Performance

Report

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| Name of service: | The Queen Victoria Home |
| Service address: | 13 Milford Street LINDISFARNE TAS 7015 |
| Commission ID: | 8067 |
| Approved provider: | Queen Victoria Home Inc |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 17 March 2023 |
| Performance report date: | 3 May 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 The Queen Victoria Home (**the service**) has been prepared by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 3 April 2023

# 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 and representatives said they are treated with dignity and respect and were satisfied the service values the consumer’s identity and diversity. Staff provided examples of how they deliver care in accordance with each consumers’ needs, interests and preferences, this was consistent with care planning documentation that was observed to be personalised. Management described how the service actively learns about each consumer’s cultural influences and provides an opportunity for consumers’ to share their stories in the annual report. Consumers who had participated in the annual report provided positive feedback about experience. The Assessment Team observed respectful interactions between staff and consumers during the Site Audit. The Charter of Aged Care Rights was displayed throughout the service.

Consumers said they were satisfied they are supported to exercise choice and independence by making decisions about their care, and who they wish to be involved. Staff described how they support consumers to make informed decisions and maintain relationships of choice. Care planning documents included consumers relationships of importance and daily routines.

Consumers said they are satisfied with the support they receive to take risks which enable them to live the best life they can. Management explained strategies they had implemented to support consumers to participate in activities that include elements of risk. Care documentation showed that risk assessments and dignity of risk forms had been completed in consultation with consumers.

Consumers and representatives said they receive timely and accurate information which enables them to exercise choice. Staff provided examples of how information is communicated to consumers to support choice. For example, menus and activities calendars are provided in advance. Each consumer is allocated a mailbox outside their door where information is provided to them. The Assessment Team observed menus and activity calendars placed in the consumers mailboxes and completed meal preference sheets.

Consumers said they were satisfied that their privacy is respected, and their personal information kept confidential. Staff described strategies to maintain the consumers personal privacy while providing care, and how they keep personal information confidential. The Assessment Team observed staff knocking on consumers doors before entering, and closed doors while consumers were receiving care. Personal information was observed to be stored within the locked nurses’ station and computer screens locked after use.

# 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

Consumers and representatives were satisfied the assessment and care planning process considers the risks to the consumer’s health and well-being. Clinical and care staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. Clinical staff described the assessment and care planning process for consumers entering the service. Care planning documents reflected risks are considered and risk assessments are completed as part of assessment and care planning in line with the organisation’s admission processes. The service demonstrated it has a range of validated risk assessment tools in place to guide staff practice. The organisation has policies and procedures to guide staff in assessment, care planning and risk management.

Consumers and representatives confirmed they were aware of assessment and planning information and were confident that the information was reflective of current care needs. Clinical staff described the organisation’s process in developing advance care directives. Most consumer files included documented advance care directives completed in consultation with the consumer and their representative, where appropriate.

Consumers and representatives expressed satisfaction with their involvement in planning care and felt well-informed. While some representatives said they have not seen a care plan, they were confident it would be provided on request. Care documentation demonstrated ongoing partnership between consumers and representatives with outcomes of assessment and planning effectively communicated and documented with input from other individuals and organisations involved in the care of the consumer.

Consumers and representatives expressed satisfaction in how the service reviews care and services following changes in care needs and incidents. Clinical staff demonstrated understanding of review processes and could identify the relevant type of review required depending on the incident or change in consumer circumstances. Care and services are reviewed for effectiveness during the three-monthly evaluation process. Care planning documentation demonstrated review and reassessment for consumer’s following discharge from hospital with further review by medical practitioners and allied health providers.

# 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 and representatives were satisfied the provision of personal and clinical care is tailored to meet the consumer’s needs and preferences and optimise their health and well-being. Representatives provided positive feedback specifically in relation to the management of pain, wounds and restrictive practices. Staff demonstrated a sound knowledge and understanding of individual consumer care needs that aligned with care planning documents. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with specialist services. For consumers subject to restrictive practices, behaviour management plans, informed consent and ongoing medical review were placed in accordance with legislative requirements. The service has a comprehensive range of clinical care policies and work instructions available to guide staff practice. Consumers and representatives were satisfied that high risk care needs are well managed. Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with ongoing review and monitoring to minimise and manage the risks. Staff demonstrated an understanding of the high impact and high prevalence risks associated with each consumer and the assessed strategies to manage and minimise risk to the consumer. The Assessment Team observed risk prevention strategies in place for consumers in accordance with their assessed needs and care planning documentation.

Consumers and representatives expressed satisfaction with the palliative care approach provided by the service. Care documentation showed that end of life needs are met in line with the consumer’s wishes and comfort is maximised. Staff described the end of life care resources available to them to support consumers nearing end of life. The service has organisational policies and procedures to guide the provision of palliative care.

