Performance

Report

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| Name: | Lynden Aged Care |
| Commission ID: | 3102 |
| Address: | 49 Lynden Street, CAMBERWELL, Victoria, 3124 |
| Activity type: | Site Audit |
| Activity date: | 2 September 2024 to 4 September 2024 |
| Performance report date: | 11 October 2024 |
| Service included in this assessment: | Provider: 738 Lynden Aged Care Association Inc  Service: 1861 Lynden Aged Care |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Lynden Aged Care (**the service**) has been prepared by Patricia Golledge, 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.

# 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, were familiar with their identity, knew what was important to them and valued them as individuals. Staff spoke respectfully of consumers and were familiar with their individual backgrounds and preferences. Care documentation evidenced consumers’ cultural backgrounds, and staff were observed treating consumers in a respectful manner.

Consumers gave practical examples of how culturally safe care was provided, such as being supported by gender specific staff, as per their preferences. Staff gave practical examples of how culturally safe care was provided, such as arranging religious services for consumers whose faith formed part of their cultural identities. Care documentation evidenced consumers’ cultural needs and preferences.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered, who else was involved in their care and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to maintain important relationships, such as ensuring married couples shared meals together, as per their preferences. Care documentation evidenced consumers’ care preferences, who participated in decisions about their care and the supports needed to maintain personal relationships.

Consumers gave practical examples of leaving the service independently in their own vehicle to attend appointments and spend time in the community, as how they were supported to live life as they chose. Staff explained they met with consumers to discuss risks involved with their choices, conducted a risk assessment and developed strategies to promote their safety. Care documentation evidenced consumers were supported to take risks and strategies were in place to minimise harm.

Consumers confirmed they received timely verbal information, an activities calendar and a weekly menu, which enabled them to make choices about their day to day living. Staff described means of communication with consumers, such as via a public announcement system, newsletters and scheduled meetings, whereby the individual’s sensory impairments influenced how information was provided. Noticeboards in communal areas promoted current information about lifestyle activities, newsletters, complaints mechanisms and reminders of daily living options.

Most consumers confirmed their privacy was respected and their information kept confidential. Staff explained consumers’ privacy was respected by ensuring doors were closed when providing care. Staff were observed seeking consent prior to entering consumers’ rooms and information was kept confidential in a secure electronic care management system (ECMS).

# 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 explained, an assessment process guided their practice in methodically assessing consumers for risks, confirming an interim care plan was developed while other assessments were completed to inform a comprehensive care plan. Care documentation evidenced risks associated with consumers’ medical diagnosis were identified during the assessment process and responsive strategies 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 requested. Care documentation contained consumers’ current needs, goals and preferences, as well as their advance care directive, for consumers who had chosen to have one in place.

Representatives confirmed they and others, such as medical officers and physiotherapists, 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.

Representatives said they received 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 summary care plans available to consumers.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls. Staff said consumers participated in a quarterly case conference, or when circumstances changed, to discuss updates in their conditions. 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 the care consumers received met their individual needs and their well-being was optimised. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood pain management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received care that was safe, effective and tailored to their needs and preferences.

Most consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care; however, one representative said staff were unfamiliar with their loved one’s mobility needs, with staff provided with training in relation to mobility equipment, in response. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and they were supported by their medical officer and family, in line with their wishes. Staff understood how to care for consumers nearing end of life, to ensure their comfort and meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their behaviour, mobility and appetite, with any changes documented and the consumer escalated to clinical staff for review or transferred to hospital, if needed. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood the care they needed. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions was shared with others who had responsibility for their care.

Representatives reported consumers had access to other health care providers and were referred when required. Staff explained the referral process and said consumers had access to other health care providers, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to a range of allied health and medical specialists, when required.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. The service had an infection prevention and control lead who had completed competency training, and staff understood infection control practices and how to minimise consumers’ need for antibiotics. 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:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them. Staff had knowledge of consumers’ daily living preferences and explained lifestyle assessments occurred during admission, which gathered consumers’ individual preferences, interests, and social, emotional, cultural and spiritual needs, which informed the activities calendar. The activities calendar offered options each day of the week and aligned with consumers’ interests, such as happy hour, bingo games and a book club.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as religious services. Care documentation evidenced consumers’ emotional, spiritual and well-being needs, goals and preferences, whilst staff were observed providing individual support to consumers.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, and maintain personal connections, such as leaving independently to socialise with friends and attend to personal appointments. Staff explained consumers were supported to participate in bus trips, outings to a local café and an art gallery. Care documentation evidenced consumers’ lifestyle interests, people of importance to them and how they were supported to maintain social connections.

Consumers said information about their daily living needs were effectively communicated, particularly as staff understood their needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, by email and they accessed care documentation in the ECMS. Care documentation evidenced information about consumers’ daily living requirements was shared with others who were involved in supporting the consumer.

Consumers and representatives confirmed when additional support was needed, consumers were promptly referred to other organisations and service providers. Staff explained religious ministers, volunteers and hairdressers were engaged to spend meaningful time with consumers and enhance their daily living experience. Care documentation evidenced referrals were promptly made to other service providers to meet consumers’ needs.

