Performance

Report

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| Name of service: | James Thomas Court |
| Service address: | 117 Morgan Street SEBASTOPOL VIC 3356 |
| Commission ID: | 3273 |
| Approved provider: | Grampians Health |
| Activity type: | Site Audit |
| Activity date: | 23 May 2023 to 25 May 2023 |
| Performance report date: | 26 June 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 James Thomas Court (**the service**) has been prepared by L Glass delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and their representatives described how staff make them feel respected and valued as an individual. Staff were observed treating consumers with dignity and respect and understanding consumers’ individual choices and preferences. Care planning documents detailed information about consumer backgrounds and preferences and were consistent with information received from consumer and staff interviews. The Assessment Team observed the service’s policies and procedures, brochures, and posters across the service’s notice boards, including consumer rights and diversity information.

Consumers and their representatives provided examples of how consumers are respected culturally and are cared for in a meaningful way. Staff demonstrated how culturally safe care is provided to the consumers at an individual level. Care planning documents reflect that care and services provided at the service are culturally safe and outline how consumers are supported to engage in activities of cultural importance.

All consumers and their representatives sampled said the service supported consumers to exercise choice and independence and decision-making about how care and services are delivered to meet their needs. Staff support consumers' decisions by ensuring all consumers can exercise their choices and independence is encouraged. Observations made by the Assessment Team confirmed staff assist consumers in maintaining relationships with their friends and families.

Consumers and their representatives interviewed felt consumer wishes and preferences relating to the risks they choose to take are respected. Staff minimise risk for consumers and tailor solutions to help consumers live the life they choose. Management supports consumers’ independence and choices. Documentation showed consumers being supported to take risks.

Consumers and their representatives receive information that is accurate and timely, enabling the consumer to exercise choice. Staff communicate with consumers in a way that is easy for the consumer to understand, and processes are in place to communicate with consumers who are living with cognitive impairment or who have communication difficulties.

Consumers and their representatives expressed satisfaction that privacy is respected, with personal information being kept confidential. Consumers indicated privacy is respected by staff when providing care. Staff provided examples of the way they ensure consumer privacy is maintained during care and consumer information remains confidential.

# 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

Overall, consumers and their representatives were satisfied with the assessment and care planning processes and that risks are considered and inform safe and effective consumer care. Care documentation shows care planning includes relevant assessments and identification of risks. Staff demonstrated knowledge of consumer risks and described strategies to ensure safe and effective care. The organisation has policies and procedures to guide staff in assessment, care planning and risk management.

Care planning documentation reviewed for sampled consumers reflected the goals of care, the needs and preferences of each consumer under all domains of care. Advance care planning is integral to the initial assessment process and is reviewed at 6 monthly care reviews. Documentation identified medical practitioners have consulted with the consumers and their representatives on preferences for the consumer’s advance care plans. Staff demonstrated knowledge of the needs and preferences of the sampled consumers.

All consumers and their representatives interviewed were satisfied with their involvement in planning care. Staff confirmed consumers and representatives are always involved in assessment and planning, and documentation viewed by the Assessment Team reflected the involvement. Consumer files sampled showed other providers are involved in the care of the consumer and effectively contribute to the planning and review of care and services.

Consumers and their representatives had been informed about the outcomes of assessments and care plans. Staff inform consumers and representatives about care plans through the weekly consultation of care or whenever changes to care occur. Care plan documentation records the communication of care information to consumers and representatives.

Consumers and their representatives said staff advise them of any changes to consumer needs or conditions and inform them when incidents occur as reflected in care planning documents reviewed. Staff demonstrated an understanding of the monitoring and review requirements following incidents or changes in consumer circumstances. A review of care documentation for sampled consumers demonstrated evidence of care plan evaluation and review processes. Care and services are reviewed for effectiveness regularly, during the monthly care plan evaluation and when care needs, preferences and circumstances change.

# Standard 3

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

Findings

Overall, consumers and their representatives expressed satisfaction with the safe and effective personal and clinical care received. Staff interviews and documentation reflect that best practice principles are implemented and followed in relation to skin integrity, pain, behaviours and restrictive practices to optimise health and wellbeing. A suite of policies and procedures is accessible to guide staff in clinical and personal care delivery in line with best practices.

