



Performance Report

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Name of service:	Annandale Grove Care Community
Service address:	76 Johnston Street ANNANDALE NSW 2038
Commission ID:	2516
Approved provider:	DPG Services Pty Ltd
Activity type:	Site Audit
Activity date:	17 April 2023 to 19 April 2023
Performance report date:	12 June 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 Annandale Grove Care Community (**the service**) has been prepared by G-M. Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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 conducted from 17 April 2023 to 19 April 2023; 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 Approved Provider's response to the site audit report, received 22 May 2023.
- Other information and intelligence held by the Commission in relation to this service.

¹The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

	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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) 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

Most consumers said staff treated them with dignity and respected their cultural backgrounds and beliefs. One consumer spoke of staff knowing how important her connection to her Country is, and staff helped decorate her room with symbolism and artwork that reflects her cultural identity. Staff described how they demonstrated respect to consumers, such as by using the consumers' preferred names, and observations showed staff engaging respectfully and politely with consumers, knocking on doors, and announcing themselves before entry. Care documentation included consumers' life stories, wishes and personal preferences, and cultural beliefs.

Consumers and representatives spoke of feeling culturally safe at the service and said consumers' spiritual and cultural backgrounds are respected. Staff identified consumers' cultural and spiritual needs, and care plans described initiatives to support these needs and preferences. The service had a 'Spiritual Practices Report' which detailed the religious or spiritual beliefs and practices of all consumers on-site, and this is provided to staff during induction to guide staff when delivering culturally safe care and services.

Consumers and representatives said consumers are supported to exercise choice and independence, including decisions on whom to involve in their care. Care documentation reflected a consultative approach with consumers and those they chose to include. The



service's 'consumer handbook' provides information on how the service prioritises consumer choice, decision and independence relating to personal, lifestyle and social preferences.

Consumers said they are supported to take risks which enable them to live their best lives. Staff were aware of consumers who chose to partake in risk activities and described how they support consumers to understand the possible harm involved and implement strategies to ensure their safety. Care documentation evidenced the assessment of risks and strategies implemented to minimise the risk.

Consumers and representatives said the information provided is timely, accurate, easy to understand and enables them to exercise choice. Staff described how each consumer receives updated information about their care, including when a change has occurred. Observations showed care and lifestyle staff visiting consumer rooms and providing verbal and written information about the upcoming meal service and recreational activities.

Consumers said their privacy was respected and personal information kept confidential. The services ensure the security of consumer information under the electronic care management system, which is password protected, and observations confirmed that computers were locked when unattended. Observations staff respecting consumers' privacy by knocking to seek permission before entering and closing curtains before delivering care. The service has a privacy policy to guide staff practice in relation to consumer privacy and confidentiality of information.

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)	<p>The organisation demonstrates that assessment and planning:</p> <ul style="list-style-type: none"> (i) 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 (ii) 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 said they were involved in the assessment and care planning process to ensure safe and effective care delivery. One consumer representative spoke of being involved in the assessment and care planning process, which included the identification of risks and that the service worked with them to ensure the consumers' needs, goals, and preferences were considered. Staff described the assessment and care planning process and how they utilise validated risk assessment tools to develop individualised care plans. Care documents demonstrate consideration of potential risks to consumers' health and well-being, and strategies to minimise risks were included in care plans.

Consumers and representatives confirmed that the assessment and planning process included considering consumers' needs, goals, and preferences and that staff had discussed end-of-life planning with them. Care documentation identifies consultation with consumers and representatives, including developing advanced care plans, if they choose to do this. Staff could describe how the assessment and care planning process identifies consumers' goals, needs and preferences to inform care delivery.

Consumers and representatives confirmed they are involved in assessing, planning and reviewing consumers' care and services. Registered staff described how the service facilitates the involvement of consumers and others through annual case conferences and as required when there is a change in the consumer's health condition. Care documentation reflected the



involvement of consumers, representatives, various health professionals, and providers in assessing and planning consumers' care.

Consumers and representatives said they were regularly updated regarding outcomes of assessments and care planning and were provided with a copy of the consumer care plan. Staff described communicating outcomes of regular care planning and assessment to inform consumers and representatives and recording assessments in the electronic care management system.

