Performance

Report

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| Name: | Emmaus Village |
| Commission ID: | 8239 |
| Address: | 16 Colonel Barney Drive, PORT MACQUARIE, New South Wales, 2444 |
| Activity type: | Site Audit |
| Activity date: | 10 September 2024 to 12 September 2024 |
| Performance report date: | 23 October 2024 |
| Service included in this assessment: | Provider: 9495 St Agnes' Care & Lifestyle  Service: 28346 Emmaus Village |

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 Emmaus Village (**the service**) has been prepared by Patricia Golledge, 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

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect, providing examples of how their diverse cultures and identities are valued, such as being supported in activities that reflect their identity and maintain spiritual connections. Staff were aware of consumers’ life experiences and cultural backgrounds, and care planning documentation included information about consumers’ life history, cultural, and spiritual needs to support the delivery of care and services.

Consumers said care and services were delivered in line with their cultural needs and individual preferences and therefore, they felt safe and respected. Staff gave practical examples of respecting events of cultural significance to consumers and providing food to enhance their celebrations. Staff were trained in cultural awareness and care documentation evidenced consumers’ cultural and spiritual needs and preferences.

Consumers and representatives confirmed consumers had choice in how their care was delivered, who was involved in their care, and how they wanted to maintain important relationships. Staff demonstrated knowledge of consumer’s care decisions and gave practical examples of how they supported married couples to maintain their relationships and to spend time with their families. Care documentation communicated consumers’ care preferences and those who were involved in their decision making.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as exercising independently, and confirmed risks associated with their choices and decisions were assessed and discussed with them, as evidenced in care planning documentation. Staff had knowledge of risks consumers take and explained the strategies in place to minimise possible harms and promote their safety. Care documentation evidenced risk assessments, with informed consent and strategies to promote consumers’ safety.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs, such as activities, meals and scheduled events. Staff explained information was provided to consumers in person, via noticeboards and in ways which met their differing sensory needs. Noticeboards in communal areas promoted consumer meetings, scheduled activities and newsletters, whilst current menu options and the activities calendar were observed in consumers’ rooms.

Consumers gave practical examples of staff closing doors when providing care as how their privacy was respected. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and confidential information was secured in locked nurse’s stations. Staff had completed privacy awareness training and were observed respecting consumers’ privacy by seeking consent prior to entering their rooms.

# Standard 2

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

Findings

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

Staff described how they considered risks to consumers’ health and well-being to inform the delivery of safe, effective care and services through assessments completed with input from consumers, representatives, and providers. Representatives reported assessment and care planning identified risks to consumers. Care planning documentation identified risks to consumers’ health and well-being such as falls and included risk mitigation strategies. Policies and validated assessment tools guided staff in the assessment, planning, and consideration of risks to consumers’ health and well-being.

Representatives confirmed they had discussed consumers’ care needs, goals and preferences, including for advance care and end of life, if they wished. Staff confirmed discussing end of life wishes with consumers during the assessment and planning of their care. Care documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end of life wishes as appropriate.

Representatives reported they and others, such as medical officers, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist practitioners was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as speech pathologists and physiotherapists.

Consumers said information about their care needs, and preferences is effectively communicated to them and their representatives. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in various ways including in person, by phone and via email. Care documentation was observed to be readily available through the ECMS, with care plans available to consumers and representatives.

Representatives said care and services were regularly reviewed for effectiveness including when circumstances changed, or incidents such as falls occurred. Staff reported consumers and/or their representatives participated in a quarterly care conference, or when circumstances changed to discuss updates in their conditions or needs. Care planning documentation evidenced care and services were reviewed as scheduled for effectiveness, consistent with feedback.

# Standard 3

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

Findings

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

Representatives confirmed the personal and clinical care consumers received was individualised, addressed their needs and optimised their well-being. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood restrictive practices, pain management and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ personal and clinical care. Staff identified the high-impact and high-prevalence risks for consumers, such as falls, catheters and diabetes and described the risk minimisation strategies. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place.

Care documentation, for consumers who had recently passed away, evidenced staff monitored consumers’ wellbeing and delivered care in line with their wishes. Staff described how the delivery of care and services changed for consumers nearing end-of- life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Policies and procedures guided staff in the provision of end-of-life care.

Representatives reported staff recognised changes in consumers’ conditions, health or abilities, and responses were timely. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Representatives gave positive feedback about how information was shared relating to consumers’ conditions, and said staff understood consumers’ needs and preferences. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and accessed information in the ECMS. Care documentation identified correspondence from Medical Officer’s and health professionals was accessible to staff on the services electronic care management system.

Representatives confirmed consumers had access to other health care providers, such as wound consultants and speech pathologists, and referrals were timely. Staff explained the internal process for referring consumers to other health professionals and providers of care. Care documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives.

Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. The service had policies and procedures to support staff to minimise the risk of infection and promote practices to minimise the use of antibiotics. Staff were observed using personal protective equipment and practicing correct infection control processes. The service maintained records of consumer and staff vaccinations, including for influenza and COVID-19. The service had an outbreak management plan, and 2 appointed infection prevention control leads.

# Standard 4

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

Findings

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

Consumers and representatives confirmed consumers were supported to maintain activities of interest including assisting to facilitate activities at the service which optimised their independence and wellbeing. The services’ Social Co-ordinator described strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care documentation captured consumers individual needs, goals, and interests.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through participation in pastoral care and religious activities. Staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as religious services, one-to-one visits by volunteers and pastoral care staff, and spending one-on-one time with consumers. Care planning documentation evidenced that consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfill these needs.

