Performance

Report

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| Name: | Marsden Park Care Community |
| Commission ID: | 8219 |
| Address: | 160 Northbourne Drive, MARSDEN PARK, New South Wales, 2765 |
| Activity type: | Site Audit |
| Activity date: | 8 July 2024 to 10 July 2024 |
| Performance report date: | 22 August 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 26566 Marsden Park Care Community |

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 Marsden Park Care Community (**the service**) has been prepared by P. Wallner, 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 approved provider’s response to the site audit received on 31 July 2024.
* other information and intelligence held by the Commission in relation to this 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 assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, and they felt their identity, culture and diversity was valued. Staff spoke about consumers in a respectful manner and were familiar with consumers' backgrounds, culture and preferences. Care planning documents detailed information about consumers’ identity, culture and diversity. Staff were observed interacting respectfully with consumers. The service had a diversity and inclusion policy to guide staff practice.

Consumers and representatives said the service recognised and respected consumers’ cultural and spiritual backgrounds and provided culturally safe care. Staff described how consumers’ cultural needs and preferences influenced the way their care was delivered. Documented policies and procedures guided staff in providing culturally safe care and services.

Consumers and representatives said they were supported to exercise choice and independence when making decisions about their care, when others should be involved in their decisions, and to maintain relationships of choice. Staff described how each consumer was supported to make informed choices about their care and services, and to maintain relationships of choice. Care planning documents identified consumer’s individual choices around how care is delivered, who is involved in their care and how the service supports them in maintaining relationships. Consumers and representatives confirmed consumers were supported to make independent decisions about their care and services, communicate those decisions, and maintain relationships with family and friends. Management and staff described how they supported consumers to exercise choice and maintain their chosen relationships. Care planning documents reflected consumers’ care choices and the relationships they wished to maintain.

Consumers and representatives said the service supported consumers to engage in risk-taking activities to live the best life they could. Staff were familiar with consumers’ choices involving risks, and described how they informed them about the potential risks and discussed how they could be minimised. Care planning documents showed risk assessments undertaken with consumers and representatives and identified risk mitigation strategies. The service had policies and processes to identify, assess and manage risks chosen by consumers.

Consumers and representatives said the service regularly provided current, clear and accurate information which enabled consumers to make informed choices about their care and services. Staff described the different communication methods they used to keep consumers informed about their choices, including those consumers with cognitive and sensory impairments. Care planning documents reflected consumer’s individual communication needs and preferences. Staff were observed providing clear and current information to consumers in a way they could understand to support informed decision making. The noticeboards displayed up-to-date information, such as the lifestyle activities schedule, consumer meeting minutes, newsletters, and complaint information.

Consumers and representatives said the service respected consumers’ privacy, and their personal information was kept confidential. Staff described how they maintained consumers’ privacy during care delivery and kept their personal information confidential. Staff were observed knocking on consumers’ doors prior to entering and closing doors to deliver personal care. The service had a documented privacy policy to guide staff practice.

# 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 assessed as Compliant.

Consumers and representatives confirmed they were involved in assessment and care planning, which considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services. Management and staff described the assessment and care planning process, and how it considered risks and informed the delivery of safe and effective care and services. Care planning documentation confirmed comprehensive assessment and planning which included risk assessment and risk management strategies. The service used a checklist to guide staff in completing the initial assessment and care planning process.

Consumers and representatives described how assessment and care planning identified consumers’ current needs, goals, and preferences, and their advance care plans. Management and staff explained how assessment and care planning reflected consumers’ current needs, goals and preferences, and how they approached conversations about advance care and end of life planning. Care planning documents identified consumers’ current needs, goals and preferences, and their end of life plans.

Consumers and representatives said they were involved in the assessment and care planning process, including the review of their care and services. Management and clinical staff explained how they actively collaborated with consumers, representatives and other providers of care to ensure quality care was provided. Care planning documentation showed the involvement of consumers, representatives, and a range of external health service providers. The service had policies and procedures to guide staff in partnering with consumers, representatives and other providers of care and services.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and they were offered a copy of the consumer’s care plan following scheduled reviews. Staff and management described how they regularly communicated assessment outcomes to consumers and representatives. Consumers’ care plans confirmed the outcomes of assessment were discussed with them, and the care plan summary offered.

Consumers and representatives confirmed consumers’ care and services were regularly reviewed, and reviewed when circumstances changed, or incidents impacted on their needs, goals or preferences. Management and clinical staff explained how care plans were reviewed regularly, and if there was a change in circumstances or an incident occurred. Consumers’ care plans showed they had been reviewed at least 3 monthly, and if there was a change in circumstances.

