Performance

Report

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| Name of service: | McKellar Centre |
| Service address: | 45-95 Ballarat Road NORTH GEELONG VIC 3215 |
| Commission ID: | 3409 |
| Approved provider: | Barwon Health |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 3 February 2023 |
| Performance report date: | 17 March 2023 |

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 McKellar Centre (**the service**) has been prepared by D Utting, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 1 March 2023.

# 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 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

Most consumers and representatives sampled said consumers are treated with dignity and respect. Staff provided examples of how they demonstrate respect for consumers’ diversity and consumer documentation detailed the life history, ethnic background, and consumers wishes and preferences.

Consumers and representatives expressed satisfaction their culture is respected. Staff demonstrated how they keep consumers connected to their countries of origin and facilitate communication with those of non-English-speaking backgrounds. Consumer files and other documentation contained information about consumer’s ethnicity, languages spoken, and cultural needs. The service was observed to have materials displayed to promote a culture of accepting diversity.

Consumers and representatives said consumers are supported to exercise choice and independence, including when maintaining relationships. Staff outlined choices available to consumers in relation to meals, activities, where they spend their time and who they mix with. Consumer files evidenced consultation with consumers and representatives regarding how consumers wish to receive care and the involvement of others. The service has a consumer choice policy which includes the circumstances where others can make decisions on behalf of consumers. Consumers were observed by the Assessment Team to be watching television together, receiving visitors, sitting in dining areas of their choosing and having meals in their rooms.

Consumers are supported to take risks to continue participating in activities they enjoy. Consumers were observed by the Assessment Team engaging in their chosen activities and representatives interviewed reported being informed of the risks and providing consent. Staff outlined the risk assessment and consultation process and consumers’ care planning documentation evidenced the process of consultation and decision-making, in accordance with the service’s procedures.

All consumers and representatives sampled indicated consumers receive the information they require to enable them to make choices. Staff described how they provide information in writing and verbally, and consumer files reflected this. Activities calendars were noted within consumer rooms, and on display in communal areas. The day’s activities were also written in large print on whiteboards.

Most consumers are satisfied their privacy is respected by staff and their information is kept confidential. One representative said staff do not always wait for a response before entering the consumers room. Staff demonstrated how they maintain consumer privacy including knocking on doors prior to entry and keeping doors closed while providing care. The Assessment Team observed staff computer screens to be locked and secured in nurses’ stations or in offices not accessed by consumers or visitors. In the Approved Provider’s response several communiques with staff have occurred since the site audit to strengthen staff practices with privacy and additional auditing scheduled. I am satisfied the service has addressed the concern raised in the site audit report and is working to improve consistency with staff practices.

# 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

Consumers and representatives expressed confidence that the assessment and care planning process considers the risks to the consumer’s health and well-being. Care planning documents reflected the outcome of risk assessments undertaken in relation to falls, skin integrity, changed behaviours, and specialised care needs. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care and utilised risk assessment tools for guidance. Consumer care documentation demonstrated a range of risk assessments are completed in line with the organisation’s admission processes.

Consumers and representatives confirmed that they were aware of assessment and planning information and were confident the information was reflective of current care needs. Consumer files reviewed included Advanced Care Plans (ACP) or ACP discussions completed which were uploaded into the electronic documentation system. Clinical staff described the organisation process in developing advance care directives.

Consumers and representatives expressed satisfaction in their involvement in planning care. Other providers of care that are involved in the care of the consumer can effectively contribute to the planning and review of care and services. Consumers care consultation discussions with allied health and medical specialists are documented in progress notes. Staff could describe how consumers and representatives are involved in assessment and planning, which was supported by documentation reviewed by the Assessment Team.

Overall, consumers and representatives interviewed confirmed that they felt well-informed and were aware of the consumer’s care plan. While some representatives said they have not seen care plan documentation in a while they knew it could be provided on request. The service demonstrated that all outcomes of assessment and planning were documented electronically, readily accessible and effectively communicated to the consumer and their representative in a timely manner.

