Performance

Report

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| Name: | Juniper John Bryant |
| Commission ID: | 7189 |
| Address: | 95 Rawlinson Drive, MARANGAROO, Western Australia, 6064 |
| Activity type: | Site Audit |
| Activity date: | 13 August 2024 to 16 August 2024 |
| Performance report date: | 16 September 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4717 Juniper John Bryant |

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 Juniper John Bryant (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 6 September 2024
* other information and intelligence held by the Commission relating to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumer representatives confirmed staff treated consumers with dignity and showed respect for their cultural identities and backgrounds. Staff gave practical examples of how they showed respect to consumers, such as asking for, and respecting their choices when providing care. Staff were observed having respectful interactions with consumers, as they listened to their needs and provided assistance during activities.

Consumer representatives confirmed consumers received culturally safe care and gave practical examples of being supported by gender specific staff when receiving personal care, as per their preferences. Staff explained information about consumers’ cultural preferences were documented during the entry process, to ensure their needs were supported and they could engage in cultural activities. Care documentation evidenced consumers’ cultural preferences and strategies to guide staff in providing culturally safe care.

Consumer representatives confirmed consumers were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to maintain relationships with people of importance to them. Staff explained how consumers living with cognitive impairments were supported to make independent decisions daily and their family members involved in their care decisions. Care documentation evidenced consumers’ care preferences, people of importance to them and who was involved in planning their care.

Consumer representatives gave practical examples of consumers choosing to lock their bedroom doors at night, as how consumers were supported to take risks and live life as they chose. Staff explained they supported consumers who participated in activities with an element of risk by encouraging them to mitigate the risk through agreed safety strategies. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumer representatives confirmed they received timely information through various means including verbally, via newsletter, the menu, an activities calendar and during regular meetings, which enabled them to make informed choices about consumers’ care and daily living needs. Staff said they supported consumers to exercise choice during the delivery of care, by providing information about the care steps to be taken and seeking consent to continue. Noticeboards promoted current information about activities, the daily menu, feedback mechanisms and how to access advocacy and language supports.

Consumers and representatives gave practical examples of how their privacy was respected, such as staff did not disturb them when spending time with loved ones. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms, doors were closed when providing care, and sensitive discussions were held in private areas. Staff were observed knocking on consumers’ doors and seeking consent prior to entering, with consumers’ privacy preferences specified on signs on their doors.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored, managed and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, such as falls and pressure injuries, with care strategies planned to guide staff practice. Care documentation evidenced risks to consumers were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumer representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during the entry process and revisiting these discussions during scheduled care reviews and as consumers’ needs changed. Care documentation reflected consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumer representatives confirmed they, consumers, general practitioners (GPs), geriatricians and health professionals, participated in the ongoing assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from medical officers, specialists and allied health professionals was sought in the assessment of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with representatives and a multidisciplinary approach was used.

Consumer representatives said staff explained outcomes of the assessment and planning of consumers’ care, and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives in person and by phone. Care documentation was observed to be readily available through the ECMS.

Consumer representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls. Staff said consumers were reviewed annually and explained incidents may result in a review of consumers’ need and preferences. Care documentation evidenced consumers’ needs and preferences were reviewed for effectiveness, regularly and reassessment of the consumer occurred, following a fall.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumer representatives gave positive feedback about the personal and clinical care consumers received, which they said addressed their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer influenced care delivery. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumer representatives gave positive feedback about how the service managed risks associated with consumers’ care and services, particularly where consumers were at risk of falls. Staff understood the high-impact and high-prevalence risks for consumers, including falls, changed behaviours and weight loss, and explained how these were identified, monitored, managed and prevented. Care documentation evidenced staff followed risk management strategies to ensure risks to consumers were minimised.

Care documentation, for a consumer who had recently passed away, evidenced they were supported by their GP, family members, staff who provided emotional support, and they were kept comfortable through provision of regular comfort care and pain medications, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort, with support from palliative care specialists and providers of spiritual care available to meet consumers’ cultural needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumer representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their appetite, changed behaviours and weight loss, with any changes documented and the consumer escalated to clinical staff or their medical officer for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumer representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly when consumers’ needs changed following an incident, such as a fall. Staff explained changes in consumers’ care and services were discussed as needed throughout the day, during shift handovers, scheduled meetings and they accessed information in the ECMS. Staff were observed conducting a shift handover, during which they shared information about consumers’ needs, which were discussed in a private area.

Consumer representatives confirmed consumers had access to other health care providers, such as geriatricians, and referrals were timely. Staff explained the referral process and said consumers had access to a network of medical specialists and allied health professionals to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as psychologists, as needed.

Consumer representatives gave positive feedback about how infection-related risks were prevented and managed, and said staff washed their hands and wore personal protective equipment, if required, when attending to their needs. Staff described how they minimised the use of antibiotics for consumers and explained infection control measures they used in their work practices. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumer representatives gave positive feedback about the services for daily living and confirmed consumers were supported to pursue activities of interest, such as pet therapy, which optimised their wellbeing. Staff explained the activities calendar was developed based on consumers’ preferred activities, which were designed to actively engage them in pastimes they most enjoyed, with sensory and touch exercise incorporated into all activities. The activities calendar was observed to cater for consumers’ interests and included a variety of group and individual activities.

Consumer representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers by arranging weekly church services and pastoral care visits, supporting them to participate in activities of their choice and spending one on-one-time with them when their mood was low. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured, as well as strategies on how staff could provide support.

Consumer representatives gave practical examples of how consumers were supported to participate in the service and wider communities, such as going out with visitors to spend time in the community. Staff explained they spent time with consumers to understand their needs and facilitate connections, with a focus on maintaining family connections through phone calls, and consumers were encouraged to build friendships with each other. Consumers were observed socialising with each other and with visiting family members.

