Performance

Report

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| Name: | Estia Health Salisbury |
| Commission ID: | 6231 |
| Address: | 7 Salisbury Highway, SALISBURY, South Australia, 5108 |
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| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 5553 Estia Health Salisbury |

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 Estia Health Salisbury (**the service**) has been prepared by Kate Roulston, 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; and
* 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 confirmed they were treated with dignity and respect, and staff valued their identity, culture, and diversity. Staff demonstrated an understanding of consumers’ personal circumstances, life experiences, and cultural backgrounds, which aligned with care planning documentation. Policies and procedures ensured staff engaged with consumers in a way which respected their individuality and dignity.

Consumers described how staff valued their background and provided care that was consistent with their cultural identity and spirituality, and how it influenced the delivery of care and services. Staff displayed an understanding of the consumers identities, backgrounds, and individual values, and detailed the policies, procedures, and training packages in place to support consumers.

Consumers said they felt supported to communicate their decisions, make connections, and maintain relationships of their choice. For example, two married consumers who reside at the service occupied a companion room and were supported by staff to spend time together. Staff described how consumers were supported to maintain relationships, such as regular family visits and utilising technology to facilitate communication, and care planning documentation reflected each consumers choices, needs and preferences.

Consumers expressed happiness with how they were supported in making decisions which involved taking risks. Staff discussed areas in which consumers wanted to take risks, for example, utilising a mobility scooter to access the community, and how consumers were supported to maintain their quality of life. Care planning and organisational documentation identified risk mitigation strategies were captured to ensure safety for consumers who have chosen to take risks.

Consumers confirmed the service regularly provided information about the care and services available to them, enabling them to make informed decisions in relation to their care needs. Staff described the ways information was communicated in a way that was easy to understand and accessible to all consumers, for example, supporting the use of communication cards or a translator application. Posters and pamphlets were displayed in the service’s foyer and in each wing, which provided information relevant to consumer needs.

Consumers said their privacy was always respected. Staff described how they ensured the confidentiality of consumers’ personal information, by ensuring consumer information under the electronic care management system is password protected and hardcopy documentation was locked in the nurses’ station or staff offices. Staff were observed knocking on doors and waiting to be invited into consumer rooms, and doors were shut while consumers were receiving care. The organisation has a privacy policy which is used to guide staff practice and staff confirmed they had received the training.

Based on the evidence above, I find the Approved Provider Compliant with Standard 1 Consumer dignity and choice.

# 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

Staff described the assessment and care planning process, which included the identification of risks, and how this informs the delivery of care and services. Additionally, an assessment checklist was utilised for new consumers on admission to the service. Care planning documentation demonstrated the consideration of potential risks to consumers’ health and wellbeing. Relevant policies and procedures were available to inform staff practice in relation to assessment and planning.

Staff described how advance care planning is conducted in partnership with the consumer and their representative during admission, during 3-monthly care plan reviews and when the needs of the consumer needs change. Consumers and representatives confirmed they were consulted and engaged in discussions around advanced care planning, and care planning documentation reflected each consumers individual needs and preferences.

Consumers and representatives explained how they are involved in assessment and planning discussions, in partnership with other health professionals where requested and required. Management and staff provided examples of how they access and engage with external providers to support consumer care and described the importance of consumer-centred care planning. Care planning documentation clearly identified an ongoing partnership with the consumer and others involved in their care.

Consumers and representatives said changes relating to their care and services were regularly communicated with them and confirmed they have access to care plans. Staff explained they could access consumers’ care plans easily through the electronic care management system (ECMS) which they accessed to read progress notes, changes in consumers’ mobility or diet, and changes in consumers’ conditions. Additionally, policies and procedures guided staff in communicating assessment and care planning outcomes with consumers and their representatives effectively.

Consumers and representatives confirmed care is reviewed regularly and when changes occur. Staff described the 3-monthly care plan review schedule and explained what may prompt the reassessment of a consumer, which included incidents such as falls, wounds, or infections. Care planning documentation identified regular reviews occurred in line with organisational procedures.

