Performance

Report

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| Name: | LHI Glynde |
| Commission ID: | 6200 |
| Address: | 23 Edward Street, GLYNDE, South Australia, 5070 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 1 August 2024 |
| Performance report date: | 10 September 2024 |
| Service included in this assessment: | Provider: 954 Lutheran Homes Group Incorporated  Service: 5282 LHI Glynde |

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 LHI Glynde (**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 report 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 assessment team’s report received 29 August 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:

Consumers confirmed staff treated them with dignity and respect and gave practical examples of how their diverse cultures and identities were valued, such as being supported by bilingual volunteers who spoke their first language. Staff were aware of consumers’ life experiences and cultural backgrounds and said care was provided in line with individual preferences. Staff were observed interacting with consumers in a dignified and respectful manner.

Consumers said care and services were delivered in line with their cultural needs and individual preferences, particularly for those whose faith-based practices were important to them. Staff gave practical examples of respecting events of cultural significance to consumers and providing food to enhance their celebrations. Policies and procedures guided staff to provide consumer centred and culturally safe care.

Consumers confirmed they had choice in how their care was delivered, who was involved in their care, and how they wanted to maintain important relationships. Staff demonstrated knowledge of consumer’s care decisions and gave practical examples of how they supported married couples to maintain their relationships and to spend time together and with their families. Care documentation communicated consumers’ care preferences and those who were involved in their decision making.

Consumers gave practical examples of eating meals of normal consistency, contrary to clinical recommendations, as how they were supported to live life as they chose. Staff explained how they and consumers were involved in discussions to understand the benefits and reduce the possible harm to consumers when taking risks. Care documentation evidenced risk assessments, with informed consent and strategies to promote consumers’ safety.

Consumers confirmed they received timely information through scheduled meetings, newsletters, menus and an activities calendar, which enabled them to make informed choices about their care and daily living needs. Staff explained consumers received information in ways which met their assessed communication needs and supported decision-making. Noticeboards and posters were observed to promote current activities and menu choices which were clear and supported consumers’ decision making.

Consumers gave practical examples of staff closing doors when providing care as how their privacy was respected. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and care discussions were held in private areas to maintain confidentiality. Staff were observed respecting consumers’ privacy and accessing care documentation via a password protected electronic care management system (ECMS), located within secured nurse stations.

# 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, and used to develop the care plan, which informed how they delivered care. Staff confirmed, an entry checklist and assessment process guided their practice in methodically assessing consumers for risk such as falls, malnutrition or those associated with their medical diagnosis, which informed their planned care strategies. Care documentation evidenced risks to consumers were identified during the assessment process and informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when circumstances changed. Care documentation contained consumers’ current needs, preferences, and an advance care directive was on file, for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and others, such as medical officers and dieticians, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, with specialists’ input included in planning processes.

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

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as changed behaviours. Staff said consumers participated in a biannual care consultation, or when circumstances changed, to discuss updates in their conditions or needs. Care documentation evidenced consumers’ needs were reviewed as scheduled, as well as when their health status, preferences or circumstances changed.

# 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:

Most consumers and representatives confirmed consumers received the care they needed, which was individualised, safe and met their needs and preferences. However, one consumer said their showering preferences were not met, which is considered further under Requirement 7(3)(a) as it is more relevant to workforce planning. Care documentation evidenced consumers received care in line with their assessed needs, including when consumers or their representative raised negative feedback with provision of personal care, pain management and medication administration. Policies and procedures guided staff in delivering personal and clinical care aligned to best practice.

Consumers and representatives gave positive feedback about how risks associated with consumers’ care and services were managed. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation evidenced risks to consumers were identified and staff delivered care according to the directives contained within the consumers care plan.

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

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers’ overall health condition was monitored for changes in their behaviour, mobility, pain levels, appetite 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.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood their requirements and delivered the care they needed. Staff explained changes in consumers’ care and services were documented and communicated during shift handovers and they accessed information in the ECMS. Care documentation contained sufficient information to effectively share the consumers’ conditions, needs and preferences with those who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as wound consultants and speech pathologists, and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical specialists and other health professionals, as needed.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in the event of a COVID-19 outbreak. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, particularly in the event of a COVID-19 outbreak.

# 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:

Consumers and representatives gave positive feedback about the services for daily living and confirmed consumers were supported to undertake daily living activities which optimised their independence and well-being. Staff had knowledge of consumers’ daily living preferences and explained individual lifestyle plans were developed and updated in consultation with consumers and representatives. Care documentation contained consumers’ daily living needs, goals, preferences and the supports required to pursue their activities of interest.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through receiving regular pastoral care visits and maintaining contact with family and friends. Staff had knowledge of consumers’ emotional needs and explained they provided one-to-one support, if needed. Care documentation evidenced consumers’ emotional, spiritual and psychological needs and the supports in place to promote their well-being.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as joining exercise groups and bus outings, whilst married couples spent undisturbed time together. Care documentation evidenced consumers’ activities of interest and people important in their lives. Consumers were observed participating in exercise classes facilitated by a physiotherapist, whilst others played card games and bingo.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, dietary lists, memorandums and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback about the services and supports they received. Staff explained volunteer programs were engaged to offer a range of activities and spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements, portion sizes were sufficient, and the menu was developed with consideration of consumers’ feedback. Staff had knowledge of consumers’ nutrition and hydration needs and preferences, and explained the menu was adjusted to accommodate specific dietary requirements. Meal service was observed, and consumers appeared to enjoy their meals, while staff assisted those who needed it, in a dignified manner.