Consumers and representatives were satisfied that staff recognise and respond to signs of deterioration or changes to the consumers health status in a timely manner. Clinical staff described how changes to a consumer’s circumstance or condition are identified, actioned, communicated and escalated, where necessary. For example, clinical staff described how recognised changes are discussed at handover and staff meetings, and would trigger a referral to an appropriate health provider or transfer to hospital for further investigation and treatment. Care planning documents recorded the identification of, and response to, deterioration or changes in the consumer’s condition or function. The service has organisational policies and procedures to guide staff in the timely identification and response to consumer deterioration.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Information is recorded in the consumer’s care documentation and is effectively communicated within the service and shared with external services involved in the consumers care, as required. Staff described how they refer to consumer care documentation including progress notes, charts, handover sheets and care plans for guidance about any aspect of the consumers’ care.

Consumers and representatives expressed satisfaction with the access and referral to their medical practitioner and other health professionals, as needed. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Staff described the service’s referral processes.

Consumers and representatives provided positive feedback on how the service manages infections including their COVID-19 outbreaks. Staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as practices to promote antimicrobial stewardship. The service maintains a COVID-19 outbreak management plan, infection control and antimicrobial stewardship policies to guide staff practice. The service has appointed an Infection Prevention and Control (IPC) Lead. The service was observed to undertake appropriate entry screening in line with transmission based precautions and staff adhered to infection control practices, including the use of Personal Protective Equipment (PPE).

# 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 and representatives were satisfied that consumers receive services and supports for daily living which optimise their independence and quality of life. Care planning documentation was personalised and identified consumer’s goals, needs and preferences and provided information about the services and supports needed to maximise their independence and well-being, aligning with feedback provided by staff. Lifestyle staff described how the activities program is planned around consumers’ interests and goals. The Assessment Team observed the activities program to include various activities including singalongs, walking group, craft, bingo and bus trips.

Consumers and representatives described the services and supports available to promote emotional, spiritual and psychological well-being including access to church services, pastoral staff and volunteers. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and described how they support individual consumers in accordance with care documentation. The service holds weekly church services run by pastoral staff.

Consumers and representatives were satisfied the service provides support for consumers to maintain relationships, participate in the community and do things that interest them. Staff described how they support consumers to keep in touch with family and friends and participate in activities within the service and in the wider community. Care planning documents contained information about consumer interests, people of significance and family relationships.

The service has processes in place to ensure information about the consumers condition, needs and preferences are communicated within the organisation and with others involved in care. Clinical and care staff described how they are informed of changes to consumer needs and this is communicated through written notes, handover sheets and handover meetings. Kitchen staff confirmed receiving prompt updates regarding changes to consumer dietary needs following medical reviews. Lifestyle staff said regular updates of a consumer’s condition occurs through verbal communication and emails. Consumers and representatives were satisfied with the continuity of care provided by the service.

Consumers and representatives confirmed that referrals occur promptly. Care documents demonstrated the service makes appropriate and timely referrals and staff have access to a range of services and organisations. Staff demonstrated understanding and practical application of referral processes and provided examples of referrals including volunteers, pastoral care and local community groups.

Most consumers were satisfied with the quality, quantity and variety of meals provided. Care planning documentation reflected the dietary needs and preferences of consumers. Alternative options are available for consumers if they do not like a meal that is being offered. Food is prepared fresh in the kitchen with pureed foods prepared to look like the texture has not been altered. Dietary information is documented and uploaded to the electronic catering system, accessible for all staff who work in the kitchen. The menu is a three-monthly seasonal menu that is reviewed regularly to include feedback and the preferences of consumers. Consumers can provide feedback directly to kitchen staff or during food focus meetings. The Assessment Team observed meal times to be a positive social experience with consumers conversing with each other and enjoying the meals served. Assistive equipment was available to consumers who need it and individual consumer dietary information cards were observed on food trays.

Staff were satisfied that they have access to suitable and well maintained equipment and described cleaning processes for shared equipment. Equipment was observed to be clean, well maintained and available to meet the needs of consumers.

# 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

Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. The service was observed to be welcoming and provided comfortably furnished communal areas that optimise consumer interaction and engagement. Consumers were observed interacting with others in the communal areas and ambulating with assistance or independently throughout the service.

All consumers and representatives said their rooms are clean and they are satisfied with the maintenance and cleanliness of the service environment. Preventative and reactive maintenance systems are in place. Review of maintenance documentation demonstrated all requests were completed, any outstanding requests were due to parts on order or requiring external contractors to attend the service. Consumers were observed moving freely and accessing internal and external areas of the service.

Consumers and representatives were satisfied the furniture and equipment is suitable to their needs. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

All consumers and representatives felt comfortable and supported to provide feedback and make complaints. Management described the various methods feedback and complaints can be lodged including electronically and feedback forms. Staff were aware of advocacy and language services available to consumers and provided examples of how they would support access to these services, if required. QR codes, feedback boxes and written information on advocacy and other external services available were displayed throughout the service.

Consumers and representatives were satisfied appropriate and timely actions are taken in response to complaints. Staff demonstrated understanding of open disclosure processes including being open and transparent with consumers and their representatives and apologising for mistakes.

