Performance

Report

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| Name of service: | Uniting Westmead |
| Service address: | 1 Caroline Street WESTMEAD NSW 2145 |
| Commission ID: | 2461 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 August 2023 to 3 August 2023 |
| Performance report date: | 27 September 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 Uniting Westmead (**the service**) has been prepared by Katrina Platt, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

Standard 1 Consumer dignity and choice was non-compliant following a Site Audit conducted from 17 October 2022 to 21 October 2022. An Assessment Contact occurred on 1 August 2023 to 3 August 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives consistently reported they were treated with dignity and respect and consumer preferences for personal care needs were consistent with care plan documentation reviewed by the Assessment Team. Consumer representatives described feeling welcomed, and spoke highly of staff and the service overall. Staff were observed speaking to consumers using their preferred names and interacted with consumers respectfully and with care, and provided support to consumers during meal service. Management and staff described activities designed to encourage cultural diversity.

Consumers and consumer representatives described their culture, diversity and values were respected. Consumers discussed their religious and meal preferences were respected, and consumer representatives confirmed regular engagement with religious services for their consumer. Consumer representatives confirmed communication through the consistent use of translation books. Care planning documentation reflected consumer cultural needs, interests and preferences and were consistent with information provided to the Assessment Team. Staff described care personalisation to ensure consumer interests, values and diversity was incorporated into care provision.

Consumers and consumer representatives described being supported to exercise choice and independence about care and services and to maintain their relationships of choice and importance. Consumers discussed the importance of familial and internal relationships and the Assessment Team observed these connections in practice. Care planning documentation confirmed consumers were exercising choice and independence for care and services and demonstrated regular contact was maintained with people involved in decision-making.

Consumers and consumer representatives were consulted and supported to take risks and live their best life. Consumers discussed engagement with management about their choices and strategies implemented to support them. Care planning documentation confirmed risk assessments were undertaken and dignity of risk consents were evidenced. Staff were knowledgeable about individual consumer risks and described risk mitigation strategies.

The Assessment Team observed communications which supported consumer decision-making throughout the service including daily menus, activity calendars, newsletters and available support services. Staff described communication strategies used for consumers with visual and/or cognitive impairments and were observed discussing menu and food options with consumers on several occasions. Communications were prepared in larger font for ease of reading.

Consumers and consumer representatives consistently reported their privacy was respected. Staff discussed consumer confidentiality and were observed maintaining consumer privacy through provision of consumer care and services behind closed doors. The Assessment Team observed consumer physical and computerised information was secured and consumer care discussions were attended in private.

# 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

Standard 2 Ongoing assessment and planning with consumers was non-compliant following a Site Audit conducted from 17 October 2022 to 21 October 2022. An Assessment Contact occurred on 1 August 2023 to 3 August 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Comprehensive consumer risk assessments were completed on entry and reviewed every 3 months or when changes occurred. Care planning documentation evidenced consumer and consumer representative engagement and consultation with medical officers for safe and effective care and services planning. Staff demonstrated awareness of individual consumer risks associated with personal and continence care, pain management, nutritional and dietary needs and meal choices.

Consumer needs, goals and preferences were reflected in assessment and planning and consumer wishes were captured in advance care planning. Assessment and planning for consumers with compromised mobility included medical officer and physiotherapy review post-hospitalisation. Personal care, skin care and wound care needs and preferences were incorporated into consumer care plans, which also reflected geriatrician review and interventions recommended by Dementia Support Australia.

Consumers and consumer representatives stated they were included in assessment and planning, which incorporated other organisations and care providers when required. Care planning documentation evidenced referrals to medical officers, specialist clinics, podiatry, physiotherapy, dieticians and pastoral care and bereavement services. Case conferences involving consumers, consumer representatives and care partners like medical officers were demonstrated and engagement with Dementia Services Australia and services for supported decision-making were made when required.

Consumer representatives confirmed they received regular and effective communication about their consumers and were involved in care planning through care reviews and discussions. Care and services documentation reviewed by the Assessment Team evidenced communications related to personal and clinical care and associated updated care plans after medical officer reviews and specialist appointments.