All consumers and representatives expressed satisfaction in how the service reviews care and services provided to consumers following changes in care needs and incidents. The service has in place a 3-monthly review of consumer’s care. Staff described the types of reviews required depending on the incident or change in circumstances. Documentation for all consumers evidenced timely and responsive review of care and services following all incidents, deteriorations in health, changes in clinical presentations and following hospital admissions.

# 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

Most consumers and representatives said they get safe and effective personal care and clinical care that optimises their health and well-being. Consumer care documentation reflected prompt charting of daily needs and monitoring of restrictive practice. The service maintains psychotropic registers and documentation demonstrated that behaviour support care plans and informed consent are completed in line with the legislative requirements. The service has a comprehensive range of clinical care policies and work instructions for key areas of care including but not limited to restrictive practices, wound and pain management. Interviews and document review evidenced assessment of pain and administration of non-pharmacological strategies and medication in line with sampled consumers care plans. Care planning documentation and interviews demonstrated that skin integrity issues are managed in line with the organisations policies and procedures and wound specialists’ recommendations.

All consumers and representatives confirmed that high risk care needs are well managed. Clinical management and care staff were able to identify consumers at particularly high risk such as those with changed behaviour, falls, swallowing difficulties and diabetes. The service effectively assesses consumers at risk and has in place strategies to manage and prevent harm. Following falls consumers are assessed by a registered nurse, neurological observations and pain monitoring completed as required. Representatives are informed of the incident in a timely manner and consumers at risk of falls were observed to have sensor devices and equipment in use to mitigate risk. The service is actively managing changed behaviour of consumers by implementing individualised strategies and documenting the effectiveness of the strategies. Care plans are regularly reviewed with the consumer and any service providers involved in the consumers care.

Consumers and representatives said their end of life wishes had been discussed with them. All consumer care files reviewed had an Advanced Care Plan (ACP) with information relating to the individual wishes and end-of-life care. Staff described clinical and comfort measure for consumers nearing end-of-life. The organisation has policies and procedures in relation to a palliative approach and care and accesses the community palliative care team for support and advice.

All representatives said they are confident staff manage and respond to consumer deterioration promptly and are kept informed. Clinical staff described their knowledge of clinical deterioration and the policies and procedure that guide them in the early identification, assessment, management, documentation and communication about changes in the health status of consumers. Documentation reviewed by the Assessment Team evidenced appropriate and timely actions taken in response to deterioration or change in a consumer’s health status.

Consumers and representatives stated that staff understand the needs and preferences of consumers and they do not need to repeat their care needs often. Consumer files, progress notes, and handover sheets reflect current information about consumers' conditions, needs and preferences. Clinical staff described all recent changes in the consumers’ care that are reflected in the handover sheets and the Assessment Team observed staff providing care in line with documented care interventions. The service has processes in place to ensure care needs of consumers are well communicated and allied health specialists’ recommendations are entered into the electronic system by clinical staff.

Consumers and representatives expressed overall satisfaction in the timeliness and appropriateness of referrals. For consumers with changed behaviours the site audit report documents evidence of the services referral to medical officers, aged psychiatry services, physiotherapists, geriatricians and Dementia Support Australia (DSA). Staff demonstrated understanding of referral processes and provided examples of consumers being supported by external providers and organisations.

All consumers and representatives said they were satisfied with how the service manages infection-related issues. The service demonstrated it has up to date outbreak management plans (OMP) to provide guidance to staff in the event of any infection-related outbreak. All staff interviewed demonstrated knowledge of the principles of antimicrobial stewardship and infection control practices. Examples of how they minimise risks to consumers included encouraging increased fluid intake and maintaining adequate continence care for consumers at high risk of urinary tract infections. During the site audit the Assessment Team observed instances of staff complacency in the use of personal protective equipment (PPE), specifically masks. At the time of the site audit it was noted that management acted to address the identified deficit. Furthermore, the Approved Provider’s Plan for Continuous Improvement (PCI) identified the opportunity for improvement and the actions taken since the site audit. I am satisfied the service has adequately addressed the identified issue and will be able to effectively embed improvements in staff practices in relation the use of personal protective equipment (PPE).