Consumers and representatives described how the service assists them to participate in their community within and outside the service environment, to have social and personal relationships, and do things of interest to them. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus outings, a knitting group, and attending art classes in the community. Care documentation evidenced consumers’ activities of interest, their important relationships and the supports needed to access the community.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their preferences and ensured they were included in activities. Staff explained changes in consumers’ care and services were communicated during shift handovers, regular communication during the day and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback about the services and supports they received. Staff explained volunteer programs were engaged to offer a range of activities and spend meaningful one-on-one time with consumers. Care documentation evidenced referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers and representatives gave positive feedback about meals, which were varied, portion sizes were sufficient and aligned with their preferences and dietary requirements. Staff explained the menu was developed and updated based on consumers’ feedback gathered at food focus meetings and in-person discussions, with additional input from a dietician and allied health professionals.

Consumers said equipment provided by the service was safe and well maintained, they understood how to report an issue, and maintenance staff regularly checked equipment to ensure it was safe for consumers’ use. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned, inspected and serviced. Equipment used for activities of daily living, such as mobility aids, were observed to be safe, suitable, clean, well maintained and suitable for consumers’ use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming to them and their families, it was easy to find their way around and consumers’ sense of belonging was encouraged by decorating their rooms with personal items. Staff referred to the service as the consumers home and confirmed they encouraged consumers’ sense of belonging by helping them to maintain their surroundings. Consumers were observed spending time indoors and outdoors with each other and their visitors, whilst wayfinding signage assisted navigation around an environment free from obstructions.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms and communal areas. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around a clean and well-maintained service which was designed to support their wellbeing, with loungerooms and gardens available for their enjoyment.

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

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives understood how to give feedback or make a complaint, were supported to do so by staff and described ways in which a complaint could be made, such as during consumer meetings, speaking with staff, by email, completing surveys and during regular care consultations. Management said they had an open-door policy, explained the complaints process and feedback mechanisms and confirmed staff supported consumers to complete feedback forms, if required. Complaints documentation evidenced consumers and representatives were encouraged to provide feedback and raise issues of concern.

Consumers and representatives understood how to access external complaints, advocacy and language services, whose contact details were included in the consumer handbook provided during the entry process. Staff understood the complaints, advocacy and language services available and confirmed they would support consumers to access these, if required. Information throughout the service promoted access to the Commission, advocacy and advocacy services, and following feedback provided by the Assessment Team, was made available in different languages spoken by consumers.

Consumers and representatives gave practical examples of improved assessment and planning processes for those receiving respite care, as appropriate action taken in response to their complaints of care plans not being sufficiently detailed. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers and representatives gave practical examples of how their feedback resulted in the availability of additional goods at the service’s corner store, so consumers could purchase pantry items they could prepare for themselves. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation, meeting minutes and the CIP evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# Standard 7

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

Findings

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

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and having contingencies to account for unplanned leave. Documentation evidenced the service was meeting workforce responsibilities in relation to care minutes and a Registered Nurse was rostered each shift providing 24 hour coverage. The service demonstrated systems in place to regularly review the delivery and management of safe, quality care and services.

Consumers and representatives confirmed staff were kind, caring and respectful of consumers’ identity, culture and diversity when care was delivered. Staff explained they were trained in dementia care, the Code of Conduct for Aged Care and providing care which respected consumers’ choices and experiences. Staff were observed to be kind, caring and respectful toward consumers as assistance was provided during meals, activities and daily interactions.

Consumers confirmed staff were suitably skilled, knowledgeable and competent in meeting their care needs. Management explained staff competency was determined through pre-employment checks, an orientation and buddy program, mandatory training which reflected the Quality Standards and ensuring professional registrations were current. Personnel records evidenced staff completed an orientation program inclusive of mandatory competency training and staff held qualifications and registrations relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained mandatory training was completed in the Serious Incident Response Scheme (SIRS), infection control, feedback management, the Code of Conduct for Aged Care, restrictive practices, open disclosure, consumer privacy and dignity, emergency management and manual handling. Training records evidenced staff had completed mandatory training as scheduled.

Management advised staff performance was assessed and monitored through probationary and annual performance reviews, with clinical data, consumer feedback and informal processes used for ongoing monitoring. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal. Personnel records evidenced most formal performance reviews were completed to date, with those outstanding scheduled for completion.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

Consumers and representatives gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through surveys and regular meetings. Management advised consumers contributed to service evaluation through scheduled meetings, the feedback process and during care consultations. Meeting minutes, complaints documentation and survey results evidenced consumers and representatives were actively engaged in providing feedback about aspects of consumes’ care and were supported in that engagement.

Consumers and representatives confirmed consumers felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the Board) was accountable for service delivery and satisfied itself the Quality Standards were being met through committees focused on clinical governance and quality and risk. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators.

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

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework included organisational leadership, promoted responsibility and accountability, focused on continuous improvement and promoted consumers as partners in their own care. The framework included policies and procedures on antimicrobial stewardship, restrictive practice and open disclosure. Management and staff understood the need to reduce antimicrobial resistance, use restrictive practice as a last resort and how open disclosure was used when things went wrong.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)