Care and services were reviewed every 3 months, when circumstances changed and when incidents occurred. Consumers who experienced falls were reviewed by medical officers and physiotherapists and post-fall evaluations were conducted to determine contributing factors. For some consumers, medication changes were implemented post-review. Management discussed individual incident and complaint review processes which resulted in care changes as needed.

# 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 |

Findings

Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e) and 3(3)(f) were non-compliant following a Site Audit conducted from 17 October 2022 to 21 October 2022. An Assessment Contact occurred on 1 August 2023 to 3 August 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives were satisfied they received safe personal and clinical care delivered in accordance with their individual preferences. The Assessment team noted restrictive practices were aligned to best practice. Several Dementia Support Australia referrals were evidenced and recommendations were incorporated into consumer care plans. Consumers with behaviours of concern were assessed and monitored and behaviour support plans were implemented. All consumers receiving psychotropic medications were regularly reviewed and chemical restraint authorisations were in place. Consumers under environmental restraint were assessed and authorisations were evidenced, and staff provided support for movement to other areas of the service. Substitute decision-makers were consulted and participated in regular discussions about their consumer including medication management.

Consumers received regular skin integrity assessments including on admission, return from hospital and when changes occurred. Skin checks occurred during personal care provision and mitigation strategies including appropriate continence care, regular pressure area care and fluid encouragement were demonstrated. Wound care documentation supported daily wound care checks and regular wound care dressing occurred with photographs. Wound care plans evidenced appropriate wound care delivery, nutritional interventions for wound healing, regular repositioning and use of assistive aids and referrals to wound care consultants when required. A multidisciplinary approach was evidenced for consumers requiring pain management which included use of non-pharmacological interventions such as massage, heat packs and regular exercise and assistive devices. Referrals to geriatricians, physiotherapists and palliative teams for therapeutic interventions like music, aromatherapy and diversional therapy were evidenced. Consumers with cognitive decline were assessed by staff using appropriate pain scales.

Consumers, consumer representatives, medical officers and allied health professionals were involved in high-impact and high-prevalence risk management and prevention. Consumers were monitored monthly for weight loss and interventions included dietary review, consumer needs assessment for meal assistance, increased monitoring, introduction of nutritional supplements and high calorie diets and medical officer and dietician review. Diabetes management included individual consumer management instructions, regular medical review, dietician referrals and podiatry review. The Assessment Team found complex care needs were managed effectively, with consumer care plans documenting catheter change dates, device monitoring and review. Staff discussed regular monitoring and completion of infection checks and the availability of specialist medical and nursing staff when required.

Falls prevention strategies implemented for consumers included regular personal care schedules, medication reviews, individual equipment adjustments, provision of assistive equipment like sensor mats and individual and group exercise programs. Underlying causes and trends were investigated for identification of care delivery improvements. Post-fall management included medical officer and physiotherapist review, pain monitoring and hospital review for head strikes and unwitnessed falls, with consumer representatives notified and incident reporting completed.

End of life care planning included consultation with consumers and consumer representatives and care provision was based on consumer needs and wishes. Consumers received personal and comfort care including oral care and continence and pressure area care and medical officer involvement ensured appropriate pain management for consumers when needed. Pastoral care support was provided, with unlimited family visitation and provision of comfort measures including music therapy and aromatherapy.

Clinical records confirmed consumers were regularly monitored for deterioration or changes in mental health, cognitive and physical function, capacity or condition and when recognised, was responded to in a timely manner. Case conferences with the consumer and the consumer representative were demonstrated for discussions concerning new conditions. Staff discussed deterioration and change recognition and response and escalation to the registered nurse, which were complemented by written procedural guidance.

Consumer representatives and medical officers were notified of changes in consumer conditions, when involved in a clinical incident, when transferred to and from hospital and for medication changes. Consumer representatives discussed regular consultation about their consumer’s care, and confirmed the care plan was regularly updated. Staff were knowledgeable about consumers conditions, needs and preferences like dietary requirements and cultural preferences and others involved in their care. Staff described consumer care and services changes were communicated through handover processes, daily huddles, staff meetings and through accessing care plans.