# 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

All consumers and representatives said the consumers receive services and supports of daily living to meet consumer preferences and optimise their well-being. Consumers were observed by the Assessment Team to be engaging in individual activities of choice such a gardening and group activities such as Tai Chi and supervised walks. Staff interviews, documentation review and observations demonstrate that consumers are supported to maintain their independence and function where possible.

Most consumers and representatives were satisfied that emotional, spiritual, and psychological well-being are adequately supported by the service. Staff described how they support consumers in distress, and there is spiritual support offered at the service through a chaplain and volunteers. A list of consumers needing one to one support is maintained by lifestyle staff. Consumer care plans noted spiritual and emotional support needs along with useful strategies. Some consumers voiced concerns about the impact of a co-consumer’s behaviours on their well-being. In response to this feedback the Approved Provider has implemented actions including the completion of emotional needs assessments for all consumers impacted and on-going well-being/welfare checks. The Approved Provider’s Plan for Continuous Improvement (PCI) demonstrates that they have implemented several actions in response to the consumer feedback and I am satisfied that the service is working to improve processes to ensure the emotional and psychological well-being of consumers is assessed and monitored.

All consumers and representatives expressed satisfaction with the support provided for consumers to participate in the community, maintain relationships, and do things they enjoy. Staff outlined group activities provided at the service, and how consumers are supported with individual pursuits where preferred. Staff explained organised activities which connected consumers to the external community. Consumer care plans contained information regarding preferred activities and important relationships, and the Assessment Team observed consumers participating in a range of group activities.

Overall consumers and representatives were satisfied others involved in consumer care are updated regarding any changes. A consumer expressed confidence that staff communicate appropriately with their representative and medical officer, and representatives were satisfied with the information they receive. Staff said they receive adequate information about consumers through handover meetings and handover documents as well as care planning documentation. The Assessment Team review of documentation showed that consumer care plans contained necessary and sufficient information, and handover materials contained details regarding consumers clinical needs, background and lifestyle preferences.

Staff described making a range of referrals, and outlined organisations regularly accessed to provide additional support to consumers. Review of care plans and other documentation confirmed the involvement of a range of external providers.

While feedback received from consumers was mixed in relation to food, all consumers interviewed said they were satisfied with the quantity of food, and where applicable they receive meals in accordance with specific dietary needs. Management outlined a rotating, dietitian-approved menu, and choices available to consumers. Care plans and printed handovers contained information regarding dietary requirements, and consumers were observed receiving meals in accordance with these documents.

All consumers and representatives were satisfied the equipment used to provide care is appropriate for consumer needs, clean, and well maintained. Staff outlined cleaning protocols which were mostly in line with best practice. Staff outlined checking and maintenance of mobility equipment, and infection control practices. The Assessment Team observed equipment to be 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

Consumers and representatives sampled expressed satisfaction with the service environment and how it supports independence, interaction, and function. Staff outlined aspects of the environment that orientate consumers, and signage was observed by the Assessment Team to assist navigation. For example, to assist with wayfinding and orientation communal areas are painted different colours and where appropriate names or photos are added to consumers’ bedroom doors. Consumers were observed utilising indoor and outdoor areas.

All consumers and representatives were satisfied with the cleanliness of the service environment and said it is well-maintained. Staff outlined cleaning regimes and management of hazards, and a review of online maintenance requests showed no outstanding issues. The service was observed by the Assessment Team to be clean, maintained and outdoor areas tidy.

All consumers and representatives were satisfied that furniture, fittings and equipment are clean, well maintained and suitable. Staff described how they ensure equipment is appropriate for consumers. The Assessment Team observed furniture and equipment to be clean and in good condition, with recent checks where indicated.

