Performance

Report

**1800 951 822**

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| Name: | Narrabeen Glades Care Community |
| Commission ID: | 2803 |
| Address: | 184 Garden Street, WARRIEWOOD, New South Wales, 2102 |
| Activity type: | Site Audit |
| Activity date: | 9 September 2024 to 11 September 2024 |
| Performance report date: | 11 October 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1158 Narrabeen Glades Care Community |

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 Narrabeen Glades Care Community (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission.

# 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 assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, with their identity, culture and diversity valued. Management and staff spoke about consumers in a respectful manner, and showed respect when providing care, such as by asking for consent, acknowledging their choices, and taking time to understand their background, life history and needs. Care planning documents outlined consumers’ background and interests, and staff were observed interacting with consumers respectfully. The service had a suite of policies to guide staff in treating consumers with dignity and respect.

Consumers and representatives said the service recognised and respected consumers’ cultural background, and provided care that was consistent with their cultural traditions and preferences. Management and staff described how consumers’ cultural needs and preferences influenced the delivery of their day-to-day care and services. Care planning documents detailed consumers’ cultural needs and preferences and strategies to support them. The service had policies, procedures and training to guide staff in providing culturally safe care and services.

Consumers and representatives said they were supported to make independent choices about their own care, decide when others should be involved in their care, and to maintain relationships of choice. Management and staff described how each consumer was supported to make informed choices about their care and services, and to maintain relationships of choice. Care planning documents identified consumers’ care delivery choices, who they wanted involved in their care, and the support needed to maintain their important relationships. Staff were observed supporting consumers’ relationships.

Consumers and representatives said consumers were supported to understand and take risks, to live as they chose. Management and staff described the risks taken by consumers and how they supported them to understand the potential harms and benefits of their choices involving risks. Care planning documents identified and assessed risks taken by consumers and outlined the agreed risk mitigation strategies. The service had a dignity of risk policy supporting consumers right to make informed decisions about taking risks.

Consumers and representatives said they received current, accurate and timely information about their choices, which was communicated in a way they could understand. Management and staff described different ways they effectively communicated information to consumers, including those with cognitive or sensory impairments. Care planning documents included communication assessments to support the effective communication of information to each consumer. Current information such as the activities calendar, menus, and other information was displayed around the service.

Consumers and representatives said consumers’ privacy was respected and their personal information kept confidential. Management and staff described practical ways they respected consumers’ privacy, such as by knocking and waiting for consent to enter consumer’s rooms, securing confidential information in staff areas, and not discussing private information near other consumers. All nurse’s stations were observed to be locked, and the electronic care management system was password protected. The service had a 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were involved in the assessment and care planning process, which resulted in safe and effective care and services. Management and staff detailed the assessment and care planning process, and how it identified risks to consumers’ health and informed the delivery of safe and effective care and services. Care planning documents showed the assessment and care planning process included assessment of risks and identification of mitigation strategies. The service had documented admission procedures to guide the assessment and care planning process.

Consumers and representatives said assessment and care planning identified and addressed consumers’ current needs, goals, and preferences, and their advance care plans. Management and staff described how assessment and planning reflected each consumer’s current preferences, and how they discussed consumers’ end of life care plans. Care planning documents reflected consumers’ current needs, goals, and preferences, and their end of life care plans.

Consumers and representatives confirmed they had input into assessment and care planning, along with staff and other health professionals. Care planning documents confirmed consumers, representatives, and other health professionals were involved in the assessment and planning of consumers’ care and services. Management, staff and allied health professionals outlined how assessment and care planning was done in partnership with consumers, representatives and others they wished to involve. The service had documented policies regarding consulting with consumers, representatives and other health professionals in the assessment and planning of care and services.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and they were offered a copy of the consumer’s care plan at care reviews. Management, staff and allied health professionals detailed the processes for documenting and communicating the outcomes of assessments to consumers and representatives, and confirmed they offered a copy of the care plan. Care planning records in the electronic care management system showed outcomes of assessment and care planning were documented and communicated to consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Management and staff explained the process for reviewing care plans at least 3-monthly, or when consumers’ condition or circumstances changed. Care planning documents showed they were regularly reviewed for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# 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 assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care that met their needs, goals and preferences, and optimises their well-being. Management and staff described how they delivered safe and effective personal and clinical in line with consumers’ care plans. Comprehensive care plans reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with how the service managed high-impact and high-prevalence risks to consumers. Management and staff described the high-impact and high-prevalence risks relevant to consumers at the service, and the risk management strategies in place. Care planning documents showed risks to consumers had been identified, assessed, and personalised mitigation strategies put in place. The service had procedures to guide staff in the identification and management of high impact and high prevalent risks to consumers.

