Performance

Report

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| Highton Gardens Care Community | 15 September 2022 |
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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 Highton Gardens Care Community (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* other information and intelligence held by the Commission in relation to 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 | | Compliant |
| 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

Consumers feel staff treat them with dignity and respect and they are valued as an individual. Staff were observed interacting respectfully with consumers, spoke of consumers in a respectful manner and were familiar with consumer's individual background and preferences. Care planning documents evidenced recording of a consumer's background, culture and identity and personal preferences to guide staff practice. The service has policies on creating a diverse and inclusive culture at the service.

Consumers confirmed the service recognises and respects their cultural background and provides care consistent with their culture and preferences. Staff identified consumers who identified as culturally and linguistically diverse and knew about their specific care needs which aligned to information contained in care plans, these also reflected consumers preferred cultural activities and interests.

Consumers and representatives said consumers are given choice about when and how care is provided, and their choices are respected. Care planning documentation identified the consumers' individual choices for when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. A consumer described how they can leave the service when they want to, and a married couple confirmed the service provided them privacy in their rooms together.

Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose. Consumers described how the service supports them to take risks such as the consumer who chose to continue drinking thin fluids despite being assessed to require thickened drinks as this was their preference. A dignity of risk form evidenced the consumer has been assessed by the speech pathologist for swallowing issues, risks and the benefits of the consumer taking the risk were identified, such as enjoying their favourite drink.

Consumers described how they were informed of how to make choices and supported to understand information including receiving a weekly menu from staff with meal options to choose from. Staff described various ways information is provided to consumers, in line with their needs and preferences including activity calendars and information displayed on noticeboards throughout the service and a monthly newsletter distributed with updates from the service. Staff described using hand signals, communication cards and speaking slowly when communicating with a consumer who suffered a stroke resulting in communication difficulties.

Consumers described how their privacy is respected by staff such as knocking on their doors before coming in and discussing their personal matters in a private space. A consumer’s care plan specified the consumer is to be consulted prior to staff giving information to their family members. Staff said they keep consumer’s information confidential by ensuring the nurses station is locked if unattended and closing the door when attending to consumers’ personal care. A handover board was observed to be deidentified with no names only room numbers and a privacy policy contained responsibilities and roles regarding privacy.

# Standard 2

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

## Findings

Consumers and representatives said they are involved in the care assessment and planning process. Care planning documentation detailed the individual consumer risks have been assessed and strategies to reduce or eliminate those risks were identified. Staff described the comprehensive assessment process at admission to identify and address risks to the consumer’s health and well-being, the 28-day admission pathway procedural documentation was observed to reflect care plan formation of care plan and interim care plan.

Staff knew what is important to consumers in terms of how their personal and clinical care is delivered, including their needs, goals and preferences. Staff described how they approach conversations with consumers and representatives about end of life and advance care planning. Consumers and representatives confirmed their current preferences and end of life wishes had been identified. A representative confirmed the service contacts them on a regular basis to discuss advance care planning and end of life preferences of the consumer.

Staff said care plans are reviewed on a 4-monthly basis and multidisciplinary case conferences are held annually with the consumer and representatives, medical officers, physiotherapist and other specialists involved in the care of the consumers. Care planning documentation evidenced the involvement of a range of external providers and services such as medical officers, physiotherapists, speech pathologists, dietitians and wound specialists. Consumers and representatives confirmed they have access to specialist providers who are involved in their care assessment and planning.

Consumers and representatives felt the service maintains good communication with them and staff explain things to them clearly and clarify clinical matters if needed. Management explained how they update families who regularly visit and contact families who are not able to visit over the telephone. A representative confirmed they could request a copy of the consumer’s care plan if they needed it and consumers said their care planning documentation made sense to them.

Care planning documentation identified reviews occur on a regular basis and when circumstances changed, such as consumer deterioration or incidents such as infections, falls and wounds. Consumers and representatives said that that staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner. The service has policies and procedures which guide staff in the assessment and planning process for consumers on a 4-monthly basis or as needed following a change in health status.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and representatives said they receive safe and effective personal and clinical care tailored to meet the individual consumer's needs and optimises their health and well-being. Care files evidenced care assessments, care and service plans, progress notes, medication and monitoring charts reflecting safe and effective individualised care tailored to the specific needs and preferences of the consumer. The service has policies, procedures and work instructions for key areas of care including but not limited to, restrictive practices, wound management and pain management which are readily available for staff to access via an online portal.

Management described the high-impact or high-prevalence risks at the service, including falls and the service analyses clinical indicator data each month to identify gaps and reduce the number of incidents that occur at the service. The latest clinical indicator report reflected falls showed as the most prevalent risk; actions to address risk were also noted including increased staff observations of consumers. Consumers and representatives felt the service is adequately managing risks to consumers' health including for falls.