Consumers discussed timely referrals to medical officers, specialists and physiotherapists when required, which was consistent with care planning documentation reviewed by the Assessment Team. Referrals were evidenced to dieticians, podiatrists, geriatricians and other medical specialists, wound care nurse consultants, palliative and pastoral care services. Referrals to Dementia Services Australia and older persons mental health service were also noted.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Requirement 4(3)(f) was non-compliant following a Site Audit conducted from 17 October 2022 to 21 October 2022. An Assessment Contact occurred on 1 August 2023 to 3 August 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives provided positive feedback about the food and meal service, and noted they enjoyed the food, there was food variety available and their dietary needs were catered for. Care plan documentation was consistent with consumer preferences and dietary needs. Consumer requests contributed to seasonal menus and a 4-week menu plan provided several meal options for consumer selection, and dietician menu review ensured consumer nutritional requirements were considered. The Assessment Team observed engagement between the chef and consumers and discussions on meal preferences, which occurs weekly, and consumer food forum meetings facilitate ongoing discussion about meal options.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Requirement 5(3)(b) was non-compliant following a Site Audit conducted from 17 October 2022 to 21 October 2022. An Assessment Contact occurred on 1 August 2023 to 3 August 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives stated the environment felt safe, was well maintained and regularly cleaned, and said they moved freely throughout. The Assessment Team observed the environment was safe, clean and well maintained with comfortable and clean furnishings. Outdoor areas including gardens were well kept and consumers moved freely both indoors and outdoors. Cleaning staff demonstrated a sound knowledge of safe cleaning practices and areas including kitchenettes were observed to be cleaned thoroughly. Preventative and reactive maintenance schedules were current and maintenance requests were completed in a reasonable timeframe.

# Standard 6

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| Feedback and complaints | |  |
| 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

Requirements 6(3)(b), 6(3)(c) and 6(3)(d) were non-compliant following a Site Audit conducted from 17 October 2022 to 21 October 2022. An Assessment Contact occurred on 1 August 2023 to 3 August 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers were aware of advocacy and interpretive services and other methods for raising and resolving complaints, with visits from the Older Person Advocacy Service and Seniors Rights Service conducted. Staff were knowledgeable about the use of interpreters and records confirmed staff participation in training about managing complaints and feedback. Care and services documentation detailed the use of interpreters for case conferences, and engagement with consumers about clinical care matters like medication management and advanced care. Consumers who spoke Arabic, Hindi and Mandarin were supported by volunteers from the Community Visitors Scheme.

Consumers and consumer representatives were confident any concerns raised would be acknowledged and responded to appropriately and said they could talk to staff and management directly. Management discussed examples when open disclosure was used for incidents involving staff manual handling procedures and restrictive practices. Review of the feedback report found complaints were remedied through investigation, discussions with consumers and consumer representatives and open disclosure and identified improvements were monitored through the plan for continuous improvement. Staff received training in open disclosure and were supported by the incident, feedback and complaints policy, and discussions about open disclosure occurred during clinical staff meetings.

Consumers and consumer representatives stated management were responsive to their feedback and complaints and their suggestions were used to improve care and services. Management discussed several improvements made in response to feedback and complaints which included revised food warming processes, improvements to the lifestyle calendar and additional activities added, and enhancements to medication management.

# 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 |

Findings

Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d) were non-compliant following a Site Audit conducted from 17 October 2022 to 21 October 2022. An Assessment Contact occurred on 1 August 2023 to 3 August 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Most consumers confirmed they were well cared for and staff were meeting their needs, however some dissatisfaction was expressed about staff response times to calls for assistance. Staff work in the same areas to familiarise themselves with consumers and generally complete their work during their shift. Management discussed staffing levels underwent regular review and were increased to meet consumer needs when required. Vacant shifts were covered and staff planned and unplanned leave was managed effectively. Call bell responses exceeding 10 minutes were investigated and discussed with staff and responses were analysed monthly. Management indicated response times were improving and a reduction in calls over 10 minutes was evident.