Consumers and representatives said consumers’ needs, goals and preferences for end of life care were identified and met. Management and staff explained how they recognised and addressed the needs and preferences of consumers nearing the end of life, and how they maximised their comfort and preserved their dignity. The service had policies and procedures to guide the provision of end of life care.

Consumers and representatives said the service was responsive to a deterioration or change, in consumers’ condition, and kept them informed of management strategies. Staff described how deterioration, or change in consumers’ condition, was recognised and responded to promptly, in partnership with other health professionals. Care planning documents confirmed the service responded appropriately to a deterioration, or change, in consumers’ condition. The service had policies and procedures to guide staff in managing clinical deterioration.

Consumers and representatives said current information about consumers’ condition, needs and preferences was documented and communicated effectively between relevant staff and external providers involved in their care. Staff described how current information about consumers’ condition, needs and preferences was documented and communicated within the service and with other care providers, through shift handovers, huddles, and the electronic care management system. Care planning documents contained adequate information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service provided timely and appropriate referrals to other organisations and health professionals. Management and clinical staff described the process for referring consumers to other organisations and health professionals, to supplement their care and service needs. Care planning documents showed timely referrals to other individuals and organisations providing care and services.

Consumers and representatives expressed confidence in the infection prevention and control measures, and said staff practiced good hygiene. Management and staff demonstrated an understanding of infection prevention and control measures, and antimicrobial stewardship. The service had screening processes and monitored vaccinations for influenza and COVID-19. The service had an infection prevention and control lead onsite, and policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives described how the service supported consumers’ needs, goals, and preferences for daily living, and maximised their quality of life. Staff explained how they partnered with consumers to document their lifestyle needs, goals, and preferences, and showed an understanding of individual consumer’s lifestyle interests and the supports they required. Care planning documents reflected consumers’ background and lifestyle interests, and the supports needed to optimise their independence and quality of life.

Consumers and representatives described how the service supported consumers’ emotional, spiritual, and psychological well-being. Management and staff explained how they supported consumer’s emotional, psychological, and spiritual well-being, such as by facilitating relationships, providing religious services and counselling support. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being.

Consumers and representatives confirmed consumers were supported to participate in their community, within and outside the service, maintain important relationships, and do things of interest to them. Staff described how they supported consumers to participate in their community, do things of interest, and socialise with whom they chose to. Care planning documents detailed consumers’ activities of interest and important relationships. Consumers were observed engaging in activities, receiving visitors, and leaving the service independently.

Consumers and representatives described how information about consumers’ condition, needs, and preferences was communicated effectively within the service, and with others responsible for providing care. Staff described how accurate and current information about consumers’ condition and needs was shared between staff and external providers, through meetings, shift handovers, and through the electronic care management system. Care planning documents confirmed current information was communicated effectively to support safe and effective care and services for daily living.

Consumers and representatives confirmed they received timely referrals to appropriate other individuals and organisations providing care and services. Management and staff described how consumers were referred to other individuals and organisations providing care and services, if they wished. Care planning documents showed the service referred consumers to a range of external services and supports. The service had policies and procedures for referring consumers to external providers of care and services.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the food provided. Management and staff described consumers’ dietary needs and preferences, which aligned with their care planning documents and dietary profiles. Management and staff explained how consumers had input into the menu and could request alternative meals and snacks. The kitchen appeared clean and well-kept, with current food safety certification. The meal service was observed to be timely and well organised, and consumers appeared to be enjoying their meals, and receiving appropriate assistance from staff.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Staff confirmed there were effective processes in place for keeping the equipment safe, clean, and well maintained. The equipment was observed to be safe, 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand and navigate. Management and staff described features of the service that helped consumers feel welcome, and optimised their sense of belonging, independence, interaction, and function. Consumers’ rooms were personalised, and the service was observed to be welcoming and well-lit, with handrails and adequate signage to aid navigation.

