle activities. Lifestyle activity programs, meeting minutes and newsletters were observed on noticeboards throughout the service.

Consumers confirmed consumers’ privacy is respected and personal information is kept confidential. Staff described ways they respect consumers’ privacy and maintained consumers’ personal information confidentiality. Staff respected consumers’ privacy by knocking before entering consumers’ rooms, closing doors and curtains when providing care and ensuring consumer discussions are discreet. The Approved Provider is guided by consumer privacy policies and procedures.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback.

This Standard is Compliant, as I have found all six Requirements Compliant.

# 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 considered assessment and care planning delivered safe and effective care and services. Care documentation reviewed considered potential risks to consumers’ health and wellbeing including complex care needs. Staff demonstrated sound knowledge of the assessment and care planning, including the review process. The Approved Provider had policies and procedures available to guide staff practice in the assessment and care planning process. The process for assessment and planning included consultation with the consumer or representative, other health professionals and documentation to inform the development of individualised care plans.

Review of care documentation demonstrated, and interviews with consumers and representatives confirmed, consumers’ current needs, goals and preferences were documented, including advance care planning if the consumer or representative wished. Staff advised there was a discussion about a consumer’s end of life wishes when a consumer entered the service, at care plan review and if a consumers condition deteriorates.

Consumers and representatives described how they had input and were involved in assessments and planning of care. Staff confirmed assessment and care planning was completed in partnership with consumers and representatives. Care documents evidenced the involvement from a range of services, including medical officers and allied health professionals.

Consumers and representatives confirmed staff discussed consumers’ care needs and the information in the consumers’ care plan. Registered staff advised, and consumer and representative interviews confirmed, consumer care plans are available for consumers and their representatives should they require a copy. The Approved Provider has policies and procedures to guide staff practice in relation to assessment and planning, including communicating outcomes of assessments to consumers and representatives.

Care plans evidenced they were reviewed six monthly, when circumstances changed or if there was an incident that impacted a consumer’s needs, goals or preferences. Consumers and representatives confirmed staff discuss consumers’ care needs or preferences with them and were responsive when there was a change. Staff described when there was a change in condition or an incident occurred, a review of the consumers care plan would include, if appropriate, the relevant allied health professionals. Review of consumers’ care documentation evidence care plans had undergone reviews in line with the service’s process or following a change in circumstances or care needs.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback.

This Standard is Compliant, as I have found all five Requirements Compliant.

# 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 care that is safe and right for them, consistent with their needs and preferences, and supports their health and wellbeing. Staff could describe how they support consumers to deliver personal and clinical care that is best practice, meets the needs of each consumer and how information is communicated. Care and services plan and clinical reporting demonstrates the service delivers personal and clinical care in line with best practice. The Approved Provider has policies, procedures and systems to ensure individualised safe and effective care is delivered to consumers.

High impact and high prevalence risks to consumers were managed effectively via clinical review and high risk management plans which included other health professionals when required. Staff described the main risks to the consumers and the risk mitigation strategies in place. Care documentation evidenced risk mitigation strategies were implemented as required, management reviewed, trended and analysed clinical incidents and quality indicators data which was reported both within the service and externally. The Approved Provider has a suite of policies to guide staff in the identification and management of high impact high prevalence risks associated with the care of consumers.

Consumers and representatives confirmed they had discussed consumer end of life planning. Care plans for consumers who were receiving palliative care contained relevant end of life documentation and preferences. Staff described how they adjusted care to support the needs and preferences of those consumers receiving palliative care. The Approved Provider had a palliative care policy which guided staff in delivering person-centred palliative and end of life care.

Changes in consumers’ health and well-being were recognised and responded to in a timely way. Care documentation for consumers identified staff recognised, reported and responded to changes in consumers’ condition. Clinical staff advised actions taken included assessment of the consumer, discussion with the consumer or representative, referral to the Medical officer or other allied health professionals and transfer to hospital if necessary.