There were no consumers actively palliating at the time of the site audit. Review of the care documentation for a recently deceased consumer demonstrated the consumer’s dignity was preserved and care was provided in accordance with the consumer’s needs and preferences. Staff interviewed were able to provide a detailed recollection of care provided in line with the consumer or representatives’ preferences. Care documentation included the use of external palliative care providers. The service has procedures and practices standards to inform staff in relation to ‘Palliative Care’. Care documentation confirmed staff responded in a timely manner, involved representatives regularly, and the consumer received effective palliative care with symptoms well controlled.

Consumers and their representatives expressed satisfaction with how the service responded to a change or deterioration in a consumer’s condition, health or ability. Staff interviews and care planning documents reflected actions taken as appropriate in response to a deterioration or change in a consumer’s health. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration.

Consumers and their representatives interviewed indicated that consumer needs and preferences are effectively communicated in a timely manner. Staff described communication mechanisms and showed knowledge of the needs and preferences of each consumer they cared for. Care documentation of consumers reviewed showed that conditions, needs and preferences are communicated and information exchange occurs with others who share responsibility for care.

Consumers and their representatives expressed satisfaction with access and referral to their medical practitioner and other health professionals as needed. Staff described processes and examples of results of referrals to other services. Management indicated that every new consumer is referred to a medical practitioner and physiotherapist as part of the admission process. Care documentation demonstrated regular and ongoing contributions from medical practitioners, physiotherapists, occupational therapists, podiatrists, dietitians, speech pathologists and other external and allied health providers. The service has organisational policies and procedures in relation to referral processes.

Consumers and their representatives expressed satisfaction with precautions taken to prevent and minimise infection-related risks. Staff demonstrated knowledge and understanding of infection control practices and explained how they promote antibiotic stewardship. The service has an appointed infection prevention control (IPC) lead. The organisation has an outbreak management plan which provides guidance to the service to prepare, respond and recover from outbreaks such as COVID-19.

# 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 their representatives said they are provided with support to optimise their independence, health and well-being. Staff provided examples of how consumers are supported to engage in activities, maintain their independence and have quality of life. Lifestyle staff develop a monthly calendar of group activities based on consumers’ preferences at the service. Social and lifestyle care plans are individualised. Care planning documents contain a leisure, lifestyle and wellness plan noting the consumer’s past and present interests and activities. Attendance records are maintained. Individual support is provided for consumers who do not wish to participate in group activities. Ongoing evaluation of the program occurs through meetings, surveys and verbal feedback. The Assessment Team observed consumers being supported to maintain their abilities and function where possible.

All consumers interviewed said the service provides good support for consumers' emotional, spiritual and psychological well-being. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and could describe how they support individual consumers. Volunteers, external services and organisations are accessed to support consumers’ well-being. Care planning documentation included information on emotional, spiritual, and psychological needs and preferences.

# All consumers sampled were satisfied that others involved in consumer care are updated regarding any changes. All consumers expressed confidence that staff communicated appropriately with their representatives and medical carers, and representatives were satisfied with the information they received. Staff receive adequate information and outlined how consumer information is shared within the service. The Assessment Team observed consumer care plans containing necessary and sufficient information. Handover material contained details regarding clinical needs, consumer background, and lifestyle preferences.

All consumers and their representatives said they have access to other services. Staff reported making a range of referrals and outlined organisations are regularly accessed to provide additional support to consumers. A review of care plans and other documentation confirmed the involvement of a range of external providers. Consumers were observed engaging with volunteers during the Site Audit.

All consumers interviewed were happy with the provision of choice and quality of meals. All consumers said they receive enough food and, where applicable, receive meals in accordance with specific dietary needs. Management outlined a rotating, dietician-approved menu and choices available to consumers. Care plans and printed handovers contained information regarding dietary requirements, and consumers were observed receiving meals in accordance with these documents. Observations suggested meals were of good quality and sufficient quantity.

