Performance

Report

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| Name: | Maybanke Aged Care Plus Centre |
| Commission ID: | 0059 |
| Address: | 80 Wardell Road, DULWICH HILL, New South Wales, 2203 |
| Activity type: | Site Audit |
| Activity date: | 21 August 2023 to 23 August 2023 |
| Performance report date: | 4 October 2023 |
| Service included in this assessment: | Service: 75 Maybanke Aged Care Plus Centre |

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 Maybanke Aged Care Plus Centre (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

The approved provider sent an email on 07 September 2023 advising they would not be submitting a response to the Assessment Team’s report.

# 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 Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were treated with dignity and staff respected their culture, identity, and diversity. Staff knew consumers’ life stories and understood their specific choices and preferences. Staff confirmed they saw other staff members treat consumers in a caring and respectful manner. Care plans reflected each consumer’s identity and culture and recorded their preferred activities. Training records showed staff were trained in delivering inclusive, consumer-centred care and services to a diverse range of consumers. Management described how consumers were informed of their right to have their dignity, culture and identity maintained, and be treated with respect. The service had documented policies that supported diversity and inclusion, and the Charter of Aged Care Rights was displayed around the service and included in the consumer handbook.

Consumers and representatives felt culturally safe with their values, cultural beliefs and backgrounds respected and catered for. Staff demonstrated knowledge and understanding of individual consumer’s identity, background and values. Care planning documents detailed consumers’ cultural backgrounds and how the service could tailor care around their cultural needs and preferences. The service’s policies and procedures supported consumers’ cultural needs and staff were trained to understand cultural safety.

Consumers and representatives confirmed they were supported to make their own choices about their care and services, including who else they wished to involve. Consumers and representatives also said they were supported to make social connections and maintain personal relationships. Care planning documents showed consumers and representatives were consulted in relation to their care and services and chose who they wanted to involve. Staff provided examples of consumers and representatives making choices about their care and services and electing who to be involved in their care. The organisation had written policies to guide staff in supporting consumers’ dignity, independence, and choice.

Consumers and representatives confirmed they were supported to take risks to live the life they chose. Staff described how they supported individual consumers to take risks and the management strategies put in place to minimise those risks. Care plans included signed risk assessments which reflected open discussion about the potential harms and consent to adopt risk mitigation strategies.

Consumers and representatives confirmed the service regularly provided suitable information to enable them to make informed choices. Staff describe a variety of communication methods they used to keep consumers informed about their options. Posters, flyers, emails, and newsletters, in a clear and easy to understand size and format were displayed. Care plans and documentation showed the ongoing communication of information to consumers and representatives that was current, timely, and easy to understand.

Consumers and representatives said their privacy was respected and their personal information was kept confidential. Staff confirmed all consumers’ personal information was kept confidential and was not discussed in front of other consumers. Staff explained how consumers’ files were kept locked, and all computers were password protected with access permitted according to the level of delegation. Staff were observed knocking on consumers’ doors and closing doors when providing personal care to consumers. The service had a written privacy policy to guide staff practice.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Staff and management described how comprehensive assessment care planning processes informed the delivery of safe and effective care, including any risks to consumers. Consumers’ care plans reflected their current health status, risks and strategies in place to mitigate those risks and staff demonstrated awareness and familiarity with this information. The service’s assessment and care planning policies and procedures reflected best practice.

Consumers and representatives said staff regularly discussed consumer needs and preferences, including their advance care and end of life wishes if they desired. Management and staff understood consumers’ individual needs and preferences and described their approach to having conversations with consumers about advance care and end of life plans during the admission process and case conferences. Care planning documents confirmed consumers’ current needs, goals, and preferences and their advance care directives were recorded. Staff were supported by the service’s documented policies and procedures in assessment and care planning.

Consumers and representatives said staff regularly communicated with them and they were actively involved in the assessment, planning, and review of their care and services. Consumers and representatives described involvement of other health professionals in their care planning. Staff described the processes in place to include consumers and representatives as partners in the assessment, planning and review of their care and services. Care planning documents showed assessment and planning included coordination with other relevant individuals and organisations providing care and services.

Consumers and representatives said staff provided regular verbal updates and communicated with them as their assessed care needs changed. Consumers and representatives confirmed they had a copy of their care plan or were aware they could obtain a copy if they wished. Staff described the processes for documenting and communicating assessment outcomes in line with the service’s written policies. Care planning documents demonstrated the outcomes of assessment and care planning were recorded and communicated to consumers and representatives in a timely manner.

Consumers and representatives said their care plans were regularly reviewed, and if there was a change in condition following incident. Staff advised that consumers’ care plans were reviewed 3 monthly, or when circumstances changed. Management showed care plan reviews were scheduled and progress was monitored to ensure they were up to date. The organisation had policies and procedures to ensure the assessment, planning and review of care was current and effective.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they received personal and clinical care that was safe and right for them and met their needs and preferences. Staff described how they delivered safe and effective personal and clinical care, tailored to the individual needs of consumers. Care planning documents reflected individualised care that was safe, effective, and tailored to consumer’s needs. The service had written policies and procedures to support staff in the delivery of best practice personal and clinical care in accordance with consumers’ needs, goals, and preferences.

