Performance

Report

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| Name: | Estia Health Bankstown |
| Commission ID: | 0538 |
| Address: | 74 Chiswick Road, GREENACRE, New South Wales, 2190 |
| Activity type: | Site Audit |
| Activity date: | 3 July 2024 to 5 July 2024 |
| Performance report date: | 24 July 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 550 Estia Health Bankstown |

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 Estia Health Bankstown (**the service**) has been prepared by Danielle Utting, 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
* the provider’s response to the assessment team’s report received 22 July 2024.

# 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.

Consumers and representatives said consumers are treated with dignity and respect, with their identity, culture and diversity valued. Management and staff spoke of consumers respectfully and understood their individual choices and preferences. Care planning documentation detailed information about consumer backgrounds and preferences and were consistent with information received from consumer and staff interviews. The Assessment Team observed staff interacting with consumers respectfully.

Consumers and representatives were satisfied with the way the service recognised the consumer’s cultural background and provided care consistent with their cultural needs and preferences. Staff described how consumers’ cultural needs influence the delivery of day-to-day care and services. Care planning documentation evidenced specific cultural needs for consumers such as religious practices they wish to maintain. The service had policies to guide staff practice and staff receive culturally safe care and services training.

Consumers and representatives said consumers are supported to exercise choice and decision-making about their own care and maintaining relationships of choice. Management and staff described how each consumer is supported to make informed choices about their care and services, and how they support consumers to maintain relationships of choice. Care planning documentation identified consumers’ individual choices around how care is delivered, who is involved in their care and how the service supports them in maintaining relationships. The Assessment Team observed staff to be assisting consumers in maintaining relationships with their friends and families.

Consumers and representatives described how the service supports them to take risks, such as individual meals and menu selection for consumers who may have a restricted or modified diet. Management said there are processes in place to support consumer independence and documentation reviewed showed consumers are supported to take risks. Staff outlined how they support consumers who choose to take risks, by informing them of the potential risks and how they could be minimised. Care planning documentation evidenced completion of risk assessments in consultation with consumers and their representatives.

Consumers and representatives said they are provided with printed information and verbal reminders which assists then to make choices. Communication assessments were included in care plans to facilitate the delivery of information in a way that is tailored to individual consumers preferences. Staff interviewed described different ways information is provided to consumers, including for consumers with cognitive and sensory impairments, in line with their documented needs and preferences.

The service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers expressed satisfaction the staff respects their privacy, including knocking on the door before entering and closing the door when personal care is being provided. Staff and management described the ways they respect the personal privacy of consumers at the service. The service had protocols in place to protect consumer privacy and confidentiality.

# 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.

Consumers and representatives said they receive the care they require. Management and staff described the care planning process in detail, including how they identify risks. Staff described the assessment and care planning process and how this ensures the delivery of safe care. Care planning documentation reviewed for consumers evidenced consideration of individual needs, risks and mitigation strategies.

Consumers and representatives were satisfied with their level of involvement in the planning of care, such as during scheduled family case conferences and discussions about EOL plans. Management and staff described how the service ensures that assessment and planning reflect each consumer’s current preferences and how they approach conversations around end of life (EOL) care planning. Care planning documentation reviewed evidenced the inclusion of consumer’s current needs and preferences, including EOL planning. The service had systems in place facilitating assessment and planning to capture the current needs of each consumer.

Consumers and representatives said they participate in the care planning process. Management and staff outlined how assessment and care planning was done in partnership with consumers and their representatives. Care planning documentation evidenced regular care plan evaluations and review and included input from a range of external providers such as Medical Officers (MO’s), physiotherapists, dietitians, and speech pathologists.

Consumers and representatives said they are satisfied with how the service communicates with them and explains care to them as needed. Management, staff and visiting professionals described how they communicate outcomes of assessment and planning to consumers and their representatives. Documentation review demonstrated that outcomes of consumer assessment and planning were recorded in consumer’s care planning, charting and progress notes.

Consumer care planning documentation reviewed evidenced regular reviews for continued effectiveness, when circumstances changed, or when incidents occurred, which impacted on the needs, goals, or preferences of the consumer. Management and staff explained the process for scheduled review of care planning documentation. The service’s assessment and care planning policies identify the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning reflects current consumer care needs.

# 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.

Consumers and representatives reported consumers received care which was safe, effective and tailored to their needs and preferences. The service demonstrated that consumers subject to restrictive practices are assessed, have behaviour support plans in place (BSP’s), informed consents completed, and are monitored and reviewed. I am satisfied the service identifies consumers subject to chemical restrictive practices. The service had policies and procedures, including restrictive practices, wound care, and pain management, to guide staff practice.

The service demonstrated the use of monthly clinical data monitoring, trending, and reporting to identify and manage high-impact and high-prevalence risks. Consumers and representatives interviewed expressed satisfaction with how their care and risks were managed by the service. Review of care planning documentation evidenced consideration of risks to each individual and strategies to manage and minimise these risks, such as falls risk. Management and clinical staff described the service’s high-impact, high-prevalence risks, how these were managed and measures that had been implemented to mitigate the risks to individual consumers.