All consumers and their representatives were satisfied that the equipment used to provide care is appropriate for consumer needs, clean and well maintained. Staff outlined cleaning protocols which were mostly in line with best practices. Staff outlined checking and maintenance of mobility equipment and infection control practices. The Assessment Team observed the equipment to be clean and well-maintained.

# 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 found non-compliant with Requirement 5(5)(c) following an Assessment Contact conducted from 27 April 2022 to 29 April 2022. The service did not demonstrate how hydronic heaters in consumer rooms are monitored to maximise comfort and minimise the risk of burns and other related harms.

Since the assessment contact in April last year, the service has implemented a range of improvements in response to the deficits previously identified. Consumers said the new hydronic heaters are safer and better than the previous hydronic heating system. Staff explained processes for managing preventative and scheduled maintenance. Staff explained how reactive maintenance requests are made through the service’s electronic maintenance system and attended to in a timely manner. Documentation, including preventative and reactive maintenance systems, demonstrated ongoing monitoring and timely response to breakdowns and repairs required. The Assessment Team found that the service’s checklist prompts staff to conduct regular safety and comfort checks. These include monitoring for obstructions or items near the hydronic heaters and temperature checks to ensure consumer comfort.

The Assessment Team observed furniture and equipment to be safe, clean and in good condition, with recent checks where indicated. Consumers were observed using a range of equipment, and all appeared clean and well-maintained. The furniture and fittings were clean. Tags were checked on a number of fire extinguishers and electrical items and noted that all were within compliance and test tagging requirements. All cleaning and maintenance logbooks were observed to be up to date and completed by staff in a timely manner. Cleaning logbooks included processes to monitor the proximity of furniture to heaters and include daily checks of the heaters in each room and communal area. The Assessment Team observed up-to-date audit documentation, and staff were aware of the safety data sheets and knew where to find them. Requirement 5(3)(c) is Compliant.

I find the other Requirements in this Standard Compliant.

All consumers and their representatives were satisfied with the service environment and how it supports independence, interaction and function. Consumers are encouraged to personalise their rooms with memorabilia, photographs and furnishings. Staff outlined aspects of the environment that assist consumers to move freely both indoors and outdoors. The service provides comfortable furnished communal areas that optimise consumer interaction and engagement. The environment was observed to be welcoming, and signage was observed to assist navigation.

All consumers expressed satisfaction with the cleanliness of the service environment and said it is well maintained. Consumers move freely inside and outside the service with electronic doors to outside courtyards remaining open during the day. Staff outlined cleaning regimes and management of hazards, and a review of online maintenance requests showed no outstanding issues posing a significant risk to consumers. The service was observed to be clean and well-maintained, and the outdoor areas were tidy. Consumers were observed accessing indoors and outdoors using a range of mobility equipment and handrails installed along each wall for safety.

# 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 their representatives are encouraged and supported to provide feedback and make complaints. Staff support consumers or representatives to raise concerns or lodge a complaint. The service receives feedback and complaints through feedback forms, verbally or during consumer and representative meetings. Management supports consumers to provide feedback and feedback drives continuous improvement. The service has an organisational complaint management procedure.

The Assessment Team observed information available to consumers and representatives, such as advocacy services, and the Aged Care Quality and Safety Commission and interpreter services on display at the service. Information packages, notices and meeting minutes reviewed reflect consumers and representatives are informed about raising concerns, providing feedback, accessing interpreter or advocacy services and completing feedback forms. Consumers and their representatives are aware of avenues to lodge complaints or provide feedback.

Consumers and representatives expressed satisfaction with the process management followed to resolve complaints raised or respond to feedback provided. Management and staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary.

Feedback and complaints reviewed by the Assessment Team identified the service is responding appropriately to feedback consumers and representatives provide and improvements occur as a result. Management described how feedback and complaints are collected and reviewed to assist in improving care and services. Oversight of feedback occurs at a site and organisational level, with relevant information discussed at meetings to inform stakeholders about what concerns have been raised at the service.