Most consumers and representatives said meals were enjoyable, there was variety in the menu and portions served were sufficient; however, one representative said meals could be more suite to their loved one’s preferences, resulting in hospitality staff meeting with the consumer to better understand their needs and ensure satisfaction with their meals. Staff explained the menu was developed in conjunction with a dietician and updated based on consumers’ feedback gathered at meetings and in-person discussions. Meal service was observed, and consumers appeared to enjoy their food and staff provided assistance, if required.

Consumers said they had access to clean equipment, such as mobility aids, and confirmed these were well maintained. Staff said they had responsibility for cleaning shared equipment and consumers’ personal mobility equipment. Mobility aids, leisure and lifestyle equipment were observed to be clean, well maintained and in good condition.

# 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, and the Assessment Team observed, the service was welcoming, easy to understand, and it was homely, particularly as consumers’ rooms were decorated in a way which reflected their personal style. Staff explained consumers were oriented to the service to facilitate their sense of belonging, familiarise them with the environment and introduce them to staff and other consumers. Consumers were observed having warm and welcoming interactions with staff, socialising with other consumers and visitors and moving independently around the service.

Most consumers and representatives gave positive feedback about cleanliness of the service, particularly consumers’ personal rooms, however; one representative said cleaning of their loved one’s bathroom could be improved, with staff given additional training and the consumer’s room was further cleaned. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving throughout the service and exiting without restrictions.

Consumers confirmed fittings and equipment were clean and regularly maintained, particularly their personal mobility aids. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance addressed promptly. Consumers were observed using shared furniture and mobility aids which were clean and in good condition.

# 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 were encouraged to provide feedback and make complaints and gave practical examples of avenues available to them, such as completing feedback forms. Staff explained consumers also provided feedback in-person, at consumer meetings, by email, through and online system, by phone and consumers were assisted to complete feedback forms, if needed. Information displayed in shared areas promoted guidance on how consumers could provide feedback or make a complaint, with a locked box available so feedback forms could be submitted anonymously.

Consumers understood how to access external complaints, advocacy and language supports. Staff described the external complaints, advocacy and language services available to consumers and said they assisted them to access these, if required, with scheduled information sessions provided by advocacy services throughout the year. Pamphlets and notices displayed promoted access to the Commission and external advocacy services.

Consumers gave positive feedback about how their concerns or complaints had been resolved and said an apology was made when things went wrong. Staff explained the service’s complaints process and understood the principles of open disclosure. Complaints documentation evidenced the use of open disclosure and a timely approach to complaints management.

Consumers gave positive feedback about the complaints process and said their feedback was used to improve the quality of care and services. Staff said a trend in complaints about consumers’ dining experience was identified and in response, food focus meetings were increased to weekly to ensure consumers’ feedback was actioned, and the menu was reviewed by a dietician to ensure consumers received adequate nutrition and variety in their meals. Complaints documentation and the CIP 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 consumers’ needs were promptly met, except for one representative, who said there was a lack of consistency with staff at times, which may impact agency staffs’ familiarity with consumers’ needs; with management advising unplanned leave may result in the use of agency staff to ensure consumers’ care needs were met. Management explained the roster was developed with a focus on staff member continuity for consumers, call bell data was analysed and used to inform staffing allocations, with a registered nurse always onsite, and care minute targets were being met. Rostering documentation evidenced most shifts were filled and the use of agency staff was minimal.

Consumers and representatives confirmed staff were kind, caring, gentle and showed respect for their individual identities. Management explained staff were consistently allocated to the same consumers, which supported relationship building and staff became familiar with consumers’ identity, culture and diversity. Staff interactions with consumers were observed to be kind, respectful and gentle.

Consumers said staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was determined through orientation and buddy programs, regular training which reflected the Quality Standards, key competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Most consumers and representatives gave positive feedback about staff training and said they were competent and equipped to perform their roles, however; 1 consumer said staff could benefit from additional training in medication management, whilst another consumer said agency staff were not always aware of their individual needs, prompting a memo sent to staff to remind them of correct medication dispensing procedures, and management explained permanent staff had responsibility for guiding agency staff in meeting consumers’ individual needs. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), open disclosure and infection control, with staff able to request training when they wished to enhance their knowledge. Training records evidenced low rates of completion in mandatory training topics, though most staff were progressing through the modules and were reminded to complete these by the due date, or they would be removed from the roster until their education was completed.

Management advised staff performance was assessed and monitored during probation and annually 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 said they were provided with opportunities for professional development. Personnel records evidenced most staff had participated in a performance review, and those yet to be completed had been scheduled for review.

# 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 and representatives gave positive feedback about how the service was managed and said they participated in the development, delivery and evaluation of care and services, particularly through consumer meetings, where executive management collaborated with them in how care and services were delivered. Management advised consumers contributed to service evaluation through regular meetings, the CAB meetings, the feedback process, surveys, day-to-day conversations and care plan reviews. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as the menu.

The organisation’s board of directors (the board) were accountable for service delivery and satisfied themselves the Quality Standards were being met through meetings with executive level staff, as well as through a clinical governance committee, analysis of audit results, consumer and representative feedback, and continuous monitoring of service performance. Management explained the governance structure included reciprocal information-sharing between them and the board, which included feedback from consumers and representatives, and resulted in improvements such as shared consumer bathrooms having been upgraded to single room ensuites. Documentation evidenced the board was kept informed of operational matters and held accountable for the outcomes of consumers’ care and services.

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)