Consumers said equipment provided by the service was safe and well maintained, and maintenance staff were prompt to repair mobility aids to ensure they were safe for consumers’ use. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned, inspected and serviced. Equipment used for activities of daily living were observed to be safe, suitable, 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:

Consumers said the service had a welcoming atmosphere, it was easy to find their way around and they were comfortable living there, particularly as rooms were personalised with their own belongings. Consumers’ understanding of the service environment was supported by directional signs, whilst communal areas encouraged a sense of belonging and interaction with others. Consumers were observed participating in activities with their family members, and socialising with each other and their friends.

Most consumers gave positive feedback about cleanliness of the service, particularly consumers’ personal rooms, however; one consumer said spot cleaning of their bathroom could be improved, with staff reminded to follow established cleaning processes. Staff described the maintenance process, and the maintenance schedule evidenced tasks were completed routinely. Consumers were observed to have free access to indoor and outdoor areas but as the front door was locked overnight, those consumers with mobility aids or dexterity issues had their movement restricted as they were unable to use the keypad system or were reliant on staff to regain entry. Staff advised a remote-controlled entry/exit was being introduced to remove any unintentional restrictions on consumers free movement.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for consumers’ use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Maintenance staff were observed checking, cleaning and repairing equipment used by consumers, which was clean, in good condition and suitable for consumers’ use.

# 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:

Consumers and representatives said they felt safe and were supported to raise concerns by speaking with staff, attending consumer meetings and completing feedback forms. The consumer welcome pack encouraged consumers and representatives to provide feedback and make complaints in person, by telephone and by email. Meeting minutes evidenced consumers’ feedback was a standing agenda item, whilst complaints forms, and locked suggestion boxes were observed to be easily accessible.

Consumers and representatives understood how to access external complaints, advocacy and language services. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Posters, brochures, a newsletter and the consumer handbook promoted access to the Commission, advocacy services and language services.

Consumers and representatives gave practical examples of improved laundry processes, as appropriate action taken in response to their complaints of clothing items not being returned after being washed. 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.

Consumers and representatives gave practical examples of how their feedback resulted in the purchase of a thermal plate warming equipment, to ensure meals were served at an appropriate temperature. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the plan for continuous improvement for ongoing monitoring and action. Complaints documentation 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 consumers and representatives gave positive feedback about staffing levels and said their needs were promptly met; but 4 examples were given of how insufficient or irregular workforce allocations meant consumers had not received the care they needed, however care documentation evidenced care had been delivered as required or alternative arrangements were implemented. Management advised the roster was developed based on meeting legislative responsibilities and consumers’ clinical needs, with a focus on staff member continuity for consumers. Rostering documentation evidenced strategies were in place to respond to unplanned leave, all shifts were filled, and a registered nurse was always available.

Consumers confirmed staff were kind, caring and respectful of their identity, culture and diversity when care was delivered. Staff explained, and documentation confirmed, they were training in providing care which was dignified and respectful of consumers’ choices and independence. Staff were observed showing respect to consumers by addressing them by their preferred names during daily interactions.

Consumers confirmed staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was determined through pre-employment checks, competency assessments, observations and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained, and staff confirmed, mandatory training was completed in the Quality Standards, the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, infection control and cultural safety, with additional training arranged at the request of staff and in response to audit findings, consumers’ feedback and informal observations. Training records evidenced most staff had completed mandatory training as scheduled.

Management advised staff performance was assessed and monitored through probationary and annual performance reviews, with informal processes used for ongoing monitoring. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal, where staff said they were supported by management. Personnel records evidenced all formal performance reviews were completed to date, with those outstanding 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

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

Consumers gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through regular meetings, where their feedback resulted in cultural foods being included in the summer menu. Management advised, and documentation confirmed, consumers further contributed to evaluation through care conferences, the feedback process, consumer experience surveys and day to day conversations. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a range of committees, and it received regular reports on clinical indicators, incidents, emerging issues, operational matters and routine audits. Documentation evidenced the board received regular reporting which supported oversight of the service’s performance against 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 included organisational leadership, promoted consumers as partners in their own care and was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. However, restrictive practice policies and procedures gave insufficient guidance to clinical staff on the assessment of environmental restrictive practices, when consumers using mobility aids or those who had manual dexterity impairments may be restricted from independently using a coded keypad to exit the service, which should be resolved with the introduction of a remote- controlled security system.

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)