Consumers and representatives described how the care provided addressed risks to consumer health and met their needs and preferences. Staff described the high impact, high prevalence risks to specific consumers and the steps they take to mitigate those risks in line with care planning documentation. A range of clinical policies and procedures were available to guide staff in managing high impact and high prevalence risks.

Staff described how they supported consumers nearing end of life to ensure they were comfortable, as pain free as possible, and emotionally supported. Care planning documents for consumers nearing end of life showed their needs, goals and preferences were recognised and their dignity and comfort maximised, and an end-of-life pathway followed. The service had written policies and procedures to guide staff in providing palliative and end-of-life care.

Consumers and representatives said the service recognised and responded promptly to changes in consumer’s condition. Staff described the actions taken to recognise and respond appropriately to a deterioration or change in a consumer’s condition. Care documentation showed deterioration or changes in condition were identified and managed or escalated in a timely manner. The service had clinical procedures for managing deterioration of consumer health.

Consumers and representatives were satisfied consumers’ care delivery was consistent and demonstrated information was communicated between staff and others involved in their care. Staff described how information was effectively recorded and exchanged between the different staff and external providers. Care planning documents reflected regular case conferences involving consumers, representatives, relevant staff, and other care providers.

Consumers and representatives said referrals were timely, appropriate, and occurred when needed. Care planning documents confirmed referrals and timely input from other health care providers such as Allied health professionals, Dentists, Medical officers and specialists. The service has a network of approved individuals and organisations available to provide additional care and services.

Consumers and representatives were confident with the service’s processes for minimising the risks of infection. Staff confirmed they had received training in infection prevention and control and outbreak management and could describe the steps they took to minimise the need for antibiotics. The service had appointed an Infection prevention and control lead and had implemented documented policies and procedures in relation to antimicrobial stewardship, infection control, and outbreak 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they were satisfied with the services and supports for daily living. Staff knew consumers’ lifestyle needs and preferences and explained how activities could be adjusted to cater for any physical or cognitive needs. Care planning documentation reflected what was important to consumers and outlined strategies to support them to do what they wanted to do.

Consumers and representatives said the service offered emotional, spiritual, and psychological support such as religious services, pastoral care, and one-on-one support. Staff described individual consumer’s emotional, spiritual, and psychological needs and how support was provided in line with consumer care planning documents and consumer feedback. Chaplain visits are available to all consumers for emotional and/or spiritual support.

Consumers and representatives said they were supported to participate in activities within the service and the outside community, foster personal relationships and do things of interest to them. Staff explained how consumers were encouraged to participate in activities of interest to them both within and outside the service and maintain contact with their families. Care planning documents identified the people important to individual consumers and the activities of interest to them.

Consumers and representatives were satisfied information about consumers’ daily living choices and preferences was communicated between staff and to other providers of care and services. Staff described how accurate and up-to-date information about consumers was shared effectively within all relevant areas of the service and with external service providers. Care documents provided current and sufficiently detailed information for those delivering services and supports for daily living.

Management explained how timely and appropriate referrals were made to individuals, other organisations and providers of other care and services. Consumers and representatives confirmed referrals were made in a timely manner, and they could access services from other organisations as needed. Staff and management demonstrated an understanding of referral processes for available organisations, services, and supports within the community, such as community volunteers and the Emotional Wellbeing for Older Persons program.

Most consumers and representatives were satisfied with the variety, quality and quantity of the meals provided, with feedback of concerns for 2 consumers passed onto management who included responsive actions within continuous improvement activities. Consumers and representatives confirmed they had input into the menu through surveys, meetings, and focus groups. Meals are cooked on-site, and the menu was changed every 3 months. The menu provided daily selections and alternatives meals and snacks were available. Staff explained how consumer’s dietary needs and preferences were documented and catered to. The kitchen was observed to be clean and well-maintained, and the menu was displayed in the dining area.

Consumers and representatives said equipment was safe, suitable, clean, and well-maintained. Staff confirmed they had access to suitable equipment to provide care and they clean it after use. Cleaning records and maintenance logs showed the equipment was maintained for safety, suitability, and cleanliness. The equipment was observed to be suitable, clean, and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was easy to understand and welcoming to all consumers and their visitors. Consumers’ rooms were personalised and there were different communal areas for consumers and visitors to spend time. The service environment appeared easy to navigate with visible signage, areas that encouraged social interaction, and a large outdoor garden that was easy to access.