Consumers and representatives were satisfied their feedback is used to improve care and services. Management described that all feedback and complaints are recorded in the online complaints management system. Feedback and complaints are reviewed to identify trends and opportunities for continuous improvement. Following complaints about food, the service implemented several initiatives to improve consumer satisfaction in relation to meals. A review of the complaints management system demonstrated an increase in compliments from consumers about the food. Common feedback trends are discussed at the Resident advisory committee meetings and the service works with consumers to make improvement to care and services. This was supported by committee meeting minutes.

# 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

Overall consumers and representatives provided positive feedback in relation to staffing levels and call bell response times. Clinical and care staff said there is enough planned staff, that shifts resulting from unplanned leave are generally filled, and staffing numbers are improving due to active recruitment by the service. Management described strategies to manage unplanned leave and unfilled shifts, this was supported by rostering systems. Rostering documentation demonstrated a consistent mix of skill across all roles with a registered nurse allocated to each shift, with support from senior registered nurses and enrolled nurses on weekdays and weekends. Call bell reports demonstrated staff respond to call bells in a timely manner and escalation processes are in place to monitor call bell response times over 10 minutes.

Consumers and representatives were satisfied staff were kind and caring. Care planning documentation is individualised and includes the cultural and personal preferences, needs, and interests of each consumer at the service. Staff demonstrated understanding of person-centred care. Service documentation including position descriptions and meeting minutes included reference to respect, dignity and supporting consumers to maintain their identity. The Assessment Team observed positive and respectful interactions between staff and consumers.

Consumers and representatives were satisfied staff were knowledgeable and competent to effectively perform their roles. While mandatory reporting documentation reflected that some staff have not completed their mandatory training, it reflected that most staff had. The service demonstrated it has planned actions in its Plan for Continuous Improvement (PCI) and processes in place to monitor and manage the outstanding completion of mandatory training. Management described how they determine whether staff are competent and capable in their role during the recruitment process. This is achieved through interviews, pre-employment checks such as registrations, and reference checks.

Consumers and representatives were satisfied staff were trained and supported to provide quality care and services. Staff expressed satisfaction with the training provided by the service, and confirmed having access to additional training, where requested. The service demonstrated it identifies staff training needs through trends identified through surveys and feedback, industry requirements and incidents.

The service demonstrated that is has processes in place for regular assessment, monitoring and review of the performance of the workforce. Staff feedback and review of workforce documentation identified deficits in the documenting and regular completion of annual performance appraisals. Management explained they had self-identified a gap in the completion of performance appraisals and have included planned actions in the Plan for Continuous Improvement to address the deficit including education and completion of appraisals. The service has policies and procedures in place in relation to staff performance and disciplinary matters including the staff induction program and position descriptions that outline responsibilities for staff. The Approved Provider submitted a written response with clarifying information and documentation including appraisal register, updated policies and procedures, appraisal forms, staff performance appraisal memorandum and a Plan for Continuous Improvement. I am satisfied the documentation provided by the Approved Provider demonstrates the service is addressing the deficits in relation to annual performance appraisals, I encourage the service to embed these actions into usual practice. I find Requirement 7(3)(e) is 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 and representatives said they are engaged in support planning and service provision and confirmed they are invited to and attend consumer meetings. Management seek input from consumers and representatives through participation in consumer meetings, surveys and individual conversations. Meeting minutes confirmed consumer attendance, engagement and the discussion of concerns and associated quality improvements. Board members are invited to attend consumer meetings. The service maintains a quality improvement plan to capture consumer feedback and record and action improvement ideas.

The Board demonstrated it is accountable for the delivery of safe, inclusive and quality care and services through established committees and reporting structures. Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The organisation has a suite of policies, procedures and work instructions that support and guide the Board, management and staff to provide a safe and inclusive culture for consumers and stakeholders.

The organisation demonstrated it has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff demonstrated understanding of the policies and processes that supported each of the governance systems.

Regulatory compliance is managed centrally by the executive team who receive updates to legislative changes and the service participates in a compliance program. Changes or updates to policies and procedures at the service are communicated via staff meetings, electronic mailing, and newsletters. The service is aware of its reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained. The service has a feedback and complaints management system in place and staff can access the complaints management procedure electronically on the organisation’s platform. The system enables management to oversee all incidents that are reported so that trends are identified to feed into the Plan for Continuous Improvement.

The service demonstrated it has risk management systems and practices in place to effectively manage their high impact or high prevalence risks, manage incidents and support consumers to live the best life that they can. Risks are reported, escalated and reviewed by executive management and at the Board level. Staff demonstrated understanding of the service’s incident management system, incident reporting processes and described their responsibilities based on their position. Staff confirmed receiving education in relation to abuse and incident reporting.

The organisation demonstrated it has a clinical governance framework in place that provides an overarching monitoring system for clinical care supported by accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management discussed their clinical governance roles and responsibilities, clinical and quality meetings and the review and monitoring of obligations to maintain safe and quality care. The service maintains a psychotropic register and consumer documentation for consumers subject to restrictive practices include behaviour management plans, informed consent and consultation.

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)