# 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 assessed as Compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, and said it met consumers’ needs and optimised their well-being. One representative expressed concern about continuity of wound care which was investigated and responded to appropriately by management. Management and staff described best practices approaches to the delivery of safe and effective personal and clinical care. Care planning documentation confirmed the personal and clinical care was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had policies, procedures and guidance for staff to deliver best practice personal and clinical care.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks to consumers health. Management and clinical staff described the high prevalence and high impact risks to consumers and the management strategies in place. Care planning documentation showed high impact and high prevalence risks to consumers had been identified and were effectively managed.

Consumers and representatives confirmed the service had discussed consumers’ needs, goals, and preferences, including their end of life wishes. The representative of a palliating consumer confirmed they were involved in end of life care planning, and staff ensured the dignity and comfort of the consumer was maximised. Management and clinical staff knew consumers’ needs, goals and preferences, and described how they maximised the comfort and preserved the dignity of consumers nearing the end of life. The service had a palliative and end of life care procedure to guide staff in providing end of life care.

Consumers and representatives said the service was responsive to a deterioration or change in consumers’ condition, and they were kept informed of management strategies. Staff described how they recognised and responded promptly to a deterioration or change in consumers’ condition, in partnership with other health professionals. Consumers’ care planning documents reflected the timely identification of, and response to, a deterioration or change in their condition. The service has policies and procedures to guide staff in the management of clinical deterioration.

Most consumers and representatives confirmed information about consumers’ condition, needs and preferences was documented and communicated effectively between staff and they did not have to repeat themselves to different staff. Two representatives cited examples where they felt information was not effectively communicated between staff however, management detailed improvement actions being taken to address these concerns. Staff described how current information about consumers’ condition, needs and preferences was communicated between staff, and others providing care, through shift handovers and the electronic care management system.

Consumers and representatives said referrals were timely and appropriate, and they had access to a range of other organisations and health services to meet their care needs. Management and staff described the procedures for referring consumers to other health professionals and explained how this informed the care and services provided. Care plans confirmed timely referrals to appropriate other health service providers. The service had established documented procedures for referring consumers to health professionals both within and outside the service.

Consumers and representatives expressed confidence in the infection prevention and control practices at the service, and said staff took appropriate hygiene precautions. One representative described an incident where staff had not used gloves however, they had not previously raised this incident with management who took immediate action to address the feedback. Management and staff demonstrated a thorough understanding of infection prevention and control measures and antimicrobial stewardship and confirmed they had received training. The service had an infection prevention and control lead on-site, and documented policies and procedures to guide staff in relation to infection prevention and control and antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives said consumers received safe and effective services and supports for daily living that met their needs, goals and preferences, and optimised their quality of life. Management and staff explained how the lifestyle assessment identified consumers’ lifestyle needs, goals and preferences and the services and supports they needed. Care planning documents confirmed what was important to consumers and how they wanted to optimise their quality of life, health, well-being, and independence. Consumers were observed being supported to engage in activities around the service.

Consumers and representatives said consumers were supported when they were feeling low, and the service promoted their emotional, spiritual and psychological well-being. Staff described how they supported consumers’ emotional, social and psychological needs. Care planning documents detailed consumers’ emotional, spiritual and psychological needs and preferences, and how staff could support them.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, maintain important relationships, and do things of interest to them. Staff described how they supported consumers to maintain relationships, engage in activities of interest, and participate in their community. Care planning documents contained information about consumers’ interests and the people that were important to them.

Consumers and representatives described how the service effectively shared information about consumers’ current condition, needs and preferences with those involved in providing daily services and supports. Staff described how changes in consumers’ care and services were communicated through shift handover processes and via the electronic care management system. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers and representatives said consumers were referred to other individuals and organisations providing services and supports. Care planning documents showed the service collaborated with external services and supports such as volunteers, musical therapists, entertainers and religious services. Staff described other individuals and organisations providing consumers with services and supports for daily living.

Consumers and representatives expressed great satisfaction with the variety, quality, and quantity of the meals provided. Management and staff described consumers’ dietary needs and preferences, which aligned with their documented care plans. Effective feedback mechanisms enabled consumers to provide feedback on the menu or request alternative meal options. Care planning documents noted consumers’ dietary needs, dislikes, allergies, and preferences. The menu was displayed on the notice boards in the dining rooms, and the kitchen was clean and tidy with staff adhering to food safety protocols.

Consumers said the equipment was safe, suitable, clean and well maintained. Staff described the processes in place for ensuring the equipment was kept clean and well maintained. Equipment was observed to be safe, suitable, 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 assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand, and they could personalise their rooms. Management and staff described features of the service which made consumers feel welcome and optimised their sense of independence, interaction and function. The service environment appeared welcoming, well-lit, with handrails and clear signage throughout.

