

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Wisteria Lodge |
| Commission ID: | 5337 |
| Address: | 261 Gilston Road, NERANG, Queensland, 4211 |
| Activity type: | Site Audit |
| Activity date: | 22 October 2024 to 24 October 2024 |
| Performance report date: | 2 December 2024 |
| Service included in this assessment: | Provider: 2513 Seventh-Day Adventist Aged Care (South Queensland) Ltd  Service: 3691 Wisteria Lodge |

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 Wisteria Lodge (**the service**) has been prepared by J. Bayldon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Staff demonstrated knowledge of individual consumers’ identities and what was important to them. The Assessment Team observed staff knocking before entering consumers’ rooms, speaking directly and respectfully with consumers, and helping consumers eat their meals with dignity and respect. All staff interviewed said they had undertaken dignity and choice training.

Staff displayed knowledge of individual consumers’ needs, and how they supported them. Care planning documentation and other documents including policies and procedures evidenced the service undertake cares and services in a culturally safe manner.

Consumers/representatives said the consumer can express choice about the care and services they receive. A review of care planning documentation evidenced the service includes those the consumer wishes in decision making and decisions the consumers make are communicated to relevant care providers. Staff described the ways consumers are supported to maintain connections and relationships, including intimate relationships.

Consumers/representative said that consumers are supported to live their lives as they choose, including choices and preferences which may involve risk. Documentation evidenced dignity of risk discussions with consumers/representatives, and staff described dignity of risk and how this is expressed for individual consumers.

Consumers/representatives said they received information about choices available to them in the service via paper-based documents such as the activities calendar, menu and the newsletter, as well as through staff verbally discussing menu options, the day’s activities and other information. The Assessment Team observed staff taking time to communicate respectfully and clearly with a consumer with sensory deficits during a mealtime.

Consumers/representatives stated the consumer’s privacy is respected by the staff and are confident personal information is kept confidential. Staff described how they ensured consumers’ privacy when speaking with consumers, undertaking personal care, and sharing information with representatives. The Assessment Team observed staff using private spaces when discussing consumer information, locking computer screens when not in use, and knocking on doors and seeking consent prior to entering rooms.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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/representatives said the service undertakes assessment and planning with the consumer at the centre of the assessments and will discuss any concerns around risk with the consumer/representatives. Management advised the service has a comprehensive checklist for new consumers entering the service and validated assessment tools are used to identify health and well-being risks to consumers, including falls, medication, continence and skin integrity. The Assessment Team observed these assessments to be included in care planning documentation on reviewed files.

Consumers/representatives said staff involve them in the assessment and planning of care for consumers through conversations with clinical staff, medical officer or management. Staff interviewed could describe how they undertake assessment and planning, considering the consumer’s current needs, goals and preferences. The Assessment Team noted consumers’ care planning documentation includes information about their current needs, goals and preferences, including information relating to their end of life wishes.

Management explained how the assessment process works in partnership with other organisations and individuals in assessment and care planning and communicates regularly regarding the changing needs of consumers. Consumers/representatives said the service also ensures assessments and recommendations from other organisations and providers are included in consumers’ care planning. A review of care planning documentation evidenced this information is stored in the organisation’s electronic care management system (ECMS) for consumers sampled by the Assessment Team.

Consumers/representatives said they have access to the consumer’s care plan or can ask for a copy if they wish. The clinical nurse interviewed confirmed all care plans are discussed with the consumer and their representatives once they are completed, and they are signed when all parties are happy. This was observed in consumer care planning documentation reviewed by the Assessment Team.

Consumers/representatives said the service reviews consumers’ care plans regularly and the representatives said they are informed whenever there is an incident or change in a consumers’ condition. The Assessment Team sampled consumers’ care planning documentation in the service’s ECMS and noted all care plans were reviewed regularly or in response to a change in the consumer’s condition.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Care planning documentation for consumers, including assessments, care plans, progress notes and relevant correspondence, reflect individualised care which is safe, effective and tailored to the specific needs and preferences of the consumer. Staff have knowledge of consumers’ needs, goals and preferences and could describe how the service ensures personal and clinical care is best practice and tailored to the consumer’s needs. Consumers/representatives said the personal and clinical care consumers receive is safe, effective and improves the health and well-being of the consumer.

The service demonstrated high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending and reporting, and implementation of suitable risk mitigation strategies for individual consumers. Care planning documentation evidenced consumers with high falls risk have falls assessment and personalised strategies in place. The Assessment Team observed the use of sensor mats, sensor beams and some consumers in low-low beds in line with the strategies in each consumer’s care planning documentation.

Care planning documentation includes an advance care plan, discussion and collaboration with representatives regarding palliative care and comfort care measures in place. Staff described their approach to support consumers receiving palliative and end of life care and described the measures they take to maximise their comfort, such as personal hygiene care, pain management and supporting family visits.