Consumer representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their dietary needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, between staff during the day as needed and they accessed care documentation for updates. A shift handover meeting was observed and staff were actively engaged as information was shared about consumers’ needs.

Consumer representatives confirmed when additional support was needed, they were referred to other organisations and service providers, such as volunteers who visited to spend time with them and support their social well-being. Staff explained community and volunteer groups were engaged to offer emotional support, provide entertainment and spend one-on-one time with consumers. Care documentation evidenced timely referrals were made to other service providers to meet consumers’ needs.

Consumer representatives said meals were enjoyable, aligned with consumers’ preferences and dietary requirements, particularly for those with food intolerances or who requested cultural foods. Staff were aware of consumers’ individual dietary requirements and explained a seasonal, 4-week rotational menu was in place, with the chef and management dining monthly with consumers to gather and communicate their feedback to hospitality staff. Care documentation evidenced consumers’ food preferences, dislikes and allergies.

Consumer representatives confirmed consumers had access to safe, comfortable and well-maintained equipment which was suitable for consumers’ use. Staff said, and documentation confirmed, equipment was inspected regularly with defective or faulty items replaced. Lifestyle equipment was observed to be clean, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumer representatives said consumers felt safe mobilising within the service, it felt like home, staff assisted them to settle into their rooms, which were personalised with their own belongings. Staff were observed supporting consumers to mobilise and navigate around the service, whilst also respecting their independence. The service was observed as welcoming, with design principles to facilitate consumers of varying mobility levels to access gardens and outdoor lounge areas.

Consumer representatives said consumers had free movement between indoors and outdoors, gave positive feedback about cleanliness of the service and said the environment was well maintained. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around a clean and well- maintained service, either independently or with staff assistance.

Consumer representatives confirmed furniture, fittings and equipment were clean, well maintained and suitable for consumers’ use, with staff regularly inspecting mobility aids to ensure they were safe. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture was observed to be safe, clean and well maintained, whilst fire extinguishers had been tested for safety and routinely serviced.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumer representatives confirmed they were encouraged to provide feedback or make complaints and gave practical examples of speaking with staff, attending consumer meetings and sending an email, as ways they could give feedback. Staff explained the complaints management process, with feedback forms and secure collection boxes available throughout the service. Consumer meeting minutes evidenced complaints were a standing agenda item, with feedback sought on leisure and lifestyle activities, the menu and suggested improvements.

Consumer representatives were aware of how to access advocates, language services and external avenues for raising and resolving complaints. Staff understood how to access advocacy and interpreter services and described how they supported consumers with communication difficulties to provide feedback or make complaints. The resident handbook and multilingual posters and brochures promoted access to the Commission, advocacy services and language services.

Consumer representatives gave practical examples of consumers retiring for the evening according to their preferred times, as appropriate action taken in response to complaints of preferences not being followed, with management prompt to offer an apology and no reoccurrence of the issue. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumer representatives confirmed feedback and complaints were shared at regular consumer meetings, with their input encouraged and management prompt to address concerns. Staff explained feedback and complaints were regularly reviewed and added to the plan for continuous improvement (PCI) for ongoing monitoring and action. The PCI evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Most consumer representatives said there were not enough staff at times, though consumers had not experienced adverse impacts to their care; with management advising staff shifts had been extended during mealtimes to improve consumers’ experience, which was an ongoing process. Management explained the roster was developed based on consumers’ clinical needs, staff feedback, and care minute targets were being met. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumer representatives said staff were kind, caring and respectful of their cultural identities when providing care. Staff explained there was a culture of treating consumers in a way which respected their choices, which was reinforced by training during their induction to the service. Staff interactions with consumers were observed to be kind, caring and respectful language was used when assistance was provided.

Consumer representatives confirmed staff were competent and qualified in meeting consumers’ care needs. Management explained staff competency was determined through engaging people with appropriate qualifications for their role, pre-employment checks, an induction program inclusive of training, performance monitoring and ensuring professional registrations were current. Personnel records evidenced staff held qualifications and knowledge relevant to their roles.

Consumer representatives confirmed staff were well trained and gave positive feedback about their skills when providing personal and clinical care. Management explained, and staff confirmed, training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices and infection control, with real time informal training offered in responding to medication incidents, consumer dignity and choice and end of life care. Training records evidenced most staff had completed mandatory training as scheduled, with reminders sent to those with modules to complete.

Management advised staff performance was assessed and monitored during probation and every 2 years thereafter, along with informal appraisals where staff were provided with immediate, additional support to improve their performance. Staff confirmed they participated in performance reviews and described the process as an opportunity to discuss their development and goals, and they were supported by management. Personnel records evidenced most staff had participated in a performance appraisal, with those overdue scheduled for completion.

# 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 Quality Standard is assessed as Compliant, as 5 of the 5 specific requirements were assessed as Compliant.

Consumer representatives confirmed they were supported to evaluate consumers’ care and services through direct feedback and attending a range of meetings, such as the consumer advisory group, where their input was used to improve care and services. Management advised consumers and representatives further contributed to service evaluation through scheduled meetings, the feedback process and directly to staff. Consumer meeting minutes evidenced consumers and representatives were provided with updates on complaints received and supported to evaluate lifestyle activities, the living environment and hospitality services.

Consumer representatives confirmed consumers felt safe and lived in an inclusive environment with access to quality care and services. The board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a committee focused on safe and quality clinical care, and it received regular reports on consumer and representative complaints, identified risks, clinical incidents, legislative requirements, continuous improvement and workforce governance. Meeting minutes evidenced operational management reports were submitted to the board and used to monitor compliance with the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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