Performance

Report

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| Name: | Brimlea Aged Care |
| Commission ID: | 4503 |
| Address: | 21 Railway Parade, MURRUMBEENA, Victoria, 3163 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
| Performance report date: | 30 October 2024 |
| Service included in this assessment: | Provider: 344 Five Star Care Pty Ltd  Service: 3018 Brimlea Aged Care |

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 Brimlea Aged Care (**the service**) has been prepared by N Chahal, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider acknowledged the assessment team’s report on 22 October 2024.

# 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

There is evidence to support that the service treats each consumer with dignity and respect, valuing their identity, culture, and diversity. Examples in the Assessment Team report demonstrated that care is provided in accordance with consumers’ cultural preferences, such as assisting them to attend cultural clubs. Consumers confirmed that the service supports and encourages them to participate in culturally significant activities or celebrations and they are aware of religious services available to maintain their spiritual connections. Staff were able to identify consumers from diverse cultural backgrounds, and the Assessment Team observed staff modifying their conversations according to consumers’ preferred languages.

Consumers and their representatives confirmed they are supported to maintain contact with important people and make decisions about their care. One consumer described their preference to spend time outdoors and with family, adding that they are supported by the service to achieve this. This preference was clearly articulated in the consumer’s care documentation, and the Assessment Team noted that the consumer was supported by the service to go for a social outing. A review of care planning documentation demonstrated the consumer’s likes, dislikes, and the people who are important to them.

The service has a process and policy to assess and capture consumer risk in dignity of risk documentation and register. Consumers and their representatives confirmed that the service acknowledges consumers’ wishes and dignity of risk. The Assessment Team report included examples of completed dignity of risk documentation.

Consumers confirmed receiving up-to-date information in a timely manner, communicated clearly to allow them to fully understand their options and make informed choices. The service has a bimonthly newsletter to update all consumers, and a copy is sent to their representatives via email. The Assessment Team observed notice boards with information in different languages, including an updated weekly planner.

Consumers are satisfied that their privacy is respected, and their information is kept confidential. Staff and management demonstrated an understanding of confidentiality and provided examples of how consumers’ privacy is respected in practice.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 expressed confidence that the assessment and care planning process was thorough and considered risks to the consumer’s health and well-being. A review of consumer care documentation demonstrated the use of validated assessment tools to assess consumers’ risks and plan appropriate intervention strategies relating to pain, pressure injury, and skin integrity. Clinical staff described both the interim and completed assessment processes, informed by validated assessment tools and existing specialist information. The service has a suite of policies and procedures to guide staff practice in assessment, care planning, risk management, and consumer choice.

Advance care directives and end-of-life wishes are discussed during the initial assessment and planning consultations. Consumers and representatives were aware of assessment and planning information and were confident that the information reflected current care needs. The Assessment Team noted that consumers’ care documentation included current information, and the handover sheet informed staff of consumers’ advance care preferences.

The service demonstrated that assessment and planning processes involve ongoing partnerships with consumers and their representatives, and include contributions from other providers of care and health services such as the mobile assessment and treatment service, dietitians, speech pathologists, and geriatricians. Consumers and representatives expressed satisfaction with their involvement in planning care, and confirmed their choices in relation to care provision are discussed and documented in the care plan. A review of a consumer’s care documentation evidenced that the assessment and planning process considers the involvement of the consumer, representatives, and multi-disciplinary specialists.

Consumers and representatives expressed satisfaction with the communication of assessment and planning outcomes and confirmed they had been provided with a copy of the care plan. Staff demonstrated current knowledge of consumers’ individual care needs and routines and confirmed they can access consumer information via the electronic health information system.

Consumers and representatives confirmed having regular discussions with staff to review the effectiveness of care and services and stated that they can also request care conferences with staff as needed. While the service has a policy for compulsory care plan reviews where clinical monitoring of consumers’ needs indicates changes, as well as post-incident and hospital admission, the service could not demonstrate this happened consistently. The Assessment Team noted that for one consumer, following their return from hospital, a comprehensive assessment and wound care plan were not documented, and pain assessment was not completed according to the service’s policy. Management acknowledged the Assessment Team’s findings and issued a memorandum to all staff, along with organising training for staff to improve adherence to skin integrity and pain assessment procedures.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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 expressed satisfaction with the personal and clinical care provided, including pain and wound management, and restrictive practices. Management monitors care quality and provides staff with necessary education and resources. Care staff use a personalised approach, and clinical staff follow service policies and procedures. The Assessment Team reviewed care documentation and noted the use of validated pain assessment tools, though inconsistencies in their application were found. Management responded to the identified deficits by reminding staff of pain charting policies and updating the continuous improvement plan to include mandatory pain management education. All consumers were assessed for skin breakdown risk, with appropriate interventions implemented for those at risk. Wound care was timely and appropriate.

The service identified consumers subject to restrictive practices, ensuring they had behaviour support plans and informed consent had been provided. However, the restrictive practice register had inaccuracies. Management acknowledged the Assessment Team’s feedback and promptly updated the register during the Site Audit. The service generally provides safe and effective care, tailored to individual needs and in consultation with clinical specialists.

