Performance

Report

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| Name: | Melville Parkside Care Community |
| Commission ID: | 7237 |
| Address: | 15 Cottrill Street, MYAREE, Western Australia, 6154 |
| Activity type: | Site Audit |
| Activity date: | 4 October 2023 to 6 October 2023 |
| Performance report date: | 24 October 2023 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 4764 Melville Parkside 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 Melville Parkside Care Community (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff were kind and caring and consumers said they were treated with dignity and respect and staff make them feel valued. Staff described ways they respect consumers’ privacy and dignity when providing care. Staff were observed treating consumers in a dignified, respectful way, using their preferred name, and interacting in a kind manner. Care planning documentation reflected what was important to consumers to maintain their identity including consumers’ religious, spiritual, cultural needs and personal preferences. The service had policies and which outlined consumer rights to respect, choice and dignity.

Consumers and representatives indicated the care and services provided to consumers is inclusive and culturally safe. Staff described how a consumer’s culture or background shaped the way care was provided to them. Care planning documentation reflected cultural backgrounds including the needs and preferences of consumers relating to their heritage and direction for staff on how to provide culturally safe care to consumers. The service had a policy on culturally safe care and cultural diversity and safety training is mandatory for all staff.

Consumers said they were supported to exercise choice and independence in the way care is delivered, and to maintain connections and relationships of choice and described how the service facilitates consumers to maintain communication with their families and friends. Staff described an understanding of consumers backgrounds, likes, and dislikes which was reflected in care documentation. Care planning documents reflected how consumers were given choice and included details of representatives and others authorised to be involved in decisions about the consumer’s care.

Consumers said they were supported by staff to take risks and live the best life they can. Staff described consumers that wanted to take risks and how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk. Care planning documentation reflected the risks consumers wanted to take and how the service supports them. The service had a policy on consumer choice which included the completion of risk assessments.

Consumers and representatives advised they received up to date information about activities, meals, meetings, and other events happening at the service. Staff described how they support consumers to understand information, including menu and activities calendar, to enable them to exercise choice. Activities schedules were displayed on noticeboards throughout the service and consumer meetings and newsletters provided up to date information on activities, staff, feedback and complaints, and continuous improvement activities.

Consumers and representatives said they felt consumers privacy was respected. Staff described how they maintain a consumer’s privacy when providing care and how they collect, use, and communicate personal information to maintain privacy. Staff were observed respecting consumers privacy by knocking on doors and gaining consent prior to entering and closing doors when providing personal care and Consumers files were stored and locked at the nurse’s station and computer records were password protected.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives stated they were involved in the assessment and planning of consumers’ care on admission and ongoing. Care planning documentation demonstrated assessment and planning included consideration of risks to consumers’ health and well-being, with risks identified using a suite of assessment tools and monitoring charts. Staff said they were guided by assessment checklists, policies and procedures embedded within the electronic care management system to mitigate risks.

Consumers and representatives said they have had discussions about consumers’ end of life wishes. Management said the service gathers information about consumers’ goals, care preferences and end of life wishes on entry to the service, during annual case conferences and when there is a change to the consumer’s health status. Care planning documents reflected end of life care wishes and advance care directives.

Consumers and representatives said they were involved in consumers’ care planning during admission and on an ongoing basis, which included support from other medical specialists. Staff described processes for partnering with consumers and their representatives in care planning and care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process.

Consumers and representatives said consumers’ needs and preferences were effectively communicated between staff, they were informed of the outcomes of assessment and planning, and they had received a copy of the consumer’s care plan. Care planning documentation demonstrated that they were frequently updated and evidenced staff, medical officers and allied health professionals have access to consumers care information.

Consumers and representatives said staff regularly communicated with them about the service consumers receive and make changes to meet their current needs. Care planning documentation evidenced that care plans were reviewed 4-monthly, with a full reassessment completed annually. Staff described how they complete a scheduled review of consumers’ care plans and review and update care planning documentation when incidents occur or when circumstances change.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives stated they were satisfied with both the personal and clinical care consumers received. Staff said their practice is guided by consumers’ preferences, following policies and procedures for all aspects of care, to ensure best practice is being followed. Care planning documentation reflected individualised care which optimises the health and wellbeing of consumers and the use of assessment tools as per policies and procedures, with corresponding management strategies documented.

Consumers and representatives stated the service manages consumers’ high impact and high prevalence risks well. Care planning documents identified that high impact and high prevalence risks were effectively managed, with strategies in place to minimise risks. Management and staff explained and provided examples of how they identify, assess, and manage risks. The service had policies and procedures in relation to inform and guide staff on care practices in relation to high impact or high prevalence risks.