Based on the evidence above, I find the Approved Provider Compliant with Standard 2 Ongoing assessment and planning with consumers.

# 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 provided positive feedback and expressed satisfaction with the safe and effective care provided, stating their personal and clinical care needs were met. Staff demonstrated knowledge on the delivery of best practice principles and described consumers' individual needs and preferences. Care planning documentation included comprehensive care plans which included tailored assessments, strategies, progress notes, medication and other relevant charting that reflected individualised care.

Consumers and representatives said they were happy with the management of high-impact and high-prevalence risks. Management and clinical staff described high-impact, high-prevalence risks for consumers, how these were managed, and the measures which had been implemented to mitigate the risks. Care planning documentation evidenced consideration of risks and established risks had been identified and effectively managed.

Staff demonstrated an understanding of the way the delivery of care changes for consumers nearing end of life and recognised the importance in preserving dignity and focusing on comfort. Care planning documentation demonstrated consumers and representatives participated in decision making processes, which involved clinical staff, Medical Officers, and external services such as a palliative specialist where required. Consumers and representatives confirmed their needs, goals, and preferences, including their end of life wishes, had been discussed.

Consumers and representatives provided positive feedback regarding the responsiveness of the service when a deterioration in the consumer’s condition, health, or ability is identified. Staff detailed how they identified the deterioration of a consumer and detailed the partnerships with Allied Health Professionals, Medical Officers, and other specialists to ensure deterioration is managed appropriately. Policies and procedures guided staff on recognising deterioration, and staff were observed accessing these documents via the intranet.

Consumers said their care needs and preferences were effectively communicated between staff and others, and they received the care they needed. Care documentation identified input from a range of external providers, including hospital discharge plans and referrals to other healthcare professionals. Staff confirmed they received up-to-date information about consumers during handover, verbal updates from clinical staff, and progress notes.

Consumers advised they had access to other health professionals as required, and referrals were made in a timely manner and with their consent. Staff described the referral process and how it informs the delivery of care and services to consumers. Care planning documentation evidenced timely referral processes to other health care providers and procedures guide staff in making referrals external to the service.

Consumers said staff take necessary precautions to prevent and control infections and have effectively managed different infectious outbreaks, in addition to individual consumer infections. Staff explained they had undergone training and had the necessary competencies related to infection prevention and control, hand hygiene and the use of personal protective equipment. Policies and procedures guide staff in antimicrobial stewardship and infection control management, including the management of COVID-19 outbreaks and urinary tract infections.

Based on the evidence above, I find the Approved Provider compliant with Standard 3 Personal care and clinical care.

# 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 explained how the services and supports for daily living enabled them to maintain their independence, health, wellbeing, and quality of life. For example, a consumer had their own cleaning equipment, and were supported to maintain choice and independence when caring for their pet. Staff demonstrated an understanding of consumer’s needs, goals, and preferences, which aligned to care planning documentation. The activities calendar evidenced various activities were offered to consumers, catering to their different needs and abilities.

Consumers said services and supports for daily living promote emotional, spiritual, and psychological well-being. Staff demonstrated an understanding of consumers’ beliefs and their preferences to attend church services and other community groups. Care planning documentation contained information about the emotional, spiritual, or psychological well-being of each consumer, including additional one-on-one social support from staff where required.

Consumers explained they had access to services and supports for daily living and were supported to participate in external community events and activities within the organisation’s service environment. For example, consumers were supported to drive their own vehicles to meet friends and family, attend hairdresser appointments, and attend volunteer organisations. Additionally, an internal volunteer programme allowed consumers to volunteer their time completing tasks they enjoyed, such as gardening. Staff confirmed consumers were supported through the dignity of risk process and regularly left the service on their own to participate in activities of interest. Care planning documentation detailed activities of interest, relationships and things which were important to consumers.