The service demonstrated effective management of high-impact and high-prevalence risks associated with each consumer’s care needs, including falls risk, weight loss, and infection-related risks. Consumers and representatives confirmed that risks related to consumer care are managed effectively. Staff demonstrated knowledge for effective management of high-impact or high-prevalence risks associated with the care of each consumer. Care documentation demonstrated that risks are identified, assessed, and individualised strategies implemented to manage and mitigate the risk.

The service demonstrated that effective support is provided in a respectful and dignified manner to consumers who are nearing the end of life. Consumers and representatives confirmed their needs and goals relating to their end-of-life wishes have been discussed. Care documentation demonstrated that consumers and their representatives participate in decision-making processes relating to palliative care, along with involvement from the lifestyle team and community palliative care services. The Assessment Team sighted a consumer’s care documentation relating to palliative care and noted that comfort care and emotional support from staff were in line with their end-of-life care wishes.

Consumers and representatives confirmed that change in a consumer’s condition is identified and responded to in a timely manner. Management and staff described how deterioration or change in condition is identified, addressed, and escalated. A review of care documentation for a consumer experiencing deterioration demonstrated timely identification of the change in their condition and effective communication with relevant health practitioners for further assessment and management. The organisation has a policy and procedure that guides staff in responding to a consumer’s clinical deterioration.

The service ensures information about the consumer’s condition, needs, and preferences is recorded and shared within the organisation and with others who share responsibility for care. Consumers and representatives expressed confidence that consumer needs and preferences are effectively communicated. Staff described a range of communication mechanisms available for sharing consumer information including verbal handover, handover sheets, and care plans. The Assessment Team identified that one consumer’s mobility change was not reflected on the handover sheet, though staff demonstrated knowledge of the consumer’s mobility care needs. Management acknowledged the feedback and promptly updated the handover sheet and communicated the change with all staff through a memorandum.

Consumers and representatives confirmed their satisfaction with the service’s referral process. This process ensures appropriate referrals, involves relevant external providers, and maintains communication throughout. A review of consumer care documentation demonstrated ongoing input and contribution from the multidisciplinary team, including a geriatrician and Dementia Support Australia (DSA). Management described that the service undertakes referrals to medical officers and allied health specialists as part of the admission process, and recommended strategies made by external services are included in assessments and care plans.

The service effectively minimises infection-related risks and promotes antimicrobial stewardship. There is a detailed outbreak management plan in place and a designated Infection Prevention and Control (IPC) lead is responsible for monitoring infections and managing outbreaks. Policies and procedures support best practices in infection prevention, outbreak management, and antimicrobial stewardship. Staff have received infection control training and demonstrated a good understanding of antimicrobial stewardship and infection control practices.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# Standard 4

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

Findings

Consumers and representatives were satisfied that consumers are supported to optimise their independence, health, and well-being. The service has a weekly calendar of group activities based on consumer preferences, and individual support is provided for those who choose not to participate. The service has electronic multi-sensory equipment for use with consumers living with dementia.

Staff are aware of consumers’ emotional, spiritual, and psychological care needs, and consumers provided positive feedback about the care received. There was evidence that staff are alert to indicators of psychological difficulties and provide appropriate interventions.

Consumers and representatives expressed satisfaction with the support provided for consumers to participate in the community, maintain relationships, and engage in activities they enjoy. Regular bus outings are offered along with a range of group activities within the service. Consumers are supported with individual pursuits where preferred. Consumers’ social and cultural preferences and relationships of importance are captured in care documentation.

The Assessment Team report reflected that necessary and sufficient information is shared within the service and with others involved in the care of consumers. Consumers expressed confidence that staff communicate appropriately with representatives. There was evidence that care plans are updated with alerts and information from allied health professionals and relevant staff members. Handover sheets provided to staff contain details regarding consumer background, clinical needs, and lifestyle preferences.

Consumers confirmed they are referred to other providers of care and services when appropriate. The service works with DSA and the Aged Care Volunteer Visitors Scheme to supplement the care provided. Volunteers assist in the delivery of activities, and an example was provided of a consumer receiving assistance to locate an external exercise class.

Consumers were satisfied with the quality of meals provided and the choice available, indicating they can request an alternative to the set menu if they wish. They indicated they receive enough food and that meals meet their dietary requirements. The service has a four-week rotating seasonal menu. Consumer preferences, allergies, and dietary requirements are recorded in care planning documents and documents available to kitchen staff. Changes to needs or preferences are communicated in a timely manner and relevant documents updated accordingly.

Consumers and representatives were satisfied that the equipment used by staff to provide care is appropriate for their needs, clean, and well-maintained. Any issues with equipment are addressed promptly. Staff explained checks and maintenance of equipment as well as infection control practices. Shared lifestyle equipment is cleaned between consumers.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# Standard 5

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

Findings

Consumers and representatives were satisfied with the service environment, with feedback indicating that consumers feel at home. Consumers are encouraged to personalise their rooms with their own furniture, photographs, and other belongings. The service has wide hallways with handrails, and communal areas are spacious, well-appointed, and well-lit.