Consumers and representatives said the service was clean, safe, and comfortable and they could access indoor and outdoor areas as desired. Cleaning staff described how they cleaned consumers’ rooms and communal areas according to a schedule. Maintenance staff explained the preventative and reactive maintenance processes and schedules. Consumers were observed moving freely around the service environment, both indoors and outdoors unless required to isolate due to contagious illness.

Consumers and representatives said the equipment, furniture and fittings were well maintained and clean. Consumers and representatives knew how to report any maintenance issues to staff. Staff confirmed they had access to safe equipment to support consumers’ needs, with assessment of equipment for suitability undertaken by Allied health staff. Furniture and equipment were maintained by contractors under a scheduled maintenance plan. The equipment, furniture, and fittings in the service appeared to be safe, clean, and suitable for 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 Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt encouraged, safe, and supported to provide feedback and raise any concerns with staff or management and staff. Staff described the different avenues available for consumers and representatives to provide feedback or make a complaint and they report any serious concerns directly to management. The service had suitable processes in place for consumers, representatives, visitors, and staff to make a complaint and remain anonymous if they wished.

Consumers and representatives were aware of support services and how to escalate complaints to other channels but said they were comfortable raising concerns with management and staff. Management and staff knew how to access interpreter and advocacy services and how to assist consumers who had cognitive impairment or communication difficulties. Information on complaints, language and advocacy services was displayed around the service and in the consumer handbook.

Consumers and representatives said management promptly addressed and resolved their concerns, and provided an apology when a complaint was made or an incident occurred. Staff described the feedback and complaint processes and confirmed all complaints were escalated to management for investigation and follow up. Management confirmed open disclosure was applied following an adverse event, as part of the service’s complaints management and resolution process. The service had written policies and procedures to guide staff through the complaints management and open disclosure processes.

Consumers and representatives confirmed they had seen improvements to the service following feedback or complaints. Staff were familiar with the complaints management process and how complaints were recorded and used to improve practices. Management described how all complaints were entered into the incident management system and fed into the plan for continuous improvement, where relevant. Complaints were assessed and discussed at the leadership and staff meetings and shift handovers. The complaints register included management notes for follow up actions and monitoring.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were an adequate number of staff to safely meet consumer needs and staff were always on hand and prompt in responding to their call bells. Staff said they felt well supported and confirmed there were enough resources to provide the right level of care for each consumer. The roster demonstrated all shifts were filled and the service planned their workforce to ensure there were enough staff to provide continuous, safe, and quality care.

Consumers and representatives said the staff were kind, caring and respectful. Clinical staff described how they were always respectful and kind when interacting with consumers. Interactions between staff and consumers appeared to be kind, caring and respectful. Staff received training on diversity and inclusion.

Consumers and representatives felt staff were competent and had the knowledge to effectively perform their roles. Management explained how they ensured staff were competent and capable in their roles, and demonstrated how they tracked compliance with registrations, qualifications, criminal history checks and work visas. Staff competency was monitored through continuous supervision, performance appraisals, and feedback from consumers/representatives, staff, and management.

Consumers and representatives were confident staff were trained and skilled to deliver their personal and clinical care. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. The organisation checks the Banning order register during recruitment processes. The service had effective processes in place to support new and current staff, and mandatory training was monitored.

Management demonstrated there were effective systems for monitoring and reviewing the performance of staff which included observations, performance appraisals and feedback processes. Staff confirmed they had performance reviews where their performance was assessed against their role description. Documentation showed performance appraisals, mandatory training and competency assessments were scheduled and conducted annually.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well-run and they were encouraged to provide feedback about the service and suggest improvements. Management and staff said consumers and representatives were actively supported to engage in the development, delivery and evaluation of their care and services. Records confirmed there were individual and group consultations and meetings facilitating consumers and representatives to be involved in the development and delivery of care and services.

Consumers and representatives said they felt safe in the service and that they lived in an inclusive environment with access to quality care and services. Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. The organisation’s governance structure provided oversight and communicated directly with the managers at each service. The Board was well informed through management and governing committees and was accountable for the performance of all aspects of the service. The Board monitored and reviewed a range of reports, clinical indicators, and feedback across all services. Staff described how critical indicators, quality initiatives, and incidents were discussed at relevant meetings.

Management described how the organisation had a governance framework with documented policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Senior management monitored and reviewed adherence to the governance arrangements and the Board then ensured systems and processes were in place to provide safeguards and deliver the right care in accordance with the Quality Standards. For example, regulatory compliance is monitored and managed by the governing body, with corresponding changes or updates to policies and procedures communicated to the service through updated training, staff meetings, emails, and electronic messaging.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies, had received training on these topics, and described processes for reporting incidents within the electronic incident management system. Management described how the organisation monitored various performance indicators to manage risks and prevent incidents and reported through the executive team to the Board for review and management.

The organisation had a clinical governance committee and framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood their responsibilities under the clinical governance framework and staff confirmed they had received training on these policies and systems.

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)