Consumers explained their conditions, needs, and preferences were effectively communicated within the organisation and their broader healthcare team. Additionally, consumers said they were fully informed and able to consent to information being shared with others. Staff detailed how they were informed of changes to consumer needs and preferences, through efficient and effective communication channels. Staff knowledge of consumer’s health, needs and preferences aligned with care planning documentation, which was observed to be securely password protected in the ECMS.

Consumers explained they were referred to and supported by organisations and providers of other care and services. Staff detailed the organisations who work in partnership with the service to ensure appropriate services were available to consumers. Care planning documentation evidenced collaboration with external services to support diverse care needs, such as mental health organisations, religious organisations, and volunteers.

Consumers said they were satisfied with their meals, their food preferences were met, and alternative choices were available to them. Staff described the various ways they met consumers’ dietary needs and preferences, and the chef explained when changes occurred, they were discussed at morning handover. Individual dietary requirements and preferences for consumers were observed to be displayed in the kitchen, trollies, serveries and care planning documentation.

Consumers explained they felt safe when using equipment, which was said to be clean, well maintained, and suitable. Additionally, consumers said they were comfortable raising equipment concerns with maintenance, who were prompt in resolving issues. Reactive maintenance records evidence consumers’ personal equipment was repaired in a timely manner and the preventive maintenance schedule demonstrated the ongoing monitoring of equipment (such as walkers, shower chairs, lifters, hoists and other equipment) to ensure consumer safety. Staff were observed cleaning equipment after use to promote safe hygiene practices, and all equipment, including walkers, wheelchairs, and lifestyle equipment were clean, functioning correctly and labelled with the consumer’s name.

Based on the evidence above, I find the Approved Provider Compliant with Standard 4 Services and supports for daily living.

# 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 said the environment was welcoming, easy to navigate and they felt at home. Consumer rooms were observed to be decorated with personal effects including furnishings, photos, and flags. Staff described how consumers are supported to make the service feel like home, such as encouraging consumers to keep their pets. Management described some dementia design principles to support consumers, such as the use of wall murals as reminiscing tools and sensory stimulation.

Consumers expressed satisfaction with the cleanliness and maintenance of the service environment, and explained how the environment allows them to move around freely indoors and outdoors, inclusive of consumers requiring the use of mobility aids. Maintenance staff and care staff described the reactive and preventive maintenance schedules and the process for logging a maintenance request, including via a logbook at the nurses’ station. The service was observed to be clean, safe, and well-maintained, with consumers moving freely between their rooms and communal areas.

Consumers said the furniture, fittings and equipment was kept clean and safe, and was well maintained. Additionally, consumers said when they had a maintenance request, it was promptly addressed by staff. Staff confirmed they had adequate and sufficient equipment to provide consumer care, confirming equipment was sourced and obtained promptly when there was an identified need. An observation of communal areas identified furniture and fittings were clean and in good condition.

Based on the evidence above, I find the Approved Provider Compliant with Standard 5 Organisation’s service environment.

# 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 explained the avenues to raise complaints and feedback and felt supported to do so. Staff described processes which encouraged and supported consumers to provide feedback and complaints, such as speaking to staff or management directly, by filling in feedback forms, at the resident/relative meetings or through consumer outcome surveys. A Feedback Policy guides staff in supporting consumers to provide feedback or complaints.

Consumers said they were aware of other avenues for raising complaints, with the assistance of advocacy services if required. Staff demonstrated knowledge of advocacy and language services available for consumers, which was evidenced by a partnership with an interpreter service and its engagement with consumers. Information about advocacy and translating services were displayed throughout the service and included in the resident handbook.

Consumers and representatives who had provided feedback or raised complaints said they were satisfied with the outcomes. Staff and management demonstrated an understanding of open disclosure and explained how they took appropriate action in response to complaints. A review of documentation identified complaints were responded to within a reasonable timeframe and the Feedback Policy outlined the best practice application of open disclosure when managing complaints.

Consumers indicated feedback and complaints were used to improve the quality of care and services. Staff discussed how feedback and complaints were collected and reviewed to assist in improving care and services, by trending feedback and raising feedback with management at a regional level. A continuous improvement plan and accompanying complaint documentation were reviewed, and plans of action and resolutions were identified.