# Standard 7

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

Findings

The service demonstrated the workforce is planned to ensure a suitable mix of skills and staff levels in various roles to deliver safe and effective care and services. Consumers and representatives generally expressed satisfaction with staffing levels at the service. Staffing levels are monitored regularly to ensure sufficient staffing levels across the service to provide safe and quality care and a casual bank of staff is utilised to replace unplanned leave. Management stated the organisation has recently invested in a new call bell data system which is currently being trialled at other services within the organisation. A continuous improvement strategy has commenced to monitor call bells until the organisational change to the current call bell system is implemented.

Consumers and representatives said staff are kind, caring and gentle when providing consumer care. Staff demonstrated they are familiar with consumers’ identities and individual needs. The Assessment Team observed staff greeting consumers by their preferred name and were kind, caring and respectful when interacting with consumers during the Site Audit.

Consumers and representatives expressed satisfaction staff have the knowledge and skills to meet the consumers’ care needs. Staff are required to complete annual mandatory education that is monitored. Consumers and their representatives expressed satisfaction staff are trained and supported to provide quality care and services to meet the consumers’ needs. Management demonstrated policies, and procedures provide guidance to enable the workforce to deliver the care outcomes required by the aged care standards.

Staff were satisfied with the support both formally and informally from management and senior clinical staff. The service demonstrated a system for staff appraisal and performance management processes. Staff complete performance appraisals annually where they can discuss their performance and achievements, set goals for the year, discuss areas for improvement and set individual educational needs. Staff are also encouraged to provide feedback or raise any concerns.

# 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 service demonstrated consumers and representatives are involved in developing, delivering and evaluating care and services for the consumer. Consumers expressed satisfaction with how they are able to provide feedback about their care and services and feel supported to do so. Management described how they seek feedback from consumers and representatives through various feedback mechanisms. Consumers are engaged in developing, delivering and evaluating care and services through regular consumer and representative meetings, on admission to the service, care plan review consultations, feedback forms and feedback from consumers, representatives and staff.

Consumers and representatives feel safe and are living in an inclusive environment with the provision of quality care and services. The service promotes safe and inclusive care to guide staff practice. The organisation has a governance structure in place that supports accountability over care and services delivered. This includes a clinical governance committee that provides oversight of the service’s clinical matters. The Board provides support to the service to ensure the service is adhering to the aged care quality standards and the quality of care being delivered is best practice.

The service demonstrated that governance systems are effective and their application addresses the best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to consumer experience. Staff access information required to undertake their role. The service’s continuous improvement plan incorporates information obtained from consumers, representatives and staff feedback, audits, surveys, incidents and observations. The organisation’s financial structure is led by a chief financial officer who is responsible for overseeing finance, assets, facilities, information and communications technology and financial systems. The service is supported by an organisational people and culture department to recruit qualified staff. The organisation keeps the service updated on changes to legislation which are distributed to the service and communicated to consumers, representatives and staff as required. The service demonstrated compliance with legislation and regulatory requirements for COVID-19 and influenza vaccinations. Feedback and complaints are obtained through various mechanisms such as feedback forms, verbal feedback, consumer and representative meetings and surveys. The service actively encourages feedback and complaints and provides an open and transparent environment.

The service demonstrated there is a risk framework in place that identifies and manages high-impact or high-prevalence risks and abuse or neglect of consumers. The organisation has an incident system with the escalation of high-impact risks required. There are organisational processes in place to ensure action is taken and consumers are supported to live their best lives.

The Assessment Team reviewed a documented clinical governance framework, a policy relating to antimicrobial stewardship, a policy concerning minimising the use of restrictive practices and a policy concerning open disclosure. The service demonstrated these policies were understood by management and staff. There are effective organisation-wide systems in place for preventing, managing and controlling infections and antimicrobial resistance, and staff have an understanding of their responsibilities which is also embedded into staff practice. The use of restrictive practices is reported and documented on an organisational electronic system and monitored through the aged care services operational committee and comprehensive care governance committee. Staff practice full open disclosure following any incident or complaint and an apology is undertaken in accordance with the Australian open disclosure framework.

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)