Care planning documentation demonstrated consumers end of life preferences were recorded, with consumers and representatives involved in decision making processes. Staff described how they ensure end of life wishes were revisited via a care conference when required. Staff described how they deliver end of life care to consumers, prioritise comfort and dignity and provide support to consumers and representatives. The service had a policy and procedure to guide staff practice in relation to palliative care.

Consumers and representatives reported and documentation evidenced, the service responds promptly to changes in consumers wellbeing. Management and staff stated they have various avenues to identify changes in the consumer’s condition including written and verbal handovers, daily review of progress notes, scheduled reviews, incident reports, clinical charting, and feedback about the consumers’ condition. The service had a policy and a suite of clinical pathways to guide staff practice in relation to identifying deterioration, including training in recognising and responding to clinical deterioration.

Consumers and representatives stated they were confident the service collects the relevant information required to provide care in relation to consumers’ preferences and needs. Care planning documentation reflected timely accurate information to support effective and safe sharing of the consumer’s care. Staff described how changes in consumers care and services are communicated, documented, and shared within the organisation and with others where clinical care is shared.

Consumers and representatives stated the service arranges timely and appropriate referrals to relevant health supports such as allied health professionals. Management and staff described referral processes for individual consumers’ needs to ensure quality care and services are safe and effective. Care planning documentation contained information and timely referrals to other health professionals and allied health services.

Consumers and representatives stated they were satisfied with the service’s infection control measures in place. Staff said they completed regular training on infection control practices and described how to minimise the transmission of infections. The service had documented policies and procedures to support the minimisation of infection related risks, including antimicrobial stewardship and documented processes for the management of an infectious outbreak.

# Standard 4

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

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they were happy with the service and support provided for daily living with their needs, goals and preferences being met. Staff described consumer’s needs, goals and preferences and capture relevant information during initial assessment and ongoing reviews with consumers that contribute to the planning and development of events and activity schedules, to ensure their health and wellbeing is optimised and they are supported to be as independent as possible. Care planning documentation captured the consumers preferences and information in relation to supports for daily living that meet the consumer’s needs, goals and preferences.

Consumers said they felt well-supported in maintaining their social, emotional, and religious connections, which are important to them. Staff said they consider the social, emotional, and religious needs of consumers in the way they provide care and they ensure those who attend religious, or external activities were supported to participate in things that matter to them. Care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met.

Consumers described the ways in which they were supported to do things within and outside the service and how they stay connected with people important to them, which was reflected in care planning documentation. Staff described how they work with external services, including volunteers to help consumers maintain their interests, social activities, and their connections in the community. Consumers were observed leaving the service to engage in external activities, socialising and participating in various activities.

Consumers and representatives said information about consumers’ daily living choices and preferences is effectively communicated, and staff who provide daily support understand consumers’ needs and preferences. Staff said they could access information in consumers care plans on the electronic care management system and during handover processes to keep them informed with current care and service needs. Care planning documentation identified consumers’ conditions, needs and preferences and any changes for the consumer was documented.

Consumers and representatives confirmed timely and appropriate referrals to individuals and other organisations. Staff described how they identify individual needs and facilitate ways to enable consumers to maintain community connections and Management spoke of partner organisations who work with the service to ensure appropriate care and services are available to consumers to enhance the care and lifestyle of consumers. Care documentation evidenced collaboration with external services to support the diverse needs of the consumers including referrals.

Consumers and representatives expressed satisfaction with the quality, variety, quantity and temperature of the meals. Staff said consumers can request an alternative meals and staff were knowledgeable about individual consumer's dietary requirements and preferences, in line with care planning. The service had processes and systems in place for consumers to provide feedback and menus were planned to meet consumers’ dietary needs and preferences.

Consumers said the equipment was safe, suitable, and well-maintained and consumers using mobility aids stated if they had any maintenance issues, staff would ensure it was fixed promptly. Staff demonstrated awareness of processes to report any maintenance issues and documentation demonstrated preventative and corrective maintenance schedules were in place and up to date. All equipment were 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 Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service is welcoming and easy to navigate and consumers can personalise their rooms with their own belongings, such as furniture and personal items of their choice. The service environment was observed to be welcoming, and consumers socialising in the various communal areas inside and outside courtyards, creating a sense of belonging for consumers.

Consumers and representatives described the service as being well-maintained and kept clean both inside and outside, allowing consumers to move freely and independently around the service. Consumers were observed moving freely around the service, including consumers exiting the service independently. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. The service was observed to be clean and well maintained, with documented preventative schedules in place.