Care documentation demonstrated that the regular review and update of care plans occur every 4 months or earlier if there are changes in a consumer's health or condition or when an incident occurs. Consumers and representatives confirmed that staff regularly review consumers' care every 4 months, or following an incident, and they are updated on these.

The service has a suite of policies and procedures relevant to this Quality Standard.


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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) 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 said consumers received care which was safe, tailored to the consumer preferences, and appropriate to their needs. Care documentation evidenced that care is safe, effective and individualised to each consumer. For consumers subject to restrictive practice, documentation reflects appropriate authorisations, behaviour support plans, monitoring and review.

The service demonstrated the effective management of consumers' high-impact or high-prevalence risks. Consumers and representatives expressed satisfaction with the management of consumers' risks. The service's had policies and procedures to guide staff in consumer care for high-impact and high-prevalence risks, including falls, changed behaviours, skin, medication, and nutrition and hydration. Observations showed staff implementing various interventions to manage consumer risks, such as specialised pressure relieving equipment and the regular repositioning of consumers.



Care documentation showed that consumers nearing end-of-life had their dignity preserved and care provided in accordance with their needs and preferences. Advanced care plans outline consumers' needs, goals and preferences. Staff provided practical examples of maximising consumers' comfort and preserving their dignity, such as pain management, repositioning, mouth and eye care, and spiritual support.

Consumers and representatives provided positive feedback about the responsiveness of the service when there is a deterioration in the condition, health, or ability of the consumer. Care documentation evidenced timely identification and response to deterioration or changes in consumers' health and condition. Staff have access to policies and procedures to assist them in recognising and responding to consumer deterioration.

Consumers and representatives were satisfied consumers' needs and preferences were effectively communicated between staff, and consumers received the care they needed. Care documentation provided adequate information to support effective information sharing about consumers' conditions, preferences, and care needs. Observations showed staff communicating with the medical officer when reviewing a consumer and sharing relevant information, including the consumer's medical history, medications and other relevant details.

Consumers and representatives said referrals were timely, and staff provided examples of referrals to individuals and other organisations and providers of care. Care documentation confirmed the referral to and input of others in consumers' care and services.

Consumers and representatives said they see staff using personal protective equipment and practising hand hygiene. The service had policies and procedures to guide staff on antimicrobial stewardship, infection control management and managing a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics. The service had appointed an Infection Prevention Control Lead to oversee infection control.

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: <ul style="list-style-type: none"> (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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 receive support from the service that optimises their daily living and helps meet their health and well-being needs. Staff described ways in which they support consumer interests, independence, and connection to external services that support their well-being. Care documentation included information on consumer interests, social and community connections, and preferences for how and with whom they spend their day. Observations showed consumers engaging in a variety of group and independent activities.

Consumers described how the service promoted their emotional, psychological, and spiritual well-being through conversations with staff and support from spiritual providers. Staff described individualised support provided to consumers if their mood was low, including pet therapy and religious services. Care documentation contained information to guide staff in supporting consumers' psychological, spiritual, and emotional needs.

Consumers and representatives said they were supported to participate in activities, engage in social interactions, and do things of interest to them. Care documentation included information regarding each consumer's hobbies, social relations and areas of interest. An activities calendar was displayed in communal areas, and consumers were observed attending a bus outing and participating in leisure activities. Staff and management said the service supported consumers to engage in activities that were meaningful to them.



Staff described various ways they communicate information regarding the consumer's condition, needs and preferences, including via shift handover. Overall, consumers and representatives felt that staff were aware of any changes or requests they made. Care documentation included information regarding changing consumer needs, updates, and action items between care, lifestyle, and clinical staff.

Consumer representatives said other organisations, support services and external providers of care and services supported consumers. Staff described how the service worked with external organisations to provide individual consumer support. Care documentation evidenced referrals to specialist services and community supports.