Consumers and consumer representatives said staff treat them with kindness and care and confirmed their identity and culture were respected. Consumers discussed being independent whilst receiving support from staff when needed. Staff were respectful of consumers and the Assessment Team observed staff interactions were kind, caring and respectful. New staff received induction training on consumer respect and dignity, person-centred care and person-first care, code of conduct and organisational values. Management discussed monitoring staff interactions with consumers through direct observations, supervision of staff practice and feedback from consumers.

Consumers and consumer representatives confirmed they received the care needed and staff were competent. Staff were knowledgeable about processes for effective care and services delivery and confirmed participation in relevant training. Training was monitored for effectiveness through review of clinical data and incident reports for trend identification. Position descriptions clearly described skills, qualifications, role responsibilities and expectations and new staff were supported by an induction program, online training modules and care coaches for instruction and mentoring.

Consumers and consumer representatives were satisfied with the care received and said staff generally knew them well and knew their role. Staff confirmed they received ample training which included induction, mandatory training, online modules, toolbox talks and special topics like restrictive practices and open disclosure. An organisational human resource team supported the recruitment and management of staff, a full-time care coach provided training and mentoring, and the service manager and quality manager provided training to registered staff.

# Standard 8

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| Organisational governance | |  |
| 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

Requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) were non-compliant following a Site Audit conducted from 17 October 2022 to 21 October 2022. An Assessment Contact occurred on 1 August 2023 to 3 August 2023, and I acknowledge there have been several continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives said the service was well run and confirmed regular interactions with management. Regional service manager meetings were conducted weekly across multiple services for support and networking. Critical incidents and complaints were automatically escalated to the board and the senior services committee reviewed all scorecard data and met regularly to discuss aged care reforms, star ratings, consumer voice, financial sustainability, services at risk, workforce critical analysis and COVID-19. Initiatives approved by the board included introduction of a new care coach position for staff mentoring and coaching, establishment of a workforce crisis strategy to ensure appropriate resource allocation and a new service level governance structure.

Effective organisation wide governance systems were demonstrated. Information systems included an electronic clinical documentation system, incident management system, feedback mechanisms, electronic training platform, auditing and monitoring systems, and communication and reporting processes. Staff confirmed information was available to support consumer care and services delivery. The plan for continuous improvement showed improvements were captured, implemented and evaluated. Continuous improvement was identified through several sources including consumer feedback and complaints, audits, surveys, staff suggestions, clinical indicator review and external reviews and was monitored at organisational and service level.

Management stated appropriate financial resources were available for consumer care and services delivery, which included discretionary spending and the availability of additional resourcing through executive level authorisation. Workforce governance included workforce monitoring and planning through ongoing review of consumer care needs, clinical data, and feedback from consumers and staff, with support from the organisation’s human resource team.

As part of regulatory compliance, policies and procedures were managed by an executive manager, reviewed by the quality and risk team and approved by the board. Relevant training and communication provided regulatory updates to staff. Feedback and complaints were monitored at an organisational level and used to inform continuous improvement. Complaint trends were monitored and provided to the governing body.

The documented risk management framework included policies and procedures, education, monitoring processes and proactive risk identification through audits and data analysis. Risk escalation protocols ensured appropriate risk and incident oversight according to severity. High-impact and high-prevalence risks were monitored through regular service level governance meetings, with analysis completed by the regional quality team. Priority incidents were registered under the Serious Incident Response Scheme (SIRS) and included in the monthly scorecard for review at the organisational level. The dignity of risk policy supported consumer risk assessments and included risk ratings, capacity checklist and risk matrix for identification and management. An incident management procedure identified mandatory reporting requirements, management and closure of incidents and continuous improvement and all incidents were reviewed at the regional level.

The clinical governance framework detailed roles and responsibilities, policies and procedures, education, monitoring, site governance processes, regional and executive committee oversight. Specialist consultant roles supported clinical care delivery for palliative care, pressure injuries and wound management, dementia care and behaviour management, mental health, wellness and reablement. Safe practice protocols informed antimicrobial stewardship, with infections and antibiotic use regularly monitored. Restrictive practices were monitored and a restrictive practices register maintained. Management discussed open disclosure implementation, which was supported by policy and procedures and the guiding principles of the Australian Open Disclosure Framework. Staff training was provided in antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)