Consumers and representatives said the service environment was safe, clean, and well-maintained, and enabled them to move around freely, both indoors and outdoors. Cleaning and maintenance staff described the systems in place for keeping the service safe, clean, and well maintained. Management explained how all consumers were assessed for potential environmental restraint in relation to their ability to exit/enter the main door. The service environment was observed to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. The furniture, equipment and fittings appeared safe, clean, well maintained, 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt safe and supported to provide feedback and make complaints, through mechanisms such as feedback forms, consumer meetings, verbally to staff or management, and electronic channels. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. Feedback forms, related information and secure lodgement boxes were readily accessible to consumers.

Consumers and representatives could not describe the external advocacy services available to them but said they did not need to use these services as management was always helpful in resolving any issues. Management and staff knew how to assist consumers to access external complaint, advocacy and interpreter services if needed. Information regarding translation, advocacy, and external complaint services, such as the Commission, was available throughout the service and in the consumer handbook.

Consumers and representatives said the service took timely action to resolve their complaints and used open disclosure when an incident had occurred. Management and staff demonstrated an understanding of open disclosure, and explained how they documented and responded to all complaints. The feedback and complaints register showed complaints were recorded, and appropriate actions were taken, using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the use of open disclosure.

Consumers and representatives said their feedback and complaints were used to improve the quality of care and services. Management and staff gave examples of how feedback and complaints were reviewed and used to improve the quality of the care and services provided. The complaints register, meeting minutes and the continuous improvement plan demonstrated feedback and complaints were analysed and used to improve the quality of 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 assessed as Compliant.

Consumers and representatives said the service had enough staff to meet consumers’ care needs, and call bells were answered in a timely manner. Staff said there were enough staff to meet consumers’ personal and clinical care needs. Management explained how they planned and rostered the workforce to provide safe and quality care, and said they were currently recruiting for more staff. The service had a small shortfall in meeting the requirements for care minutes and registered nurse minutes, however management explained additional staff were commencing soon. Staff were observed attending to consumers promptly and did not rush the delivery of care. Call bell response times over 7 minutes were investigated.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Management and staff knew consumer’s identity and culture, and described how they treated them with dignity and respect. The service had policies, procedures and training to guide staff practice and behaviour.

Consumers and representatives said staff were skilled and competent to provide the care and services consumers needed. Staff were confident they had the knowledge and competence to provide the care and support consumers needed. Management described how the recruitment and orientation processes ensured staff were competent and met the qualification, registration, competencies and security requirements outlined in the relevant position descriptions. Documentation confirmed staff qualifications, professional registrations, vaccinations and security checks were current.

Consumers and representatives said staff were equipped and trained to deliver safe and quality care and services. Staff described the ongoing training and support provided by the service, and said they had the necessary skillset to carry out their roles. Management described the training and support provided to staff which enabled them to deliver safe and effective care in line with the Quality Standards. Training records showed high completion rates for all staff training.

Management described how the performance of staff was monitored, assessed, and reviewed through formal annual performance appraisals and informal monitoring and discussions. Staff confirmed they had completed performance appraisals within the last year. Records showed most performance appraisals were up to date. The service had policies and procedures in place for the development and management of the performance of the workforce.

# 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 assessed as Compliant.

Consumers and representatives said the service was well-run, and they were engaged in the design, delivery and evaluation of the care and services through avenues such as meetings, surveys and feedback processes. Management and staff described how they assisted consumers and representatives to be actively engaged in the development, delivery and evaluation of care and services through mechanisms such as monthly consumer and representative meetings, food focus meetings, feedback forms, and care plan reviews. Documentation confirmed the organisation had established a Consumer Advisory Body, and that consumers and representatives were involved in the development, delivery and evaluation of the care and services.

Management described the organisational structure and how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The Board monitored and assessed the service’s performance against the Quality Standards through various reports, performance measures, incidents and feedback.

The organisation demonstrated they had effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff described how the governance systems and processes were implemented in practice. The Board actively monitored the performance of the service to ensure the governance systems were effective in delivering care and services in line with the Quality Standards.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Consumers and representatives confirmed incidents were reported and open disclosure was used. Management and staff were aware of the policies and explained how the policies were implemented. The Board reviewed clinical indicators across the organisation’s services to identify risk areas.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Management and staff described how they applied these policies in the delivery of care and services.

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)