Performance

Report

**1800 951 822**

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| Name: | Regis Ayr |
| Commission ID: | 5073 |
| Address: | 9a-27a Chippendale St, AYR, Queensland, 4807 |
| Activity type: | Site Audit |
| Activity date: | 2 July 2024 to 5 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 3430 Regis Ayr |

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 Regis Ayr (**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 confirmed staff treated them with dignity and respect and understood aspects of their lives, such as their identity and background. Staff gave practical examples of how they showed respect to consumers, such as asking for, and respecting their choices when providing care. Staff were observed having respectful interactions with consumers, as they listened to their needs and provided assistance during activities.

Consumers confirmed staff respected their culture, beliefs, values and diverse backgrounds. Staff explained information about consumers’ cultural preferences were documented during the entry process, to ensure their needs were supported and they could engage in cultural activities. Care documentation evidenced consumers’ cultural and religious needs.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections or maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring care was provided in line with their preferences, whilst family relationships were supported by facilitating phone calls, and friendships between consumers were encouraged by introducing them to each other. Care documentation evidenced people of significance in consumers’ lives, consumers’ care preferences and how staff could provide them with opportunities to make decisions and choices about their care and services.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to spend time in the community. Staff explained they supported consumers who participated in activities with an element of risk by encouraging them to mitigate the risk through agreed safety strategies. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers confirmed they received timely verbal information and an activities calendar, which enabled them to make choices about their daily living activities. Staff said they supported consumers to exercise choice during the delivery of care, by providing information about the care steps to be taken and seeking consent to continue. Noticeboards promoted current information about activities, whilst the consumer handbook included information about meals, service personnel and available advocacy supports.

Consumers gave practical examples of staff not discussing some topics with them, as to how their privacy was respected. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms, doors and curtains were closed when providing care, and sensitive discussions were held in private areas. Staff were observed knocking on consumers’ doors and seeking consent prior to entering.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored, managed and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, such as falls and pressure injuries, with care strategies planned to guide staff practice. Care documentation evidenced risks to consumers were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisiting these discussions as consumers’ needs changed. Care documentation reflected consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers confirmed they, medical officers and health professionals, participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from medical officers, specialists and allied health professionals was sought in the assessment of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with representatives and a multidisciplinary approach was used.

Consumers and representatives said staff explained outcomes of the assessment and planning of consumers’ care, and they had access to a copy of the consumer’s care plan. Staff confirmed the outcomes of assessment and planning were documented in the electronic care management system (ECMS) and consumers’ care plans were routinely provided, with copies available on request. Care documentation evidenced the outcomes of assessment and planning were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to changes in condition, following which their changed needs were reassessed. Staff explained consumers’ needs were reviewed quarterly and their planned care strategies were evaluated for effectiveness. Care documentation evidenced consumers’ needs were reviewed as scheduled and reassessment occurred when their health status or circumstances changed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the personal and clinical care they received, which they said addressed their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer directed care delivery. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers gave positive feedback about how the service managed risks associated with their care and services. Staff advised falls, weightloss and wounds were high-impact and high-prevalence risks for consumers and explained how these were monitored, managed and prevented. Care documentation evidenced risks to consumers, including falls, were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were supported by their medical officer, allied health professionals and the consumer was kept comfortable through provision of regular comfort care and pain medications, with emotional support provided to their family. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their energy levels, speech patterns, appetite and changed behaviours, with any changes escalated to clinical staff for review, who may refer consumers to their medical officer or request a hospital transfer. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly when consumers’ needs changed. Staff explained changes in consumers’ care and services were discussed with them and their families, during shift handovers and they accessed information in the ECMS, whilst information was shared with external health care provided by telehealth appointment, email correspondence and at scheduled case conferences. Care documentation contained sufficient information about consumers’ conditions enabling effective sharing of information between those involved in their care.

Consumers confirmed they had access to other health care providers and referrals were timely, particularly when there was a need for specialised care. Staff explained how referrals were made and followed up to ensure a timely response and consumers’ needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as geriatricians and wound specialists.

Consumers gave positive feedback about how infection-related risks were prevented and managed, and said staff washed their hands, wore masks and gloves when needed and used clean equipment when attending to their needs. Staff described how they minimised the use of antibiotics for consumers and explained infection control measures they used in their work practices. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, such as caring for animals, which optimised their independence and wellbeing. Staff explained consumers participated in a lifestyle assessment which captured their needs, preferences and backgrounds, which was used to inform the activities calendar. Care documentation evidenced consumers’ lifestyle preferences and goals for maintaining their overall health.

Consumers gave practical examples of how staff supported their emotional, psychological and spiritual needs, such as spending time with them and incorporating spiritual practices into the activities calendar, at their request. Staff advised they supported consumers by spending one on one time with them when their mood was low and involving them in onsite church services. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured, and the supports needed to meet those needs.

Consumers and representatives gave practical examples of how consumers were supported to participate in the service and wider communities and maintain personal relationships, such as leaving the service independently to have a counter lunch, whilst married couples benefited from shared rooms. Staff explained they supported consumers to build relationships with each other by making introductions and involving them in activities. Consumers were observed being supported to participate in activities, and socialising with each other and visiting family members.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their preferences and ensured they were able to attend activities of importance to them. Staff explained changes in consumers’ care and services were communicated as needed throughout the day, during shift handovers and they accessed care documentation to understand individuals’ needs and preferences. Staff were observed attending a shift handover, where they were actively engaged and asked questions about consumers’ needs.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers. Staff explained volunteers were engaged to spend meaningful one-on-one time with consumers and in particular, consumers from culturally diverse backgrounds benefited from volunteers who understood their cultural needs. Care documentation evidenced referrals were made to other organisations and individuals to meet consumers’ needs.