Consumers and representatives said the service environment was safe, clean, and well-maintained and allowed them to move around freely, as they wished. Maintenance and cleaning staff explained effective systems in place for the cleaning and maintenance of the service. Consumers were observed moving around freely and accessing all areas of the service environment.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining the equipment, furniture, and fittings in the service. The furniture, fittings and equipment appeared clean, well maintained, and suitable for consumer’s needs.

# 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.

Consumers and representatives said they felt comfortable providing feedback and making complaints, and described the different ways they could do so. Management and staff described processes in place to encourage and support consumers and representatives to provide feedback and complaints. Feedback forms, related information and locked lodgement boxes were available around the service.

Consumers and representatives were aware of external methods for raising and resolving complaints and for accessing advocacy and language services. Management and staff explained how consumers and representatives were informed about external advocacy, language and complaints services, and supported to access them. Information about advocacy, interpreter, and complaint services was observed around the service, and in the consumer handbook. The feedback and complaints policy and procedure detailed ways to encourage feedback and complaints and the different mechanisms available.

Consumers and representatives said the service resolved complaints they raised and practiced open disclosure. Management and staff explained how complaints were acknowledged and responded to immediately, and confirmed they understood the principles of open disclosure. Complaint records confirmed the service resolved complaints in a timely manner using open disclosure. The service had policies, procedures and training to guide staff in complaints management and the use of open disclosure.

Consumers and representatives expressed satisfaction with how their complaints were resolved and used to improve the quality of the care and services. Management and staff described examples of complaints being reviewed and used to identify improvement actions. The service’s Continuous Improvement Plan and other documents confirmed feedback and complaints from consumers and representatives was used to improve the quality of care and services. The approved providers response received on 31 July 2024, further confirmed feedback and complaints identified in the site audit were acted upon and used to identify improvement actions.

# 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 felt there were sufficient staff to meet their care and service needs. One consumer felt they sometimes waited too long for staff to respond to their call bell and considered there were not enough staff. Management confirmed the call bell response times were within the target range however, it was identified as an area for improvement and additional staff training. Management and staff described how the workforce was planned and rostered to deliver safe and effective care, based on consumers’ care needs. Management described how the service used a roster based on consumers clinical care needs and that the service was staffed to an adequate level. Documentation showed the service had adequate staff, all shifts were filled, and call bell response times were monitored regularly. Staff said there were sufficient staff to meet consumers’ care needs, and they did not appear to be rushed throughout the delivery of care.

Consumers and representatives said staff were kind, caring, respectful and gentle when delivering care and services, and were responsive to their needs. One consumer said staff did not always explain what they were doing however, management responded appropriately to this feedback after it was drawn to their attention. Management and staff were familiar with each consumer’s background, culture and identity. Staff were observed to always interact with consumers in a positive, caring, and respectful manner. The service had various policies, procedures, and guidelines for staff behaviour.

Consumers and representatives said staff were competent and had the appropriate skills to perform their duties. Staff confirmed they had the necessary training, qualifications and checks for their roles. Management described the processes in place to ensure staff had the competencies, qualifications and met the registration and other requirements for each role. Records demonstrated the service checked and monitored qualifications, professional registrations, vaccinations, and security checks.

Consumers and representatives said staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management and staff explained how staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. Training records demonstrated staff were up to date with their mandatory training.

Management explained how staff performance was monitored, assessed and reviewed through annual formal performance appraisals, continuous informal monitoring and review, and ad-hoc performance management, when the need arises. Staff described the annual performance appraisal process and the outcome of their last performance appraisal. Records showed performance appraisals were up to date. The service had policies to guide the management of staff performance.

# 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 and representatives said the service was well run and they were engaged in the design, delivery, and evaluation of care and services. Management and staff described various mechanisms for consumers and representatives to be regularly involved in the development, delivery and evaluation of care and services. Feedback and suggestions made by consumers and representatives were reflected in the service’s Continuous Improvement Plan and other documents.

Consumers and representatives confirmed the organisation’s governing body promoted a culture of safe and inclusive care and services. Management described how the Board promoted a culture of safe, inclusive and quality, care and services, and was accountable for their delivery. Management described the organisational and reporting structure and how the Board satisfied itself the Quality Standards were met.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how the governance systems were implemented and were effective in supporting quality care and services.

The service had effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Management and clinical staff demonstrated an applied understanding of the risks associated with the care of consumers, and how the service manages risk in line with best practice.

The organisation’s clinical governance framework included documented policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff explained how these policies and procedures were applied in the delivery of care and services.

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)