The Approved Provider demonstrated referrals to other healthcare providers or organisations were made in a timely manner and were appropriate. Review of care documentation identified other health professionals, such as behavioural specialists and speech pathologists, had assessed consumers and provided directives to assist staff in providing care and services for referred consumers. Staff could describe how changes in a consumer’s health or wellbeing would prompt referral to a relevant health professional, such as following weight loss a referral to a dietician would occur.

Consumers and representatives were satisfied with the service’s actions in relation to the minimisation of infection control risks. Staff demonstrated an awareness of infection control measures, including processes to mitigate the use of antibiotics. Staff were observed to practice appropriate infection control processes and adhere to infection minimisation strategies. The Approved Provider has policies and procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback.

This Standard is Compliant, as I have found all seven Requirements Compliant.

# Standard 4

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

Findings

Consumers said the lifestyle program supported their needs and that staff assist consumers to be as independent as possible. Consumers were supported to engage in activities of interest to them, and were provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Staff demonstrated knowledge of consumer’s assessed needs, goals and preferences. Review of consumer care documentation evidenced preferences, needs and goals were advised to assist the Approved Provider in maintaining consumers’ independence.

Consumers and representatives confirmed the Approved Provider provided emotional, spiritual and psychological support to consumers when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. Staff advised religious services are conducted at the service and could identify consumers that like to attend these services. Review of care documentation evidenced consumers’ individual support strategies and how these are conducted.

Consumers were supported by the Approved Provider to participate in their community. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care documentation identified the people important to individual consumers, those people involved in providing care and things of interest to the consumer.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated with others responsible for care. Staff demonstrated knowledge of how information is communicated with other providers of care and how the change in condition, needs and preferences for each consumer is kept current. Review of care documentation evidenced adequate information to support safe and effective care related to services and supports for daily living.

Consumers said they are supported with appropriate referrals to outside organisations, such as a volunteer service or hairdresser. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and supports they needed and enjoyed. Care documents identified engagement with other organisations and services.

Consumers and representatives confirmed the meals were satisfying, varied and of suitable quality and quantity. Alternative meal options were offered to consumers if they chose not to have the meal on offer. Staff demonstrated knowledge of consumers dietary preferences, allergies and assessed needs which were evidenced in the consumer’s care plan.

Consumers were provided with equipment that was observed to be clean and well maintained. There were processes in place for preventative and corrective maintenance. A review of preventative and reactive maintenance schedules evidenced equipment was regularly serviced and checked over by maintenance staff. The Approved Provider has process to procure equipment as required.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback.

This Standard is Compliant, as I have found all seven Requirements Compliant.

# Standard 5

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

Findings

The service was welcoming with living areas leading to courtyards and corridors that were sufficiently lit. Consumers and representatives said they can access most areas of the service. Staff said they assist consumers to mobilise around the service, if required and support them to go where they would like to go.

The service’s external and internal environments were observed to be safe, comfortable and well maintained. Consumers and representatives said the service was clean and well maintained. The external area garden areas were observed to be accessible and suitable for consumers with mobility devices.

The service equipment, fittings and furnishings were observed to be well maintained, clean and safe for consumers and their guests. Staff had processes in place to promptly attend to identified maintenance issues or hazards when required. Maintenance staff were able to describe the maintenance process and evidenced maintenance issues were responded to in a timely manner.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback.

This Standard is Compliant, as I have found all three Requirements Compliant.

# 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 felt encouraged, safe and supported to provide feedback and make complaints, and could describe the various methods available for them to do so, including speaking to management or staff directly, during consumer and representative meetings and through the use of the online feedback form. Staff demonstrated sound knowledge in relation to feedback, comments and complaints and described ways in which they support consumers to do so.

Consumers and representatives demonstrated an awareness of the internal and external avenues available for them to raise complaints and the service provided examples of advocacy and language services. Consumers and representatives were aware of making complaints to the Older Persons Advocacy Network, Aged Care Quality and Safety Commission and other advocacy services. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers.

Appropriate and timely action was taken in response to feedback and complaints, and an open disclosure process was applied when things went wrong. Consumers and representative said management addresses feedback and complaints and attempt to resolve any concerns in a timely manner. Staff demonstrated a shared understanding of the escalation process of informing management if advised of a complaint by a consumer or representative.