The Site Audit Report contained information that consumers and representatives had reported concerns about the taste, portion size, and limited variety. Most consumers said the food was not served at a suitable temperature, lacked variety, and meals were not to their liking or preferences. Two consumers spoke of a dislike of particular foods but were still served them, and two said the food was not culturally appropriate. Specific dietary requirements of consumers were also not consistently adhered to, including consumers being served food they considered culturally inappropriate. Some consumers and representatives also expressed dissatisfaction with the overall dining experience, and the service's feedback register identified consistent negative feedback from consumers regarding food over 6 months. Management acknowledgement that the lack of a permanent chef was a contributing factor, and within the last week, the service had commenced a new agency chef. I have come to a different decision following the submission of a response by the approved provider. I have decided that Requirement 4(3)(f) is Compliant. The Approved Provider disagreed with the site audit report findings, and the response submission (including a plan for continuous improvement) evidenced that the service actively seeks and monitors feedback and has addressed consumer complaints and feedback. I have considered this in my decision under Requirement 6(3)(d). The response submission described actions, including establishing a 'Food Improvement Program' overseen by a hospitality consultant at the beginning of 2023. It included training, trials, surveys, menu discussions and choices, dining environment, and actions to consumer feedback. The response submission included evidence strategies and implemented changes made as part of the 'Food Improvement Program', including the consumer menu and dining experience, which include thermal trollies, staff training, consumer information cards with specific needs and preferences, servery renovation plans and consumer food focus meetings. I am satisfied that the response submission, including the plan for continuous improvement, effectively described how the service had addressed the deficiencies identified. I am satisfied that Requirement 4(3)(f) will be compliant through implementing these actions.

Consumers and representatives said they had access to clean, safe, well-maintained equipment to assist with mobility and maintain their independence. Care and cleaning staff described the referral process for cleaning and repairing equipment. Maintenance staff described the process for receiving maintenance requests and how they were logged and resolved. Service documentation confirmed consistent and timely response to maintenance requests and no reported concerns with equipment.

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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 and representatives said the service environment was welcoming and easily navigated. One consumer spoke of 'feeling at home' and was able to navigate around the service to go anywhere. Lifestyle staff described how the weekly 'coffee club catchup' is particularly meaningful for consumers unable to mobilise outside the service grounds, as it provides a sense of belonging and interaction. Observations showed consumers gathering in the front courtyard to enjoy the sunshine, interact with one another and participate in activities. The service environment had clear signage and wide corridors, and outdoor areas included gardens and a courtyard accessible to consumers.

Consumers and representatives said the service environment was safe and comfortable. Staff described and documentation confirmed the processes for cleaning, laundry and maintenance. Observations showed consumers moving freely between indoor and outdoor areas of the service, with visitors entering easily and accompanying consumers outside or on excursions.

Consumers said the furniture, fittings, and equipment are safe, clean, and well-maintained. Maintenance staff reviewed maintenance requests daily, and care staff confirmed that maintenance or environmental issues were promptly addressed. Review of service documentation, including preventative maintenance logs, hot water and mixing valve temperature logs, equipment audits and extermination service logs, confirmed consistent maintenance and cleaning of equipment.

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 and representatives said they feel comfortable providing feedback or raising complaints and are encouraged and supported to do so. Various methods are available for consumers and representatives to provide feedback and complaints, including speaking to staff or management directly, via consumer meetings, or using feedback forms. Feedback and complaint forms are located in various areas throughout the service, and information in relation to making a complaint is provided in the service's consumer handbook.

Consumers and representatives were aware of external services which may assist them in raising complaints. Staff could describe the resources, including cue cards they have access to, to enable consumers with communication difficulties or cognitive impairment to express themselves if something is wrong. Observations showed posters and information material on advocacy and interpreter services and external complaints mechanisms displayed throughout the service.

Consumers and representatives said complaints were promptly responded to, and apologies were provided when appropriate. Staff understood the principles of open disclosure and confirmed participating in complaints and open disclosure training. The service had policies and processes to guide staff in consumer feedback and open disclosure.