Consumers/representatives said the service is responsive to consumers’ care needs and would inform them of any deterioration to consumers’ health, along with planned management strategies. Care staff described how they identify any change in consumer health status as they work with consumers closely and any changes in appetite, mobility, continence or overall behaviour will be reported to registered staff for further assessment and appropriate action. Care planning documentation and progress notes reflected the identification of, and response to, deterioration or changes in condition.

Consumers/representatives said consumer's preferences and care needs were communicated effectively, between staff, and with external providers involved in their care. Review of care planning documentation demonstrated progress notes and care plans provided adequate information to support effective and safe sharing of the consumer’s information to support care. Allied health professionals said referrals contain appropriate information and they also have access to the service ECMS to review relevant information and add their assessments and notes.

Care planning documentation and progress notes evidenced the involvement of medical officers, allied health professionals and specialists where needed. Registered staff and management could describe how referrals are made to the various providers or individuals they work with and how they gain consent from consumers/representatives either by a telephone call to representatives or via face-to-face conversations.

Staff demonstrated an understanding of precautions to prevent and control infection spread and the steps take to minimise the need for antibiotic prescribing. Visitors and staff were observed adhering to the infection prevention control (IPC) protocols at the service, and consumers/representatives said they are satisfied with how the service minimises infection related risks. The service has documented policies and procedures to support the minimisation of infection related risks, including an outbreak management plan, which included respiratory related illnesses as well as procedures for gastrointestinal related outbreaks.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal care and clinical care at the time of the performance report decision.

# Standard 4

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

Findings

Consumers said they are supported to engage in group and individual activities that are meaningful to them. Consumers were observed by the Assessment Team to be engaging in a variety of activities throughout the site visit. Lifestyle staff said they visit every consumer in the morning with the facility pet therapy dog and talk about the activities planned for the day. Care planning documentation identified individual preferences such as favourite music, meaningful life events and what topics of interest gives the consumer enjoyment.

Staff will assist consumers with decreased mobility to attend activities, including consumers in comfort chairs. Consumers and staff described a variety of pastoral care supports including men’s outings, weekend lunches with residents from the village and the pastor will visit multiple times a week with his dog and visit consumers in their rooms. Care planning documentation identified the consumers beliefs and individual strategies on how the consumer prefers to practice these beliefs.

Consumers/representatives said consumers are supported to have social engagements both inside and outside the service and visitors are always welcome. Staff said they ask consumers for feedback about activities and consumers said they feel like their opinions are listened to. Care planning documentation identified activities of interests to the consumers and important relationships to the consumers.

Lifestyle staff said they provide handovers about mobility, dietary requirements and any other relevant information to individuals and other organisations. Consumers/representatives said the organisation coordinates services and supports well.

Consumers/representatives believe referrals happen promptly when consumers’ needs, goals or preferences change. Staff could describe how they refer consumers to other individuals and how they collaborate to meet the diverse needs of consumers. Care planning documentation identified consumers who like volunteer visits and activity suggestions for these visits such as particular board games, or garden walks.

Consumer dietary preference lists were observed to be on display in the kitchen at the point of meal preparation and service. Staff said the menu is planned around regular feedback from consumers. The chef interviewed said feedback from the food focus group meetings is used to develop the menu and the daily menu now always includes vegan and gluten free options. The Assessment Team reviewed food focus group meeting minutes which demonstrated feedback being used to change the menu where required.

Consumers say they feel safe when they are using the equipment, and they know how to report any concerns they have about safety. Staff said they have access to equipment such as mobility aids and were able to identify the process for reporting faulty equipment. The maintenance officer demonstrated the electronic system used for reporting equipment repairs and the process for ensuring all requests are completed in a timely manner.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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/representatives said consumers are supported to personalise and decorate their rooms providing a sense of belonging, independence, interaction and function. Staff said they have set up a bird feeding station just outside the glass doors and will bring consumers to watch the birds feeding as family identified the consumers love of bird watching.

Consumers said the rooms are always kept very clean and tidy, as are the communal areas. Cleaning staff were observed to be cleaning the service environment each day of the site visit, with all rooms and communal areas free from obvious dust, dirt or rubbish.

Staff described the process for maintenance requests and expressed a quick turnaround from request to completion. The maintenance officer described the preventative maintenance process using the electronic platform and explained the communication process for ensuring external agencies attend to planned maintenance on time. A range of furniture and equipment was observed in the service by the Assessment Team as being well maintained and fit for purpose.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# Standard 6

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

Findings

Consumers/representatives said they know how to provide feedback or make a complaint through various methods. Management and staff were able to describe processes in place to encourage and support feedback and complaints. Complaints forms are available from reception and are visibly located in different areas of the service.

Consumers said the nominated members of the consumer advocacy group could help to advance matters if required. Staff were able to describe how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers/representatives expressed confidence management would address complaints and resolve any concerns in a timely manner. Staff confirmed the principles of open disclosure stating they will apologise and explain to consumers/representatives if anything goes wrong. The complaints register reviewed by the Assessment Team detailed the planned actions, actions taken, open or closed status and the planned and actual completion dates in response to addressing or resolving complaints.