Consumers who wish to, their advance care plan and end of life wishes had been completed by the consumer or a representative. A representative of a palliating consumer expressed gratitude about the end of life care provided to their consumer. Staff described how they approach conversations around end of life, how they provide care for end of life consumers through supporting regular family visits, regular repositioning, hygiene and comfort care, pain relief and pastoral care.

Care planning documentation and progress notes reflect the identification of, and response to, deterioration or changes in condition. Representatives said the service is responsive to consumer’s care needs and would inform them of any deterioration to consumer health, along with planned management strategies. Staff explained how deterioration was discussed during handover and staff meetings, could trigger a medical officer review, hospital transfer if needed and a subsequent review of care planning documentation.

Consumers and representatives said the consumer’s care needs and preferences are effectively communicated between staff and they receive the care they need. Care planning documentation demonstrated progress notes and care and services plans provide adequate information to support effective and safe sharing of the consumer's information to support care. Information is specific to individual consumers, such as wound care that requires attention, routine blood glucose level checks, medication given and mobility and transfer requirements. Allied health professionals described how they are notified of required reviews via a referral request form.

Care planning documentation confirms the input of other providers of care and referrals where needed, including from services such as dietitians, physiotherapists, speech pathologists, wound specialists and medical officers. Consumers and representatives said referrals are timely, appropriate and occur when needed and that the consumer has access to relevant health professionals, including allied health professionals and clinical specialists. Management said they assess all requests for support from allied health services and arrange appointments via email.

The service has policies and procedures in place to guide staff practice in relation to antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19 and demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has a staff and consumer vaccination program and records are maintained for influenza and COVID-19 vaccinations.

# Standard 4

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

## Findings

Consumers said they feel supported to the things they want to do, and consumers were observed engaging together with other consumers in daily living activities. A consumer who is a musician said they were encouraged to facilitate and perform in several recurring activities at the service and they felt happy to do so as it gives them a chance to use their musical talents. Lifestyle staff knew what is important to consumers and how activities at the service meet the needs of consumers. Care planning documentation described consumer's needs, goals and preferences as well as feedback for activities.

Consumers described how they are supported when they are feeling low, and how the service promotes their emotional, spiritual and psychological well-being. Staff described how the service supported consumers emotional, social and psychological needs such as facilitating connections with people important to them as well as church and religious services. Lifestyle staff participate in the ‘meaningful mates’ program whereby staff are assigned to a consumer for one on one support and volunteers also visit consumers to provide individual support. Care planning documentation identified people important to individual consumers and the activities of interest to the consumer.

Consumers felt supported to participate in activities within the service and in the outside community as they choose. Staff described consumers who were supported to maintain their relationships, both inside and outside of the service. Bus trips and visits to places of significance were arranged for consumers to cater for those who may not have family to visit them or take them out. Care planning documentation identified people important to individual consumers and the activities of interest to that consumer.

Consumers said information about their condition, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff described ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer including through the electronic care management system accessible to staff, and external organisations where services and supports for daily living is shared. Care planning documentation for consumers provided adequate information to support safe and effective care as it relates to services and supports for daily living. The service has policies for identifying, reporting and recording changes in consumer's conditions, needs and preferences.

Care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. Consumers said external volunteers visit the service to provide services which they participate in and appreciate. Lifestyle staff said they would add more lifestyle activities as the COVID-19 pandemic allowed and would continue to provide external services and entertainers at the request of consumers where they could. A consumer described how they are supported to access the local library and attends appointments with a visiting hairdresser to the service.

Consumers said the service provided meals of suitable quantity, quality and were varied, special dietary needs were accommodated, and all staff were knowledgeable regarding their needs. The service has feedback mechanisms allowing consumers to have a say in the performance of the kitchen, staff said food focus meetings are held to discuss issues regarding food and to address issues raised.

Equipment provided to consumers was observed to be safe, suitable, clean and well maintained. Staff described how equipment is cleaned before and after use and consumers said equipment is in good working order, available when the need it and they felt safe when using the service's equipment. **Standard 5**

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| Organisation’s service environment | | Compliant |
| 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

Staff described aspects of the service designed to help consumers feel welcome and optimise each consumer’s sense of belonging and ease of navigation; staff and management felt every effort is made to help consumers feel like they are at home at the service. The service was observed to clean and well maintained and consumers were observed enjoying outdoor shaded areas. The service reflected dementia enabling principles of neutral coloured walls, clear signage and circular design of wings. A consumer said the service was easy to navigate and they never get lost.

Consumers said they could move freely indoors and outdoors; the service was kept clean and maintenance issues raised with staff were attended to in a timely manner. Staff were observed carrying out cleaning duties in accordance with a cleaning schedule and staff described their cleaning responsibilities and duties. The preventative maintenance schedule was observed to be up to date and actions completed.