The Site Audit Report contained information that not all consumer feedback led to improved quality of care services, and staff could not provide examples where feedback was used to improve care and services. Consumers and representatives reported ongoing food-related issues, and the service's feedback register and the plan for continuous improvement reflected these; however, there was no evidence of improvements made. I have come to a different decision following the submission of a response by the approved provider. I have decided that Requirement 6(3)(d) is Compliant. The response submission (including a plan for continuous improvement) evidenced that the service had a "Food Service Improvement Plan" already in progress, and the plan for continuous improvement has been updated to address and reflect improvements such as implementing a dietary matrix and catering staff training. A Food satisfaction survey (May 2023) provided as part of the response submission reported that 97% of consumers are extremely happy with the food service. The response also provided evidence of consumer feedback between November 2022 and April 2023, demonstrating that the service had reviewed consumer feedback and improved other areas of care and services, including



those related to daily living supports, equipment and the garden area. I am satisfied that the service uses consumer feedback to improve how they deliver care and services.

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 and representatives spoke of being 'happy' with the level of care provided to consumers and felt there are sufficient levels of staff. Staff confirmed they had the resources to provide the right level of care to consumers, and the staffing levels changed based on the consumer's needs. The workforce was planned to meet the needs of consumers and deliver quality care and services, and the service had systems and processes in place to ensure sufficient staff were rostered across all shifts.

Consumers and representatives said staff were kind and respectful to consumers, and they felt valued by the service. Observations showed respectful interactions between staff and consumers, and staff described how they respect consumers by using their preferred names, speaking to them politely and undertaking customer service training. The organisation had a Code of Conduct that all staff must sign before they commence employment. The Code of Conduct is displayed throughout the service.

Consumers and representatives said they were confident with staff abilities and practices and were confident the staff were trained to perform their roles effectively. Staff described how they received training during orientation and induction, ongoing training throughout the year and via scholarships. On recruitment to the service, staff must meet the minimum qualification and registration criteria for their roles; for example, care staff must hold a Certificate III in Aged Care as a minimum requirement. The service had an education program, which included mandatory training, online education modules, toolbox talks, training competency documentation, and an orientation program. A review of the service's mandatory training register identifies that staff receive training on various topics, including but not limited to the Serious Incident Response Scheme, infection control and privacy and dignity.

The service had processes to regularly assess, monitor, and review staff performance; however, documentation was not consistently completed. Staff reported receiving feedback from management following incidents or if a complaint was made. Management described the process of reviewing staff performance, including annual appraisals. In relation to the



incomplete documentation of performance appraisals, I am of the view that this does not evidence that staff performance is not monitored and reviewed. I have placed weight on the positive feedback from consumers and representatives saying they were confident with staff abilities and practices and were confident the staff were trained to perform their roles effectively. Staff reported receiving feedback regularly from management. I am satisfied that the service regularly assesses the workforce's performance and capabilities.


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: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant

Findings

Consumers and representatives said they were engaged in developing and delivering their services through care planning meetings, day-to-day feedback and resident and representative meetings. Consumers spoke of regularly attending consumer meetings and confirmed they had contributed to changes within the service, such as bathroom renovations. Management provided examples of how the service engages consumers in developing, delivering, and evaluating care and services, and information is provided to consumers via newsletters and meetings.

Management described how the governing body promotes a safe, inclusive, quality care and services culture. The organisation had a tiered approach to ensuring accountability and responsibility, including service operations and quality teams who complete self-assessments;



external auditors who conduct comprehensive audits in line with an annual schedule are provided in recommendations to the governing body.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management. For example, opportunities for continuous improvement at the service are drawn from various sources, including consumer and representative feedback and complaints mechanisms, consumer survey results, regular clinical and incident data analysis, and internal and external audits.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers. Staff had received training in identifying and reporting suspected abuse or neglect of consumers. Risks are reported, escalated, reviewed, and analysed at a service and organisational level and communicated through organisational meetings. A review of the service's Serious Incident Response Scheme notifications identified that one incident had not been reported in line with legislative requirements; however, the service demonstrated immediate actions taken, reflected in the service's plan for continuous improvement.

The service has a clinical governance framework and supporting policies that address antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated a shared understanding of these policies and could describe how they apply these as relevant to their roles.