Performance

Report

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| Name of service: | Oolong Hostel |
| Service address: | 91-97 Sturt Street HOWLONG NSW 2643 |
| Commission ID: | 0251 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 17 March 2023 |

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 Oolong Hostel (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff and management; and
* the provider’s response to the Assessment Team’s report received 27 January 2023 indicating acceptance of the Assessment Team’s findings.

# 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

Consumers sampled indicated they are treated with dignity and respect, feel accepted and valued, are treated fairly and don’t experience discrimination. Policies and procedures have an inclusive, consumer-centred approach to delivering care and services and outline the organisation’s commitment to diversity. The service informs consumers of their rights, including their right to have their dignity maintained and be treated with respect, and supports consumers’ identity, culture and diversity when delivering care and services. Staff demonstrated sound knowledge of consumers’ backgrounds and described what treating consumers with dignity and respect means in practice and what they would do if they thought this was not occurring.

Assessment processes assist to identify consumers’ preferences in relation to personal, clinical and lifestyle aspects of care, ensuring care and services provided are culturally safe. Information is used to develop care planning documents which include information about each consumer’s cultural background and practices. Staff described how they adapt the way care and services are offered so that they are culturally safe for each consumer. Consumers said staff delivering care and services understand their needs and preferences and know what to do to make sure they feel respected, valued and safe.

Consumers sampled said the service supports them to make decisions affecting their health and well-being and that they can change these decisions at any time. Consumers also indicated they have as much control over the planning and delivery of care and services as they want. Staff gave examples of how they support consumers to exercise choice and independence, such as deciding on activities they choose, care planning choices and meal selection.

Consumers indicated the service understands what is important to them, isn’t judgemental about choices they make, and they are supported to understand benefits and possible harm when making decisions about taking risks. Where consumers choose to partake in activities which include an element of risk, risk assessments and risk-taking consent forms are completed in consultation with the consumer and/or representative, with input by General practitioners, where required. Staff provided examples of how consumers are supported to have choice and control, including when that choice involves an element of risk.

Information is provided to consumers through a range of avenues, including meeting forums, care review processes, menus and activities calendars. Staff described various ways information is communicated to make sure it is easy to understand and accessible to consumers, including strategies to communicate information to consumers with poor cognition and vision or hearing impairments. Consumers said they get information in a way they can understand and indicated they are involved in meetings and are encouraged to ask questions about their care and services. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals and strategies to manage identified risks. Staff described assessment and care planning processes and how they contribute to the process and consumers said their care is well planned, and staff take the time to understand how to support them.

Care files confirmed assessment and planning processes identify and address consumers’ current needs, goals and preferences. All care files sampled included an end of life assessment and/or end of life care plan. Where a consumer is identified as being in the end of life phase of care, an end of life care pathway is commenced. Consumers said the service involves them in the assessment of their care and services needs and development of their care plans. Additionally, consumers said their care and services are planned around what is important to them and includes consideration of how they want care and services delivered.

Care files sampled confirmed consumers and their representatives are involved in assessment and planning of care and services on entry and on an ongoing basis and demonstrated an integrated and coordinated approach. Care files also demonstrated involvement of General practitioners and Allied health professionals in consumers’ care. Consumers said they are actively involved assessment, planning and review of their care and services.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers. Care plans had been updated regularly, including in response to consumers’ changing condition, needs and preferences. Staff said care plans are accurate, reflect outcomes of the most up-to-date assessments and review of consumer needs, goals or preferences, and contain sufficient detail to enable them to deliver appropriate and correct care and services for consumers. Consumers said staff have explained their care plan to them and they consider that it meets their needs, goals and preferences and the service regularly communicates with them about their care and services needs and preferences.

Based on the Assessment Team’s report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. All consumers and representatives were satisfied the care consumers receive meets their needs and optimises their health and well-being. Care files were reflective of consumers’ individualised personal and clinical care needs and demonstrated appropriate management of specific aspects of care, including wounds, restrictive practices, pain, changing behaviours and skin integrity.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files and associated documentation sampled demonstrated appropriate assessment and strategies to mitigate risks relating to falls, medications, nutrition and hydration, skin integrity, wounds and restrictive practice. All consumers and representatives were satisfied that risks associated with the care of each consumer are effectively managed.

