Performance

Report

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| Name: | Greenwich Place |
| Commission ID: | 8259 |
| Address: | 33 Greenwich Road, GREENWICH, New South Wales, 2065 |
| Activity type: | Site Audit |
| Activity date: | 5 June 2024 to 7 June 2024 |
| Performance report date: | 10 July 2024 |
| Service included in this assessment: | Provider: 688 Greenwich Place Pty Ltd  Service: 28061 Greenwich Place |

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 Greenwich Place (**the service**) has been prepared by Denise McDonald, 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 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 Site Audit received 2 July 2024
* other information and intelligence held by the Commission relating to the performance of the service.

# 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 and gave practical examples of how their diverse cultures and identities were valued, such as being supported by bilingual staff who spoke their first language. Staff explained they were trained in providing person-centred care and had knowledge of consumers’ life stories, cultural backgrounds and explained how these influenced the delivery of care. Care documentation evidenced consumers’ cultural backgrounds and identities, and staff were observed treating consumers with kindness.

Consumers confirmed they received culturally safe care and gave practical examples of being supported by gender specific staff when receiving personal care, as per their preferences. Staff had knowledge of consumers’ cultural backgrounds, identities, individual values and explained how care was tailored to meet cultural needs. Care documentation evidenced consumers’ cultural backgrounds and care strategies were tailored to support consumers maintain practices relevant to their individual beliefs.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections and maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to maintain relationships and make social connections, such as ensuring couples’ privacy was respected, and friends were seated together for meals. Care documentation evidenced consumers and those important to them were involved in making decisions about their care.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as self-administering some medications. Staff explained where consumers wished to take risks, relevant health professionals were involved in the risk assessment, risks were discussed, and mitigation strategies implemented to promote consumers’ safety. Care documentation evidenced risk assessments and mitigation strategies were offered, with consumers having made informed decisions and given their consent prior to engaging in risk.

Consumers confirmed they received timely information in ways which enabled them to make choices and said they were well informed about lifestyle activities and menus. Staff explained how they adjusted the way information was provided to consumers in response to their differing sensory needs. Posters and newsletters displayed on noticeboards were observed to be current and activities calendars were distributed to consumer’s rooms to enable choice.

Consumers confirmed their information was kept confidential and gave practical examples of how their privacy was respected, such as staff did not disturb them if their rooms doors were closed, as per their preference. Staff explained consumers’ privacy was respected by closing doors when providing care, whilst confidentiality was maintained by keeping their personal information secure in an electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed consistently 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 risks to consumers were identified, monitored and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, with care strategies planned to guide staff practice. Care documentation evidenced risks to consumers, such as falls and restrictive practices, were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and others, such as geriatricians and allied health professionals, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist services 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, with specialists’ recommendations included in planning processes.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives. Care documentation evidenced outcomes of assessment were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were updated in their care plan. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs. Care documentation evidenced consumers’ needs were reviewed as scheduled, and reassessment occurred in response to incidents and when their circumstances changed.

# 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:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer were managed. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were monitored, managed and prevented. Care documentation evidenced risks to consumers, such as falls and pressure injuries, were identified and responsive management strategies were in place.

Staff understood how to care for consumers nearing end of life to ensure their comfort, preserve their dignity and meet their needs and preferences, with support available from palliative care specialists. Staff explained consumers nearing end of life would be supported through comfort cares, regular repositioning, pain monitoring and management, emotional and spiritual support, and supporting family involvement in their loved one’s care. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changed appetites, cognition, mobility and behaviours, with any changes documented and the consumer escalated to clinical staff for review, with support from medical officers and allied health professionals. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers confirmed their care needs were effectively communicated, known and understood by staff, and they did not have to repeat their preferences when care was delivered. Staff explained changes in consumers’ care and services were documented and communicated during shift handovers and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as geriatricians and speech pathologists, and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly as staff performed hand hygiene and wore personal protective equipment, if needed. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, particularly in the event of a COVID-19 outbreak.

# 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 gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, such as watching movies in the onsite cinema with visiting family members and other consumers, which optimised their wellbeing. Staff explained consumers participated in a lifestyle assessment which captured their leisure time preferences, personal interests and social, emotional, cultural or spiritual needs and traditions, which were used to inform their lifestyle activities. Care documentation evidenced the supports needed to promote consumers’ independence and quality of life.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers emotionally by spending one-on-one time with them when their mood was low, facilitating phone calls with friends, arranging pastoral care and coordinating volunteer visits. Care documentation evidenced consumers’ emotional support needs and how these could be met.

Consumers said they were able to participate in activities at the service and in the wider community, as well as maintain their important relationships. Staff had knowledge of consumers’ interests and activities preferences and explained a men’s club had been established to encourage social relationships, whilst other consumers participated in bus trips to the local community which supported social engagement. Care documentation evidenced consumers’ activities of interest and people of importance to them.