# 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

Most consumers and representatives said they were satisfied the service encourages and supports them to provide feedback and make complaints. While some consumer feedback was not captured on the central complaints register, the Assessment Team reviewed electronic mail and progress notes confirming actions completed. Consumers and representatives were aware of the other avenues to raise complaints and provide feedback if required. The Assessment Team observed information about external complaints services, advocacy services, and interpreter services on display throughout the service.

Most consumers and representatives were satisfied that action is taken in response to complaints. While the site audit report identified some consumers and representatives whose concerns raised with management was not registered on the service’s feedback register, other documentation provided evidenced the service had responded to and actioned the concerns. At the time of the site audit the Approved Provider stated that they would use the ‘resident of the day’ process to ensure consumer’s and representatives are satisfied with the response to feedback/complaints raised. The Approved Provider submitted a written response that demonstrates they implemented actions to increase consistency in the documenting of complaints in the services central complaints register. The service expects further improvements when a new complaints system is implemented in 2023. I am satisfied these actions will address the deficits highlighted and encourage the Approved Provider to continue to embed these improvements into usual practice.

Management and staff discussed what open disclosure means to them and how they practice this when addressing consumer and representative feedback or when things go wrong for consumers. Management was able to explain how feedback is reviewed to assist in improving care and services at the service, for example: adding requested meal choice to the current menu. The service’s continuous improvement plan includes strategies to capture feedback to improve monitoring for trends.

# 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

Overall consumers and representatives provided positive feedback in relation to staffing numbers and call bell response times. The service has 2 lodges staffed and managed separately. Management said this ensures the right skill mix and continuity of staff. Call bell documentation confirmed most calls are answered in under 5 minutes. Weekly reporting of staffing gaps is provided to the executive management group for oversight and the service uses a mix of their own casual staff pool for unplanned leave and annual leave. A review of rosters by the Assessment Team evidence replacement of unfilled shifts.

Consumers and representatives were satisfied staff were kind, caring and gentle when providing care. This evidence aligned with the Assessment Team’s observations of positive and respectful interactions between staff and consumers.

Overall consumers and representatives expressed their satisfaction with staff knowledge. The service demonstrated the workforce was competent and members of the workforce have the qualifications and skills to effectively perform their roles.

Consumers and representatives were satisfied staff are trained and supported to provide quality care and services to meet their needs. The service has an electronic learning platform that assigns staff with annual mandatory training modules for completion. Staff expressed satisfaction with the training provided and were able to access additional training where required. Supplementary training is identified through the annual performance appraisal or as needed following auditing and incident analysis.

The service has a system in place to ensure that there is regular assessment, monitoring and review of the performance of members of the workforce. This process includes day to day monitoring and an annual performance appraisal.

# 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

Consumers and representatives said they have the opportunity to be involved in the planning of care and services. Management described how they seek input from consumers and representatives through participation in consumer meetings, surveys and individual conversations. The service maintains a quality improvement plan to record and action improvement ideas.

Consumers and representatives expressed feeling safe at the service and living in an inclusive environment. The service uses incidents analysis to implement changes in systems and processes. For example, the service improved processes for the use of analgesic patches for the changes resulted in a decrease in incidents and improved quality of life for consumers. consumers living with chronic pain.

The service demonstrated it has effective organisational governance systems in place in relation to information management, feedback and complaints, continuous improvement, regulatory compliance, financial and workforce governance. The governance team has established processes in place to satisfy itself that systems for appropriate care are in accordance with the Aged Care Quality Standards. The Board monitors and reviews routine reporting and analysis of data related to consumer experience.

The service has in place risk management systems to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by executive management at the organisation level. Staff described the electronic incident management system and that all incidents are captured and followed up. The service utilises 3-monthly clinical care reviews for all consumers to ensure they are supporting consumers to live the best life they can.

The service has a clinical governance framework in place that provides an overarching monitoring system for clinical care. Staff described their role and how they are responsible for ensuring safe and quality care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)