There are processes to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Care files sampled included information relating to end of life care in line with consumers’ end of life care needs, goals and preferences. Staff described how they support consumers who are approaching end of the life, including provision of personal care needs to maintain comfort and dignity. General practitioners and specialist palliative care services contribute to consumers’ care at the end phase of life. Consumers felt confident that when they need end of life care, the organisation will support them to be as free from pain as possible, to have those important to them with them, and to die in line with their social, cultural, religious and spiritual preferences.

Consumers felt confident that members of the workforce would identify a change in their condition, health or abilities and respond appropriately. Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to General practitioners and/or Allied health professionals. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated. Staff demonstrated an understanding of their roles and responsibilities, including identifying and reporting signs of deterioration and initiating referrals.

Infection related risks are minimised through implementation of effective infection control methods and consumers and representatives were satisfied with the service’s management of COVID-19 and overall infection control practices. An Outbreak management plan, specific to the service, is in place and includes local information and outlines how the organisation will prepare for, identify and manage outbreaks, including COVID-19. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately and said they have received training on infection control, including hand hygiene, use of appropriate personal protective equipment and outbreak management. An Infection prevention control lead is in place and works with a local Pharmacist and General practitioner to oversee infection control. All infections are recorded and analysed at both a service and organisational level.

Based on the Assessment Team’s report, I find all Requirements in Standard 3 Personal care and clinical care compliant.

# 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

Consumers said they feel safe in the way services and supports are delivered and staff are flexible and can modify services and supports to enable them to continue to do things of interest to them. Consumers are provided with and supported to use equipment and services to optimise independence and staff described strategies they implement to assist consumers to stay well, healthy and do as much as possible for themselves.

Consumers indicated their emotional, spiritual, and psychological needs are supported and they feel connected and engaged in meaningful activities that are satisfying to them. Staff described how they support the emotional, psychological and spiritual well-being of consumers and provided examples of how they consider consumers’ cultural needs in everyday practice. Staff also described how they recognise diversity to ensure services provided to consumers are meaningful.

Consumers said they have an active social life, can take part in their interests, are supported to maintain personal relationships and can take part in community and social activities that they choose. A monthly activities calendar is maintained and includes numerous and varied programs. Consumers are encouraged to provide suggestions and feedback on the lifestyle program with changes to the program were noted to have occurred in the months preceding the Site Audit. Additionally, specialist behaviour services have assisted in the development of a lifestyle program specific to the memory support unit.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated. Care staff described how they are kept up-to-date with consumers’ changing needs and preferences. Consumers said they have consented to information about them being shared with others resulting in continuity of services and supports and they don’t have to repeat their story or preferences to multiple people.

Consumers said they can choose from suitable and healthy meals, snacks and drinks and they receive meals in line with those they have selected from the menu. The dining experience was observed to be comfortable and not rushed and consumers were receiving appropriate assistance in a dignified manner. Meals are freshly cooked, the menu is reviewed regularly with consumer and Dietitian input, and the Chef meets with consumers regarding individual requests.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Risk and other assessments are conducted prior to providing equipment to consumers and staff receive training on how to safely use equipment. Reactive and preventative maintenance and cleaning processes ensure equipment is clean and well maintained. Consumers said they feel safe when using equipment and they know how to report any concerns they have about the safety of equipment.

Based on the Assessment Team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant.

# 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

The service environment was observed to be welcoming and easy to understand, and to optimise each consumer’s sense of belonging, independence, interaction, and function. Common areas have a homelike feel and consumers can personalise their rooms. Rooms overlook well maintained garden areas that consumers can access via common area exit doors and signage assists consumers to navigate around the service. There are a number of common areas and fittings, such as handrails and ramps promote independence. Outdoor areas are currently being upgraded and new outdoor settings are part of the construction plan. The organisation has a multilevel approach to understanding consumers’ experience of the service environment, including audits, surveys, meeting forums and feedback processes. Consumers said the condition of the building is monitored and renovations are in progress and planned to ensure it meets their needs.

The service environment is safe, clean, and well maintained with consumers are able to move freely both indoors and outdoors. Passageways were observed to be clear with adequate storage areas for equipment. Gardens are well maintained with pathways throughout and include raised garden beds for consumers. Cleaning is undertaken in line with a cleaning program and reactive and preventative maintenance, supported by contracted services, are in place. Consumers and representatives said the service is cleaned very well, and maintenance is completed quickly. Furniture, fittings and equipment was observed to be safe, clean, and well maintained and consumers said equipment is well maintained and clean. Staff are trained to use equipment and stated there is adequate and suitable equipment for the consumer cohort.