Consumers said furniture, fittings and equipment is safe and well maintained. Regular cleaning was observed to be done for communal areas as part of the cleaning schedule including high touch points such as keypads, lift buttons and consumer rooms which were cleaned regularly. A new call bell system had been installed at the service and call bells were observed to be in working order. Staff said cleaning of personal care items such as standing machines and hoists was the responsibility of staff members who used them, this was consistent with observations made.**Standard 6**

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

## Findings

Consumers and representatives said they understand how to give feedback or make a complaint and they feel comfortable doing so. Management described how they encourage and support consumers to provide feedback and make complaints by talking directly to staff or management or via a feedback form or e-email. Staff said feedback is captured in the electronic complaints register. The service has a feedback and complaints policy to guide staff on involving consumers in resolving issues and linking complaints and suggestions to the continuous improvement process.

Consumers and representatives said they are aware of advocacy services available to them and felt confident using these services if needed. Management and clinical staff described external feedback, advocacy, and language services available to consumers and representatives where required. The consumer newsletter was observed to actively promote advocacy services, and information could be easily accessed by consumers and representatives.

Consumers and representatives said management are honest when addressing and resolving concerns raised after making a complaint, or when an incident has occurred. Staff members showed an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. A consumer confirmed they had received an apology for a complaint raised involving a staff member making derogatory remarks and felt the service had handled the complaint well.

Consumers and representatives reported their feedback is used to improve services. Management described processes in place to escalate complaints and how they are used to improve the care and services available. The service has a continuous improvement initiative to improve call bell times as a result of consumer complaints, a new call bell system had been installed and call bell wait times had started to decrease. Call bell times are now discussed at handover meetings.

# Standard 7

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

## Findings

Consumers said they sometimes wait for staff however there was no impact to the quality of care and services they receive, this was confirmed by consumers who had experienced longer wait times. Staff felt the service had enough staff to attend to consumers in the service and management helped to assist any shortfalls due to unplanned leave. Staff did not appear rushed or stressed when attending to consumers and performing their duties.

Consumers and representatives said staff are kind, caring and gentle when providing care. Staff were observed greeting consumers by their preferred name and demonstrated they are familiar with each consumers' individual needs and identity. A representative said staff respected the consumer’s wish to remain independent when showering and would remain close in case the consumer needed assistance.

Consumers and representatives said staff perform their duties effectively and felt they were skilled to meet care needs, a consumer confirmed they received their medication at the right time daily. Management said position descriptions include key competencies and qualifications essential for each role, and they strive to find the best person for the role when recruiting. Staff described being buddied with experienced staff when joining the service and were aware of relevant qualifications required for their roles. Position descriptions for clinical and care staff described required training, competencies and experience for each position.

Consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff felt they are trained, equipped and supported to deliver safe and effective care. Management described how mandatory and essential training are delivered via the online training portal including modules on incident reporting including for abuse and neglect, infection prevention and control, antimicrobial stewardship, minimising the use of restraint and open disclosure. Mandatory training enrolments are managed by the quality team and training records demonstrated that all staff were up to date with their mandatory training.

Staff outlined how their performance is monitored through annual performance appraisals and could describe the outcome of their last performance appraisal. Management described how they had managed a recent staff performance issue in response to complaints raised by consumers, this has resulted in performance management discussions and review with the staff member and the matter is still ongoing. Performance assessments were observed to include key areas of clinical care, teamwork and communication, compliance and safety and areas for development.

# Standard 8

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

## Findings

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services and the service respected their feedback. Consumers said they were involved in 4 monthly reviews of care plans where changes could be made to their care and services. Management described how the service uses consumer meetings, food focus meetings, and informal engagement to obtain feedback from the consumers. Consumer meeting minutes evidenced topics discussed included COVID-19 updates, volunteers, activities, renovations, outings, church groups and suggestions and improvements.

Management described the involvement of the governing body in the promotion of a culture of safe, inclusive and quality care. The board is supported by subject matter experts and committees including the audit and risk advisory, and the clinical governance committee. The board communicates any legislative changes down through the service and monitors the status of the implementation. Management said the service participates in a national quality improvement project, risk indicators are communicated to the board monthly including on internal and external complaints and the board provides feedback and follows up on the service’s response.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service's information management systems were demonstrated to be effective and fit for purpose. Staff confirmed they can easily access the information they need to perform their roles which includes care planning documentation, the electronic incident management system, training, policies and procedures via an online portal.

The service has effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents using an incident management system. Staff knew that every instance of abuse or neglect needs to be immediately reported. Clinical staff said that they had received training on high-impact and high-prevalence risks such as falls, wounds, behaviour management and medication management.

The organisation has a clinical governance framework in place including policies and procedures on antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff said they had received training on policies and demonstrated knowledge of applying policies to practice including strategies to minimise the use of antibiotics such as adopting the ‘dip or not to dip’ initiative to reduce the use of antimicrobials.

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-2)