Performance

Report

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| Name: | Medina Manor |
| Commission ID: | 3597 |
| Address: | 200A Smith Street, THORNBURY, Victoria, 3071 |
| Activity type: | Site Audit |
| Activity date: | 8 April 2024 to 10 April 2024 |
| Performance report date: | 13 May 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 2342 Medina Manor |

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 Medina Manor (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* 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 and representatives confirmed consumers were treated with dignity and respect, and staff valued their identities, cultures and diversity. Staff had in-depth knowledge of consumers’ unique circumstances, life experiences and cultural backgrounds, and explained how these influenced the delivery of care. Staff were observed consistently treating consumers with dignity and respect.

Consumers and representatives confirmed staff were respectful of their cultural identities and provided care consistent with their preferences. Staff gave practical examples of culturally safe care as serving appropriate food and drinks to consumers whose faith formed part of their cultural beliefs. Care documentation evidenced consumers’ cultural and spiritual needs, life journey and personal preferences.

Consumers and representatives said they had choice in how consumers’ care was delivered, who was involved in their care, and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of supporting consumers’ independence and connection to loved ones, such as asking for their preferences when getting ready for the day and arranging phone calls with family. Staff confirmed information on consumer’s appointed or nominated decision makers, was collected on entry and recorded in the electronic care management system (ECMS).

Consumers and representatives gave practical examples of how consumers were supported to take risks and live life as they chose, such as smoking without using a fire-resistant apron over their clothing. Staff explained how they and the consumer’s representatives were involved in problem-solving discussions to reduce the possible harm to consumers when taking risks. Care documentation evidenced risk assessments, with informed consent and strategies to promote consumers’ safety.

Consumers and representatives confirmed they received timely information through care consultations, community meetings, newsletters, emails and an activities calendar, which enabled them to make informed choices about consumers’ care and daily living needs. Staff explained consumers received information in ways which met their assessed communication needs and supported decision-making. Menus, newsletters, events posters, notifications of church services and the activities calendar were displayed and current.

Consumers and representatives gave practical examples of how consumers’ privacy was respected, such as staff did not disturb them when spending time alone in their rooms, as per the consumer’s wishes. Staff explained consumers’ consent was sought prior to entering their rooms and sensitive discussions were held in private areas. Staff were guided by a privacy policy which outlined an expectation of all staff to always respect and maintain consumers’ privacy and confidentiality.

# 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:

Consumers and representatives confirmed risks associated with their overall health conditions, such as falls and restrictive practices, were identified during the assessment and planning of consumers’ care. Staff used clinical assessment tools embedded in the ECMS to assess risks to consumers such as pressure injuries, pain, falls and nutrition, which informed care plan development. Care documentation evidenced care strategies were developed in response to identified risks.

Consumers and representatives confirmed they were involved in developing consumers’ care plans based on their needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during entry and annual reviews, or if there are significant changes to a consumer’s health and well-being. Care documentation evidenced consumers’ individual daily care needs, goals and preferences, as well as their end of life wishes.

Consumers and representatives said they and health professionals participated in the assessment, planning and review of consumers’ care. Staff explained, and care documentation evidenced medical officers, specialists and allied health professionals had input to the assessment and planning of consumers’ care.

Most consumers and representatives confirmed the outcomes of assessment and planning of consumers’ care were discussed with them and they were offered a copy of the care plan, with one representative being immediately provided with a copy when they said they hadn’t been offered one. Staff explained the outcomes of assessment and planning were documented and shared with consumers and representatives, which included offering a copy of the care plan. Care documentation evidenced assessment and planning outcomes were shared with consumers and their representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls. Staff said consumers were reviewed monthly and explained incidents may result in a review of consumers’ need and preferences. Care documentation evidenced regular review for effectiveness and when their care needs, goals and preferences 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:

Consumers and representatives confirmed consumers received safe personal and clinical care which was right for them and addressed their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs, and explained how care provided was monitored for effectiveness, such as when a wound management plan was in place. Care documentation evidenced consumers received individualised care, in line with their assessed needs.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as catheter care and diabetes mellitus, and explained how these were managed. Care documentation evidenced risks to consumers’ care were monitored and appropriate 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 and pain management medications, in consultation with their representative. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences, with additional guidance provided by medical officers and a palliative care team. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed, and care documentation evidenced, deterioration or changes in consumers’ conditions were recognised and staff responses were timely. Staff explained consumers were monitored for changed conditions, such as presence of infection, and escalated concerns to clinical staff who may make subsequent referrals. Policies and procedures guided staff in the clinical escalation process.

Consumers and representatives gave positive feedback about how information was shared relating to their conditions, particularly as staff understood the care they needed. Staff explained information about consumers’ conditions was shared during shift handovers and they accessed documentation in the ECMS, with support from clinical staff when further information was needed. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to their medical officers and other health care providers and referrals were timely. Staff explained the referral process and an onsite allied health professional described how referrals were triaged, to ensure consumers’ diverse needs were promptly met. Care documentation evidenced consumers were promptly referred to other health care providers, when required.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. Staff understood infection prevention and control and described how they minimised consumers’ need for antibiotics. Documentation was in place to guide staff in the event of an infectious outbreak, including the management of a COVID-19, influenza and gastroenteritis 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 said consumers were supported to pursue activities of daily living, such as tending to the courtyard garden. Staff explained consumers’ well-being was promoted by tailoring activities to their needs, based on a lifestyle assessment which was reviewed and updated over time, in consultation with consumers and representatives. Care documentation evidenced consumers’ lifestyle preferences, spiritual and religious needs, social affiliations and the supports needed to participate in activities which promoted their well-being.

Consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff had knowledge of consumers’ emotional needs and supported them by arranging video calls with loved ones, spending time reminiscing and one-on-one time with those who preferred not to attend activities. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured, as well as strategies on how staff could provide support.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as going to the local park with support staff, going shopping, eating out and attending concerts. Staff explained consumers’ social connections were supported by participation in activities such as quizzes, live concerts, pet therapy, cooking, arts and crafts, bus outings and intergenerational visits. Care documentation evidenced consumers’ activities of interest and the supports needed to participate in the wider community and maintain their personal relationships.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their dietary preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, by staff memos and dietary folders and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for service delivery.

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

Consumers and representatives said meals were enjoyable, portions served were sufficient and consumers’ dietary requirements were met. Staff explained the menu was developed in consultation with a dietician and consumers’ input and feedback was also sought at consumer and representative meetings. Meal service was observed to be calm, unhurried and consumers received assistance from staff, if required.

Consumers said they felt safe when using equipment provided by the service, such as comfort chairs, and maintenance staff attended to issues promptly and efficiently. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Staff were observed cleaning shared equipment between each use and personal mobility aids were clean 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 and representatives said the service had a welcoming atmosphere and consumers felt at home, particularly as rooms were personalised with their own belongings. Consumers’ understanding of the service environment was supported by wayfinding signs, whilst communal areas were comfortably furnished and encouraged a sense of belonging and interaction with others. Consumers were observed spending time indoors and outdoors, socialising with each other, family and friends.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, and said maintenance issues were promptly addressed. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around the service and accessing activity areas, dining rooms and outdoor courtyards, either independently or with staff assistance.

Consumers and representatives confirmed fittings and equipment were clean, well maintained and suitable for consumers’ use. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment, such as electrical devices and fire extinguishers, had been safety tested and were clean and well maintained.

# 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 comfortable to raise concerns, particularly as staff proactively sought their feedback, and gave practical examples of avenues available to them, such as completing a feedback form and attending consumer meetings. Staff explained consumers and representatives could also make complaints and provide feedback by surveys, in-person, by phone and were encouraged to do so during the entry process and via the newsletter, the consumer handbook and noticeboards in common areas. Minutes from consumer and representative meetings evidenced feedback and complaints were a standing agenda item, whilst feedback forms and collection boxes were observed to be easily accessible.

Consumers and representatives understood how to access external complaints services, language services and advocacy groups, whose information was available in the consumer handbook. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Consumer and representative meeting minutes, posters and brochures promoted access to the Commission, advocacy services and language services.

Consumers and representatives gave practical examples of staff adhering to agreed laundry arrangements, as appropriate action taken in response to their complaints of some clothing items not being washed separately. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced the use of open disclosure and a transparent approach to complaints management.

Consumers and representatives gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as retrofitting some furniture with stain resistant fabric. Staff explained a ‘care champion’ role had been introduced to support consumers and representatives during the entry process and provide orientation and one-on-one care for their first week, in response to complaints around settling in to living at the service. The plan for continuous improvement evidenced feedback and complaints were used to improve consumers’ care and services.

# 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:

Consumers and representatives gave positive feedback about staffing levels, confirmed consumers’ needs were promptly met and said staff were quick to respond to call bells. Management explained, and staff confirmed, the workforce was multiskilled and staff were being actively recruited through student and trainee placements as they had knowledge of consumers’ needs and were familiar with policies, procedures and how the service operated. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers said staff were kind, caring and respectful of their preferences for gender-specific staff when personal care was provided. Staff were familiar with consumers’ needs and preferences and were attentive and supportive during their interactions. Staff were observed speaking kindly to consumers and using their preferred names, engaging in activities and also showed respect to their co-workers.

Consumers and representatives confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained, and observations confirmed, staff competency was determined through the orientation process and refresher training in medication management, diabetes management, person-centred care and dementia care. Personnel records evidenced staff had position descriptions and held qualifications and clinical registrations relevant to their roles.

Consumers and representatives confirmed staff were well trained and understood how to meet consumers’ care needs. Management explained new staff were supported by an onboarding program which included mandatory training and buddy shifts, which facilitated learning from experienced staff and becoming familiar with consumers’ needs. Training records evidenced all staff had completed mandatory training topics, such as in the Quality Standards, medication management and the Serious Incident Response Scheme (SIRS).

Management explained, and staff confirmed, staff performance was assessed and monitored during the probation period, with a formal appraisal annually thereafter. Staff gave positive feedback about their performance reviews, during which they could discuss training needs based on peer and consumer feedback, as well discuss their career paths and skill development. Personnel records evidenced all staff performance appraisals were completed.

# 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 confirmed they were supported to evaluate consumers’ care and services through direct feedback and attending a range of meetings, and said their input was evident in improvements made to care and services. Management explained consumers and representatives further contributed to service evaluation through involvement in the newly formed quality care advisory committee. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as the menu, replacement of furniture, COVID-19 outbreaks and lifestyle activities.

Consumers and representatives confirmed consumers felt secure, comfortable, lived in an inclusive environment and had access to high-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 committees focused on clinical governance and quality and risk, and it received regular reports on the consumers’ experience, clinical indicators, routine audits and operational matters, all which gave insight into service operations. Documentation evidenced operational management reports were submitted to the board for its consideration.

The organisation had effective governance systems which actively involved the board, senior management and staff and 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.

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 understood reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

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. Staff practice was guided by clinical governance policies and procedures.

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)