Based on the Assessment Team’s report, I find all Requirements in Standard 5 Organisation’s service environment compliant.

# 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

Consumers sampled confirmed they are encouraged and supported to make complaints and provide feedback and said they would have no issues talking with staff or management should they have a concern. Consumers are encouraged and supported to provide feedback and make complaints through various avenues, including meeting forums, surveys and audit processes. Staff described how they assist consumers to provide feedback and complaints, including through contacting management and providing assistance, as needed, to fill out feedback forms.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing, including through meeting forums. Advocacy services, language services and internal and external complaint information was observed on display. Staff were knowledgeable of internal and external complaints and feedback systems and of the advocacy and translation services available for consumers and/or representatives. Staff described how they would assist consumers who are living with a cognitive impairment or have difficulty communicating to raise a complaint or provide feedback. While consumers were aware of other avenues for raising a complaint, such as through the Commission or an advocacy service, they said they were comfortable raising concerns with management and staff and will escalate their complaint if it is not resolved to their satisfaction.

Consumers were satisfied complaints raised are promptly addressed and resolved and confirmed management and staff provide an apology when they make a complaint or when things go wrong. Staff have received training on open disclosure and demonstrated an understanding of open disclosure principles, including providing an apology and implementing actions to prevent recurrence of the incident or complaint.

The service demonstrated how feedback and complaints are reviewed and used to identify and drive continuous improvement. Staff are trained and supported to foster a culture of continuous improvement using feedback and complaints and the Continuous improvement plan demonstrated feedback and complaints provide a key area of input for identifying areas for improvement. Consumers said management are responsive to their feedback and complaints and are satisfied improvements are made in response.

Based on the Assessment Team’s report, I find all Requirements in Standard 6 Feedback and complaints compliant.

# 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

Roster documents demonstrated appropriate staffing levels and skills mix levels are maintained across the service, with contingencies in place for planned and unplanned leave to maintain quality care and services. Staff stated there are sufficient staff to provide care and services in accordance with consumers’ needs and preferences, and they have sufficient time to undertake their allocated tasks and responsibilities. Consumers and representatives said there are sufficient staff to meet consumers’ needs and when they call for assistance, staff are prompt to attend.

Consumers said staff are kind, gentle and caring when providing care. Staff were observed to be kind and respectful in their interactions with consumers and demonstrated familiarity with each consumer's individual needs and identity. Documented policies and procedures are available to guide staff practice and outline the expectation that care and services are to be delivered in a respectful, kind and person-centred manner.

There are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Recruitment and onboarding process include role descriptions, induction training, mandatory training modules, buddy shifts and a six-month probation period. Position descriptions include detailed duties and clear selection criteria, including qualifications and capabilities required for each role. Staff competency and capability is monitored through a number of avenues, including completion of mandatory training components and observation of staff practice. All staff sampled demonstrated a sound understanding of the duties related to their role. Consumers said staff perform their duties effectively, and are confident staff are trained appropriately and are sufficiently skilled to meet their care needs.

A training matrix maps categories of staff to training, including mandatory training modules, and specifies the frequency with which modules must be refreshed. Training needs are also identified through analysis of incidents, clinical indicators and feedback and complaints. Staff described the training, support, professional development and supervision they received during orientation and on an ongoing basis. Additionally, staff said they receive training and support to perform their role and can access additional training provided by the organisation. Consumers sampled expressed confidence in the abilities of staff in delivering care and services.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Performance reviews are undertaken on an annual basis, with information gathered from the processes used to guide the education and staff development program. Review of staff performance is ongoing, with formal feedback on staff work performance sought through consumer meeting forums, feedback and complaints processes, call bell response data, incident analyses and surveys. Staff said they feel supported by the management team through the formal and informal performance management process.

Based on the Assessment Team’s report, I find all Requirements in Standard 7 Human resources compliant.

# 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

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers said they have ongoing input into how care and services are delivered, including through feedback processes, care plan review process, meeting forums and surveys.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Monthly operational meetings are conducted with the Board where service data relating to high impact or high prevalence risks, incidents, complaints and clinical indicators are discussed. The governing body uses information from consolidated reports to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery. Additionally, the Board gathers feedback from consumers by talking to them directly during regular visits to the service.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all Requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)