The Assessment Team report reflects that the service is clean and well-maintained. Consumers confirmed they can move freely inside and outside the service via electronic doors allowing access to courtyards. An intercom has been installed at a wheelchair ramp at the entrance to the service to assist consumers returning after outings, enabling staff to open the door. Cleaning schedules evidenced daily cleaning, with weekly full cleans of consumer rooms. No outstanding maintenance issues were detected.

The Assessment Team observed that furniture, fittings, and equipment at the service are clean and well-maintained. Consumers and representatives expressed satisfaction with the equipment provided, and a review of maintenance records evidenced preventative maintenance and timely responses to breakdowns or other issues. Safety guards have been installed on all heaters in the service.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 confirmed they feel comfortable providing feedback and making complaints. Feedback can be submitted verbally, via feedback forms, or by email. Secure boxes for feedback forms are available on each floor of the service, and staff indicated they encourage consumers to provide feedback.

Consumers and representatives are provided with information regarding advocacy and language services, and staff know how to access translation services. Information about advocacy groups and external complaint handling options is displayed around the service and is also provided in the consumer information pack.

Consumers and representatives expressed satisfaction with the service’s processes for resolving complaints. This was supported by a documentation review, which evidenced that complaints are acknowledged, and action is taken to address issues of concern. Staff and management described using open disclosure principles in their handling of complaints, including providing apologies to complainants where appropriate.

There was evidence that feedback and complaints are used to improve the quality of care and services. A consumer described a service improvement made in response to feedback they provided at a consumer meeting, and documentation reviewed also demonstrated the use of feedback to inform improvements.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

There was evidence that the workforce is planned to ensure an appropriate number of staff and skill mix. Overall, consumers and representatives were satisfied with staff numbers and call bell response times. Staff confirmed they can meet consumer care needs. The service has a full complement of permanent staff and a pool of casual staff able to cover unplanned leave when it occurs. Governance reports reflected an average call bell response time of just over one minute.

Consumers and representatives confirmed that staff are kind, caring, and respectful. Care planning documentation contains information on consumers’ cultural and personal preferences, needs, and interests. The Assessment Team observed positive and respectful interactions between staff and consumers.

Consumers and representatives were satisfied that staff are knowledgeable and competent. Staff demonstrated knowledge specific to the care and services provided to consumers. The service monitors staff qualifications, police checks, and the Aged Care Banning Orders Register to ensure staff suitability.

Consumers and representatives indicated they feel staff are adequately trained. Staff have completed training in the Aged Care Quality Standards and are subject to mandatory training requirements. Management at the service monitors training compliance. Staff expressed they would benefit from updated training in areas of complex clinical care; management indicated they were aware of this request and plan to broaden the clinical education provided to nursing staff.

Staff performance appraisals are conducted annually, as evidenced by documentation review. The service has policies and procedures in relation to workforce management, including a policy for the handling of serious misconduct.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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 indicated they have opportunities to contribute to their own support planning and to attend consumer meetings. There was evidence that changes are made to services in response to consumer suggestions. The service also has a Consumer Advisory Body (CAB) with consumer representation and has implemented some of its improvement ideas.

Committees report to the governing Board, whose membership includes an external accountant and an independent clinician. Board meeting minutes evidenced that it receives CAB updates and quality, clinical, and operational committee updates. Risk and safety issues such as falls prevention and relevant service-wide strategies are discussed at the Board level.

The service has effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff confirmed they have access to needed information via the service’s electronic health information system and have ready access to policies. The service has developed an information security management framework. Continuous improvement activities are driven by self-assessments, legislative changes, best practice resources, and identified gaps and incidents. The financial audit and risk committee reports to the Board, and a review of Board meeting minutes demonstrated the service is operating within budget.

The Board oversees workforce governance and reviews care minute reports. The service has identified the need for an additional care staff member during night shifts and recruitment is underway. The service receives updates regarding regulatory changes from industry and legal advisory groups. Relevant legislative changes and other updates are communicated to staff. The service has a feedback and complaints management system in place. Management ensures trends are identified to help inform the service’s continuous improvement plan.

The service has risk management systems in place to effectively manage high-impact and high-prevalence risks, and to support consumers to live the best lives possible. Staff have received education in relation to abuse and incident reporting, and management reviews all incidents. The service reports serious incidents via the Serious Incident Response Scheme (SIRS) as required by legislation. Audits of clinical and non-clinical areas are conducted, and the clinical governance team reports results to the Board.

The service has a clinical governance framework which provides overarching guidance in relation to consumer care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service’s IPC lead provides practical support to ensure compliance with infection control processes, and the service has an outbreak management plan and maintains vaccination registers and an infection incident register. The service audits the use of antimicrobials, with all consumers’ medications reviewed by a pharmacist and the clinical governance committee. Staff receive training in open disclosure. The service has a restrictive practice register and complies with legislative requirements in relation to restrictive practice, including the recording of behaviour management plans and the obtaining of informed consent.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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