Consumers and representatives said the equipment was well-maintained, safe, and clean. Management and staff advised the furniture, fittings and equipment were assessed for suitability prior to purchase to meet consumers’ personal and clinical needs. Staff described how all equipment used by consumers including the call bells is maintained, with a preventative maintenance schedule in place. The furniture, fittings, and equipment were observed to be safe, clean, well-maintained, and suitable for use by consumers.

# 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 Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable providing feedback and raising their concerns to management and staff. Staff and management described the avenues available for consumers and representatives to provide feedback and or make a complaint. Staff explained processes they followed should a consumer or representative raise an issue with them directly and described how they support and encouraged consumers to utilise the feedback forms. Feedback forms were observed at the service, with a secure submission box for the option of feedback to be submitted anonymously.

Consumers and their representatives said that although they are aware of other avenues for raising a complaint, they were comfortable raising their concerns directly with management and staff. Staff explained the different mechanisms available for providing feedback and supporting consumers in raising their concerns, including those with cognitive impairment and language barriers. Staff and management were aware of how to access an interpreter and or advocacy services for consumers when required. Advocacy services were displayed on noticeboards throughout the service accessible to consumers.

Consumers and representatives said management have promptly addressed and resolved their concerns following a complaint, and staff provide an apology when things go wrong. Staff described processes followed when feedback or a complaint is received, including escalation to management. Management described their role in ensuring appropriate and timely action is taken in response to complaints, and an open disclosure process is applied. Documentation demonstrated that the service captures feedback in various ways, with documented actions and outcomes, inclusive of an open disclosure process.

Management described detailed processes and provided examples of how feedback is used to improve services. Documentation reflected the various ways in which the service captured feedback and how this informs improvements at the service. Consumers and representatives said they have provided feedback and or made complaints, which have resulted in improvements made at the service.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said there were enough staff, and indicated they were provided with the care and services they need. Staff advised that the service was well staffed and management always filled any gaps in the roster. The roster is developed based on consumers’ needs and contained a mix of staff and the service had systems in place to support roster development and review. Documentation evidenced that staffing levels were adequate, and the service had implemented effective strategies to manage staff absences.

Consumers and representatives said staff treated them with kindness, care, and respected their culture and diversity. Staff and consumer interactions were observed to be caring and respectful, with staff using consumers’ preferred names. Staff described consumers’ needs and preferences and care documentation reflected consumer’s cultural and religious preferences were recorded and accommodated to. Documentation reflected a culture of kind and respectful care is promoted and monitored by the service.

Consumers and representatives reported staff appeared to be competent, well trained, and understood consumers care needs and preferences. Management detailed processes for ensuring the workforce is competent and has the qualifications or knowledge to effectively perform their roles. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Management demonstrated that the service had appropriate systems and processes to ensure that appropriately trained and skilled staff are recruited and supported to deliver quality care and services, which was reflected in documentation. Staff said they received training during their orientation and induction, targeted training and have completed mandatory training that is appropriate that meets the needs of consumers. Consumers and representatives feedback indicated staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

Management demonstrated that systems were in place to record and track staff performance reviews. Staff explained the performance review process, including discussions of their performance and could request additional training if they required it. Consumers reported they were encouraged to provide feedback on staff's performance and documentation demonstrated that appropriate processes were in place to regularly assess, monitor and review 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they have had input into how consumers care, and services were delivered and that they felt the service encouraged their participation when making decisions. Management described the ways consumers and representatives were engaged, including customer experience surveys, feedback, and regular meetings. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers and representatives advised the service promotes a culture that is safe and inclusive. Management demonstrated how the governing body and the board were involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, management outlined the development of the annual budget for the service. The budget is drafted by the organisational finance team with consultation with the service manager and executive management team, reviewing consumer numbers, care requirements, key performance indicators, human resources, and any planned capital expenditure. Management has out-of-cycle approvals for spending to meet consumers individual changing needs, which are governed by a matrix and policies outlining expenditure limits before higher levels of approval are required.

The service had effective risk management systems and practices in place to identify and manage risks, to ensure the safety and wellbeing of consumers. Staff demonstrated an understanding of these policies and had completed training. Documents demonstrated risk management was embedded throughout the operating system, including standing agenda items for both quality and operational meetings, policies, and procedures, and learning and development. Management said risks were reported, escalated, and reviewed by management at the service level, including the governing body and staff explained the processes of risk management at the service, including key areas of risk that were identified, responded to, and reported in the incident management system.

The service had a clinical governance framework that included policies and procedures. Staff described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and open disclosure. Documentation reflected regular clinical committee meetings discussed key areas and strategies for implementing this framework.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)