Management and staff explained how they would recognise when a consumer was nearing end-of-life and provide care to maximise comfort and maintain dignity. Consumer care plans evidenced discussions with representatives regarding palliative care. Policies and procedures were in place to guide staff practice to deliver palliative and end of life care.

Consumers and representatives were satisfied with the services response to changes in consumer health status. Care planning documentation evidenced timely identification of, and response to, deterioration or changes in consumer conditions. Staff described how deterioration or change was recognised, responded to, and managed in partnership with specialists, medical officers and allied health professionals. Policies were available to guide staff practice to effectively manage the deterioration of consumers.

Staff described how information about consumer needs, conditions, and preferences is documented and communicated within the organisation and with others where responsibility for care is shared. Care planning documentation provided adequate information to enable effective sharing of consumer’s information to facilitate delivery of care. The service had systems and processes in place to ensure information is communicated within the organisation effectively.

Consumers and representatives interviewed were satisfied with the timeliness of referrals made on their behalf to other organisations and health professionals. Management and clinical staff described referral processes. Care planning documentation reviewed evidenced the involvement of medical officers, allied health professionals and other providers of care.

Consumers and representatives interviewed expressed confidence in the minimisation of infection-related risks. During the Site Audit, staff were observed using appropriate personal protective equipment (PPE) and practicing hand hygiene. Management and staff described the precautions to prevent and control infection risk and the steps they take to minimise antibiotic use. The service has implemented policies and procedures such as, antimicrobial stewardship and infection control management and had support of an infection prevention and control (IPC) lead.

# 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.

Consumers and representatives were satisfied with the staff support to enable them to maximise their quality of life. Staff explained how they develop a lifestyle assessment which documents consumer’s preferences, interests, and social, emotional, cultural and spiritual needs. Lifestyle staff explained how they use information about consumers preferences, feedback, and program evaluation to create the activities schedule. Staff explained how they adapt the activities to suit the consumers’ needs and abilities. Staff described individual consumers needs and interests which aligned with information recorded in care planning documentation.

Consumers and representatives said they are supported when they are feeling low, and described how the service promotes their emotional, spiritual and psychological well-being. Care planning documentation included information on consumers' well-being needs, goals and preferences. Management and lifestyle explained the ways they support consumer’s emotional, social and psychological needs, such as facilitating connections with people important to them, and by delivering religious services.

Consumers and representatives confirmed that consumers are supported to participate in their community within and outside the service environment, keep in touch with people who are important to them and do things of interest to them. Staff described how they support consumers to access the community within and outside the service environment. Care planning documentation included information about consumers’ interests and involvement in their community and details of important personal relationships.

Consumers and representatives expressed satisfaction their needs and preferences are communicated effectively within the service and with other services. Staff described ways in which information is shared between individuals involved in a consumer’s care and how timely updates are given following changes to a consumer’s condition, needs or preferences. Care planning documentation for consumers included sufficient information to support effective and safe care for consumers. Systems are in place to facilitate communication for example consumers’ dietary needs and preferences are updated by clinical staff and the information provided to hospitality staff.

Consumers and representatives confirmed that referrals to individuals and other organisations were timely and aligned with consumer needs. Staff outlined processes to engage with other organisations and providers, such as community services, visiting religious services and volunteers. Documentation evidenced that consumers receive timely referrals and support from other providers of services and supports.

Consumers said the meals provided were of good quality with a variety of options available and they when they provide feedback about the food this is acted on. Staff described how they ensure that consumer choices are supported and arrange alternatives if the consumer wishes. Care planning documentation reflected consumers dietary needs and preferences. Staff were observed to be providing supervision and assistance as needed during the meal services.

Consumers expressed satisfaction with the equipment provided by the service. Staff explained they are trained in how to correctly use equipment and the process to request equipment purchases.

# 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.

Consumers and representatives said that the service environment is welcoming and easy to understand. Management and staff described the features of the service that help each consumer to feel welcome and optimise belonging and independence, such as encouraging consumers to personalise their room. The Assessment Team observed clear signage throughout the service to support navigation.

Consumers and representatives expressed satisfaction with the overall safety, cleanliness and maintenance of the service environment and felt supported to move freely both indoors and outdoors. Environmental services staff said they follow a daily cleaning schedule to ensure regular cleaning of consumers rooms and communal areas. The service has an electronic system for logging and monitoring maintenance requests and hazards. The service’s maintenance log evidenced timely completion of maintenance requests. The Assessment Team observed that consumers were able to move freely around the service, both indoors and outdoors.

Consumers and representatives said the furniture, fittings, and equipment are well maintained and clean. Staff confirmed they have access to cleaning equipment and discussed how they log faulty equipment in the electronic maintenance reporting system. The preventative maintenance schedule evidenced completion of tasks, such as legionella testing in accordance with the schedule.