Consumers felt feedback and complaints were reviewed and used to improve the quality of care and services. The Approved Provider had processes, and a commitment to consider the potential for quality improvement when managing all feedback, including complaints. Management and staff provided examples of how service improvements had been made in response to feedback. The plan for continuous improvement demonstrated complaints, feedback and suggestions were documented and changes at the service were communicated with consumers.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback.

This Standard is Compliant, as I have found all four Requirements Compliant.

# 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 that staff attended to consumers’ care needs in a timely manner, and consumers indicated they did not have to wait long for their call bell to be answered. There were processes to ensure the workforce was planned and the number and skills mix enabled the delivery of quality care and services. There were processes for planned and unplanned leave. The Approved Provider generates a fortnightly roster and advises staff of available shifts. Vacant shifts were offered to existing staff prior to external agency staff being utilised to fill unplanned leave.

Consumers and representatives spoke about the kindness and caring attitude of the staff who cared for them. Staff respected all consumers’ identity, culture and diversity. Staff were observed assisting consumers and speaking to consumers in a kind and caring manner. Staff were aware of consumer preferences for staff interaction.

Feedback from consumers and representatives identified they felt the workforce was competent and staff had the knowledge to deliver care and services which met the needs and preferences of consumers. Staff competencies were monitored on an ongoing and annual basis and were determined depending on the staff member’s role. The orientation and onboarding process for new staff included buddy shifts with experienced staff in their role, mandatory training, systems orientation and core competency assessments. The criminal record check register identified staff criminal check records were up to date.

Consumers are satisfied that staff are confident and trained appropriately. Staff said they receive adequate training and support to perform their duties. Staff training records demonstrated the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

The Approved Provider had a staff performance framework which identified appraisals were conducted annually. Staff performance was assessed and monitored, including through ongoing supervision, identifying and addressing issues as they arose, and through the completion of mandatory training. Care staff discussed performance issues and training needs directly with clinical staff. Staff records contained professional registration for registered staff, evidence of ongoing training completion and annual performance appraisal by their supervisor.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback.

This Standard is Compliant, as I have found all five Requirements Compliant.

# 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

The Approved Provider demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service incorporated consumer feedback and suggestions into changes implemented to care and services at the service and organisational level. Consumers were encouraged to engage in the development, delivery and evaluation of care services through meetings and feedback.

The organisation had a Board which met on a regular basis and contained members with a variety of skills and qualifications. The Board was supported by several sub committees and executive, who monitored and implemented changes, such as changes to policies and procedures to align with new legislative requirements. The governance framework included quality and safety platforms which were reviewed at all levels of the organisation, including clinical governance and quality and safety sub-committees. The organisation’s policy framework was directly related to the Quality Standards, and the quality sub-committee ensured the policies and procedures met the Quality Standards.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Approved Provider has an effective electronic care system, continuous improvement framework and Plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The organisation had a clinical governance framework and policy which directed the service on how to manage high impact and high prevalence risks, support consumer choice and decision-making, and report and manage incidents. Review of consumers’ care documentation showed consumers were supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they can. The process for incident reporting began with registered staff creating a report for review by management followed by action if required. Incident summaries were sent to upper management for escalation and addition to data sets. Staff had a shared understanding of dignity of risk. Staff provided examples of how they supported consumers to live the life they chose, including by supporting consumers to take risks and make informed decisions.

The Approved Provider has a clinical governance framework to help guide staff on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Staff were aware of antimicrobial stewardship and what it meant for consumers. Staff described various non-pharmaceutical strategies to aid in preventing infections prior to testing and the prescription of antibiotics. Care and clinical staff explained how they would minimise the use of restrictive practices by employing non-pharmacological strategies in alignment with each consumer’s behaviour support plan. Staff demonstrated a general understanding of how they practiced open disclosure, including being open, transparent, and apologising when things went wrong.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback.

This Standard is Compliant, as I have found all five Requirements Compliant.

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