Based on the evidence above, I find the Approved Provider compliant with Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said they received the care and support they required in a timely manner. Staff confirmed there was sufficient coverage by staff to deliver safe and effective care to consumers and management described how the workforce is planned to address the needs of consumers by adjusting staffing ratios accordingly. Additionally, an electronic rostering tool is utilised and alerts staff of forthcoming vacancies, which is closely monitored by management. A review of the roster evidenced sufficient staffing levels and skills to meet consumers’ needs.

Consumers spoke highly of staff and said their interactions were kind, caring, considerate and respectful. Staff were observed to greet consumers by their preferred name and demonstrated their familiarity with each consumer's individual needs and identity. Documented policies and procedures guide staff practice and outlined how care and services are to be delivered in a respectful, kind and person-centred manner.

The organisation has processes to verify staff hold the necessary requirements outlined within position descriptions, such as staff qualifications, currency of professional registrations and ongoing suitability to work in aged care, which were monitored. Management described the range of methodologies to determine staff competency and capability.

Staff described the mandatory training they had received relevant to the Quality Standards. Management confirmed all training is completed on a rolling programme and is managed at the organisational level, supporting staff to deliver care consistent with the Quality Standards. Documentation demonstrated monitoring of staff compliance with mandatory training and opportunities for professional development.

Management described the frequency and methodology for monitoring and evaluating staff performance. The annual formal performance appraisal process was supported through informal monitoring processes, including through team meetings, feedback processes, and consumer feedback. The service conducts a regular appraisal and provides feedback after any incidents, observations, complaints, or compliments and staff stated they were provided with opportunities for improvement. A review of documentation evidenced staff performance was regularly monitored and reviewed in line with policies.

Based on the evidence above, I find the Approved Provider compliant with Standard 7 Human resources.

# 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 described their engagement in the development and evaluation of care and services through mechanisms such as monthly consumer meetings, feedback forms, surveys, and case conferences. Management explained the methodologies used to gain insight into levels of consumer satisfaction and identify areas for improvement. A review of documentation identified consumer-focused, organisation-wide policies, procedures, and schedules to ensure the engagement of consumers. The organisation had formed a Consumer advisory body, with management explaining unsuccessful efforts to engage consumers from this service.

Management outlined how the organisation fostered a culture of safe, inclusive, and quality care and services by overseeing consumer experience and clinical indicators reports, reporting to various sub-committees, and continuously monitoring performance through internal and external audits and includes benchmarking. Governance documentation identified mechanisms for reporting to the governing body, and the way the governing body interacts with the service.

The organisation has an established governance framework, including delegation, which ensured systems and processes are adhered to. For example, financial governance included monthly forecasting and reporting with process to request additional funds where required. The corporate legal team is responsible for Regulatory compliance, including monitoring and communicating change through committees and the Board, and updates to policies and procedures are conveyed throughout the organisation.

Organisational documentation identified risk management was embedded throughout the operating system, including standing agenda items for both quality and operational meetings, policies, procedures, and learning and development. High impact and high prevalent risks were effectively captured and monitored through both service and organisational meetings, and subsequently reported to the Board. Staff demonstrated what constitutes as elder abuse and neglect and detailed their responsibilities for reporting. Consumers are supported to live the best life they can through a framework that supported choice, including risks. Effective risk management systems and practices enabled oversite of incidents by management, which were subsequently analysed at an organisational level.

The clinical governance framework included monitoring and evaluation of clinical care performance data to ensure the provision of safe and quality care. Effective antimicrobial stewardship was supported through monitoring by the infection prevention and control lead and within medical administration committee meetings. Regular reviews of consumers subject to restrictive practice were undertaken and staff were aware of associated obligations and actions to support minimisation of use. Open disclosure training was mandatory for all staff and effective use was reflected in documentation.

Based on the evidence above, I find the Approved Provider Compliant with Standard 8 Organisational governance.

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)