# 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 assessed as Compliant.

In relation to 6(3)(d)

The Assessment Team recommended Requirement 6(3)(d) was Not Met. The Assessment Team found that feedback and complaints were not always reviewed and used to improve the quality of care and services. The service was unable to demonstrate how complaints regarding laundry services, was being addressed. Some consumers and representatives interviewed raised concerns about the laundry services and said their laundry had gone missing on occasion and felt that this was an outstanding concern at the time of the Site Audit. The service did demonstrate that improvement actions had been effective in relation to food services.

The approved provider submitted a response (the response) and supporting evidence. The response provides additional clarifying information about the changes made to laundry practices prior to the Site Audit. I note that at the time of the Site Audit the service was not aware of concerns from consumers regarding missing laundry. The response details actions commenced and a PCI detailing quality activities to enhance laundry processes. The service has met with consumers and representatives to discuss concerns regarding missing laundry and no concerns have been raised. I am satisfied the approved provider has addressed the concerns and consider the actions planned and implemented by the service to be adequate to improve the laundry service processes. This Requirement is compliant.

In relation to the remaining requirements

Consumers and representatives said they understand how to give feedback or make a complaint and they feel comfortable doing so. Staff described the feedback and complaints management procedure and how they support consumers and representatives, such as directing them to the feedback form, resolving the feedback if it was appropriate or escalating to management. The service has policies, procedures, and systems to ensure consumers and their representatives are encouraged and supported to provide feedback or complaints.

Consumers and representatives interviewed said they were aware of advocacy services. Management and staff explained how they have access to external language services when required. The Assessment Team observed pamphlets and posters relating to the Commission and other external advocacy bodies on display throughout the service.

Consumers and representatives were satisfied with the management of complaints and actions taken. The service demonstrated appropriate action is taken in response to complaints, with an open disclosure process followed. Review of the services feedback and complaints register demonstrated timely action is taken in response to complaints. The service has policies to guide staff with investigating and resolving complaints.

# 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 assessed as Compliant.

Consumers and representatives were satisfied there are sufficient staff to meet their care needs. Management described how they develop the roster based on consumers clinical care needs to ensure there are enough staff. The master roster and shift allocations evidenced an adequate number and skill mix of staff and showed low levels of unplanned leave, which were all covered using existing and agency staff. Management complete daily reviews of call bell reports and investigate call bells times over the key performance indicator (KPI) of 10 minutes.

Consumers said staff were kind, caring and gentle when providing care, and staff treated them with respect and acknowledged their identity, culture and diversity. Staff were observed to greet consumers by their preferred name and demonstrated they were familiar with each consumer’s individual needs and identity. Training documentation evidenced staff completion of cultural diversity and safety, privacy and confidentiality and dignity and respect training.

Consumers and representatives provided positive feedback regarding the skills and knowledge of staff employed at the service. Management explained how the recruitment process enables the service to identify, recruit and employ staff with the appropriate skills and knowledge. Staff said they were provided with regular training and described key topics undertaken as part of mandatory training. The service demonstrated appropriate background checks, qualifications, police checks are completed.

Consumers and representatives said they are satisfied staff are have the knowledge to deliver the care and services they required. Management described how they support their staff to ensure they are receiving the training they need. Staff explained they have access to online training and in-person education sessions. The service has a system to monitor completion of staff training.

The service demonstrated the performance of staff is regularly assessed, monitored, and reviewed. Staff said they participate in regular performance appraisals and can discuss further training and development areas. Management described how the performance of staff is monitored through annual formal performance appraisal process, continuous informal monitoring and review, and ad-hoc performance management when required. The service had policies and procedures informing staff of expected performance in line with their role descriptions.

# 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 assessed as Compliant.

Consumers said they were satisfied they can provide feedback about how the service operates. Management explained the ways the service engages with consumers, such as through surveys and the consumer advisory board (CAB). This was supported by a management account of how they involved consumers and representatives in the improvement of meal services.

The service demonstrated there was Board oversight of the service to ensure the delivery of safe, inclusive, and quality care and services. Management described how the organisational and governance structure ensures the delivery of quality care and services Management described how service level information such as key incident and clinical indicator data is reported to the leadership teams and the governing body.

Staff said they can access policies on the intranet and consumer information through the electronic care management system (ECMS). The service demonstrated that policy changes or updates are communicated to staff. Management explained how serious incidents and complaints are managed, and continuous improvement opportunities identified. The Chief Financial Officer (CFO) monitors the services budget monthly and a capital expenditure budget available to allow for additional funding requests. The workforce is planned and the service has effective systems to monitor the completion of mandatory training and the performance of staff. The service demonstrated that regulatory compliance was effectively managed and legislative changes or updates to policies and procedures were communicated to service management and staff.

The service demonstrated there was an effective risk framework in place identifying, managing, and reporting risks and implementing actions to minimise risks. Management review incidents, including SIRS. The service had implemented policies and procedures to support effective management of risks and incidents. Staff interviewed provided examples of the highest risks to consumers and how they are managed.

The service demonstrated there is a clinical governance framework in place to monitor the systems to deliver safe and quality clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management described oversite of antibiotic use and regular review and monitoring of the psychotropic and restrictive practice registers.

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)