Consumers said information about their daily living needs were effectively communicated, particularly as staff understood their dietary preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, at meetings, by email and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for service delivery.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers, such as the community library. Staff explained links were being established with a volunteer organisation, so referrals could be made for consumers who would benefit from spending meaningful one-on-one time with volunteers. Care documentation evidenced referrals were made to other organisations to meet consumers’ needs.

Consumers and representatives gave positive feedback about meals, which were varied, aligned with consumers’ preferences and dietary requirements and portion sizes were sufficient. Consumers said they had input to the menu during meetings and the chef sought real-time feedback from them during meal services. Meal service was observed, and staff provided dignified assistance for those consumers who required help to eat their meal.

Consumers said equipment provided by the service, such as mobility aids, were safe, clean and well maintained. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Mobility aids and equipment used for lifestyle activities was observed to be safe, clean and well maintained.

# 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 said the service had a welcoming atmosphere, it was easy to find their way around and rooms were personalised with their own belongings. Consumers’ understanding of the service environment was supported by wayfinding features and well-lit, obstruction free walkways, whilst communal areas encouraged a sense of belonging and interaction with others. Consumers were observed spending time in the onsite cinema and cafe, socialising with each other and their families.

Consumers gave positive feedback about comfortability and cleanliness of the service, particularly their personal rooms, and confirmed they had free movement both indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around the service and accessing communal areas and courtyards, whilst others welcomed their visiting family and friends.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for consumers’ use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, maintenance was attended to promptly, with specialist contractors in place, if needed. Furniture, fittings and equipment were observed to be clean, in good condition 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 said they were supported to raise concerns and gave practical examples of speaking with staff and submitting a complaint by email, as ways they could give feedback. Staff explained the complaints management process and confirmed they would support consumers to raise concerns, if required. Meeting minutes evidenced consumers’ feedback was a standing agenda item, whilst complaints forms and locked suggestion boxes were observed to be easily accessible.

Consumers and representatives understood how to access external complaints, advocacy and language services. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Posters and brochures promoted access to the Commission, advocacy services and language services.

Consumers and representatives said action was taken in response to their complaints with clothing being labelled as items had been lost or misplaced when laundered given as an example. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced an effective reporting process and the use of open disclosure in complaints management.

Consumers confirmed their feedback and complaints had been used to improve meals as menu items had been amended to better suit consumers’ taste preferences. Staff explained feedback and complaints were reviewed to identify trends, which were added to the continuous improvement plan for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services.

# 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 gave positive feedback about staffing levels and confirmed their needs were promptly met by staff, whom they described as caring and helpful. Management explained the roster was developed based on meeting legislative responsibilities and consumers’ clinical needs and changed acuities, with a focus on recruitment as more consumers begin residing at the service. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers confirmed staff were kind, caring, familiar with consumers’ needs and preferences and respectful of their identity, culture and diversity when care was delivered. Staff had knowledge of consumers’ needs and preferences and explained they were trained in providing care which was dignified and respectful of consumers’ choices, diversity and privacy. Staff were observed treating consumers with respect by knocking on their doors and requesting entry and addressing them by their preferred names as assistance was provided during meals and activities.

Consumers confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained staff competency was determined through pre-employment checks, regular training which reflected the Quality Standards, competency assessments during probationary employment periods and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained, and staff confirmed, they had access to online training resources as well as learning opportunities which arose during day-to-day care delivery, such as in wound management and recognising deterioration in consumers’ conditions. Training records evidenced all staff had completed mandatory training in infection control, fire emergency procedures, manual handling, the Serious Incident Response Scheme (SIRS) and the Quality Standards.

Management advised, and staff confirmed, staff performance was informally monitored during the probation period via peer reviewed buddy shifts, competency assessments and oversight from clinical staff, with formal assessments through annual performance reviews. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal. Policies and procedures guided staff in matters relating to their employment, which included performance expectations in line with the Code of Conduct for Aged Care.

# 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, through scheduled meetings or speaking directly with staff and management. Management advised consumers contributed to service evaluation through newly established consumer advisory bodies, the feedback process and care plan reviews, with surveys and internal audits to be introduced as the service expands. Documentation evidenced consumers were actively engaged in providing feedback about aspects of their care and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a clinical governance framework which included regular reports on clinical data, operational matters and consumers’ experiences, which were analysed and used to drive improvements in care and services. Meeting minutes and the board’s terms of reference evidenced the governing body was accountable and responsible for promoting a culture of safe, inclusive and quality consumer care.

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, consumer safety and quality improvement systems, delivery of evidence-based care, environmental safety 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)