Most consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements and portions served were sufficient; however, one consumer was dissatisfied with meal temperatures, with the chef meeting with them daily to ensure meals met their preferences, in response. Staff understood consumers’ individual dietary requirements and explained a seasonal menu was developed in consultation with consumers, with snacks available between mealtimes. Meal service was observed where consumers appeared to enjoy the dining experience, as staff provided assistance, if required.

Consumers said they had access to safe, clean equipment which was well maintained. Staff said they cleaned shared equipment after each use, maintenance documentation evidenced it was inspected routinely, and faulty items were replaced. Recreational and lifestyle equipment were observed to be clean, well maintained 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 confirmed the service had a welcoming atmosphere, and said they felt safe and comfortable in a home-like environment, particularly as rooms were personalised with their own belongings. Staff explained they supported consumers upon entry to the service by introducing them to their neighbours, other consumers and staff members, with whom they built rapport. Consumers were observed moving freely around an environment which was easy to navigate, with spacious corridors that supported ease of movement for those who used mobility aids.

Consumers gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, which were attended to daily. Staff said, and observations confirmed, consumers had free movement both indoors and outdoors, and support was provided to access these areas, if needed. All doors to outdoor areas were observed to be unlocked, which allowed consumers to access these areas independently, as they exercised outdoors or spent time in the local community.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for consumers’ use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture was observed to be safe, clean and well maintained, whilst fire extinguishers had been tested for safety and routinely serviced.

# 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 confirmed they were encouraged to provide feedback or make complaints and gave practical examples of speaking with staff, attending consumer meetings and completing feedback forms, as ways they could give feedback. Staff explained the complaints management process and confirmed consumers were assisted to complete feedback forms, if required. Consumer meeting minutes evidenced feedback and complaints were a standing agenda item, whilst the consumer handbook and readily available feedback forms encouraged consumers to raise concerns.

Consumers understood how to access external complaints and advocacy services, explained they were supported to advocate for each other, and staff ensured feedback was shared with management. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Multilingual information on noticeboards promoted access to the Commission, advocacy services and language services.

Consumers gave practical examples of being served food cooked according to their preferences, as appropriate action taken in response to complaints of being served an item which did not meet their preferences, with management prompt to offer an apology and no reoccurrence of the issue. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers gave practical examples of how their feedback and complaints resulted in more scheduled barbecues on the activities calendar, so their social and cultural needs were better supported. Staff explained feedback and complaints were regularly reviewed and added to the continuous improvement plan for ongoing monitoring and action. Complaints documentation and meeting minutes evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management explained the roster was developed to ensure a registered nurse (RN) was always available, with staff allocated according to the needs and preferences of consumers, and recruitment for care and clinical staff was ongoing so legislative responsibilities could be met. Rostering documentation evidenced shifts were consistently filled and a RN was always available.

Consumers said staff were kind, caring and respectful of their cultural identities when providing care. Staff explained there was a culture of treating consumers in a way which respected their choices, which was reinforced by training during their induction to the service. Staff interactions with consumers were observed to be kind, caring and respectful language was used when assistance was provided.

Consumers and representatives confirmed staff were capable and experienced in meeting consumers’ care needs. Management explained staff competency was determined through engaging people with appropriate qualifications for their role, pre-employment checks, an induction program inclusive of training, performance monitoring and ensuring professional registrations were current. Personnel records evidenced staff held qualifications and knowledge relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing personal and clinical care. Management explained, and staff confirmed, training was completed in the Serious Incident Response Scheme (SIRS), with real time informal training offered in continence management, wound charting, meal presentation, end of life care and infectious outbreak management. Training records evidenced high rates of completion in restrictive practices, fire safety, hand hygiene, manual handling, the use of personal protective equipment, antimicrobial stewardship and the Quality Standards.

Management advised staff performance was assessed and monitored through annual performance reviews, with informal appraisals through observations and mandatory training. Staff confirmed they participated in performance reviews and described the process as an opportunity for career development, training needs were discussed, and they were supported by management. Personnel records evidenced most staff performance reviews had been completed, with those outstanding scheduled for finalisation.

# 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 confirmed they were supported to evaluate their care and services through a range of meetings and speaking directly with staff. Management explained consumers further contributed to service evaluation through the feedback process, surveys and scheduled care and wellbeing reviews. Meeting minutes evidenced consumers and representatives were engaged in evaluating aspects of care and services, such as feedback processes, staffing updates, lifestyle activities, the living environment and hospitality services.

The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through regular meetings with management, where service performance was reviewed. The board received regular reports on clinical indicators, complaints, SIRS reports, regulatory requirements, risk management and key performance indicators. Meeting minutes evidenced the board received monthly reporting against the Quality Standards, with information used to implement changes to consumers’ care and services. Meeting minutes evidenced operational management reports were submitted to the board and used to monitor compliance with the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live life as they choose and managing and preventing incidents. Staff explained how risks such as falls and unexplained weight loss were identified and managed, and documentation evidenced SIRS incidents were appropriately reported. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Staff were guided by a quality and clinical governance framework and supported by policies which promoted the provision of safe, individualised care which was appropriate to meet consumers’ needs.

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)