Consumers/representatives said they are satisfied feedback, and complaints are actioned to improve care and services. Management and staff said feedback and complaints are discussed during various daily, weekly, fortnightly and monthly staff meetings.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Consumers interviewed said there was sufficient staff to meet their needs, and when they call for assistance staff attend in a timely manner. Staff reported having enough time to be able to deliver care in line with the individual preferences outlined within care planning documentation. The Assessment Team reviewed the master roster which identified the electronic system will flag when there is a vacant shift. Roster staff said there has been no unfilled shifts in the past month and the master roster confirmed this.

Consumers/representatives said staff are always kind, caring and respectful with their interactions. Staff were observed to be engaging with the consumers and the consumers responding positively towards the staff. The service has easily accessible electronic policies and procedures to guide staff practice in relation to care and services being delivered in a way that is respectful of consumer’s experiences, rights and choices.

Consumers/representatives said they were satisfied with the care and services provided by staff on an ongoing basis. Staff said they complete annual mandatory education and competencies online and face to face, and the service will run toolbox talks on a variety of other topics. The service provided evidenced of records indicating all staff have current national criminal history checks and professional registrations for registered staff.

Staff described the orientation and onboarding process, which includes mandatory online training, role-specific training, site orientation and at least 4 ‘buddy’ shifts. The Assessment Team reviewed onboarding checklists which included coverage of fire safety, organisations vision and mission, aged care quality standards, charter of rights, mandatory and required training overview, privacy and confidentiality, compliments/complaints, incident reporting, and staff handbook. The Assessment Team observed the physiotherapist onsite during the final day of the site visit assessing staff on the manual handling practical component.

The Assessment Team reviewed the service’s performance appraisal schedule and confirmed that all staff have either completed their performance appraisals, or they have received their self-assessments to complete, and have a date arranged for the meeting with their allocated manager. Staff who were due for their annual performance appraisal said they have completed their self-assessment and have a date booked with their allocated manager to complete this process. Management said any significant concerns regarding staff performance would be addressed as soon as they arise and may trigger immediate performance reviews to ensure the staff are meeting the performance requirements of their roles.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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/representatives said the service is well run and they can provide feedback and suggestions verbally, through consumer advocates, consumer/representative meetings or with management directly. A review of the PCI and consumer meeting minutes showed management and consumers/representatives are involved in the delivery and evaluation of care and services.

The Assessment Team reviewed the executive care manager board report minutes noting monthly clinical indicators, including falls, infection rates, medication errors, SIRS, and unintentional weight loss are discussed with risk mitigation strategies identified. Staff and consumers/representatives said they receive regular emails from the service with updates on policies, procedures and any legislative changes.

The organisation has established governance systems for the management and oversight of information, continuous improvement, financial governance, feedback and complaints, workforce governance and regulatory compliance. For example:

* Consumers/representatives said they were satisfied with the way information about care and services is managed and how the information is provided to them. Staff said they can readily access information they need to deliver safe and quality care and services, explaining they can easily access the ECMS for consumer care planning documentation, and accessing the organisations intranet for policies and procedures which is easy to navigate.
* Management said opportunities for improvement are gathered from a variety of resources including feedback, audits, surveys, clinical indicators and incident data. The Assessment Team reviewed the Plan for Continuous Improvement (PCI) which identified planned and completed improvement actions aligning with the Quality Standards.
* The organisation has a chief financial officer, with a team including a senior accountant for aged care, accountants and accounts support. A financial management policy is in place to ensure accountability of the organisation. The financial report is a standing agenda item in the board meetings.
* Feedback and complaints are received through a variety of methods including consumer advisory body meetings, food focus group meetings, digital and paper-based feedback and complaints forms, and staff meetings. The board reviews feedback and complaint trends and will consider this information against the plans for continuous improvement.
* Staff demonstrated understanding of their roles and other roles within the service. Registered nurse and care minutes are allocated according to the Australian National Aged Care Classification (AN-ACC) assessment tool. Position descriptions clearly outline requirement, roles and responsibilities of each position.
* Management said they receive correspondence through external agencies and regulatory bodies such as industry peak body, Aged Care Quality and Safety Commission, Department of Health and Public Health Unit. Staff confirmed that changes to legislative requirements are emailed by the Chief Executive Officer to them.

Management described how the service uses the incident management system to monitor and review risks, develop risk mitigation strategies and support continuous improvement in care and services. High-impact high-prevalence risks and SIRS are reported to and discussed at board meetings, with clinical teams identifying risk mitigation strategies. Policies and procedures are available to guide staff on managing abuse and neglect.

Staff described how they practice antimicrobial stewardship and identified strategies they use to decrease use of antibiotic therapy for suspected urinary tract infections. A review of restrictive practices identified the alternative strategies used by the service prior to applying restraints, with ongoing reviews conducted to minimise the use of existing restraints. Staff demonstrated an understanding of open disclosure and explained the importance of being open and transparent. The service provided detailed policies and procedures in relation to antimicrobial stewardship, minimising the use of restraints and open disclosure.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

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)