Performance

Report

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| Name of service: | Regis East Malvern |
| Service address: | 400 Waverley Road MALVERN EAST VIC 3145 |
| Commission ID: | 3120 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 October 2022 to 21 October 2022 |
| Performance report date: | 4 December 2022 |

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 Regis East Malvern (**the service**) has been prepared by G.Hope-Simpson, 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 15 November 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Regarding Requirement 5(3)(b) – The Approved Provider ensures the environment is clean, comfortable and safe for all consumers, including improving the cleaning service and actively seeking feedback from consumers and representatives to evaluate improvements.
* Regarding Requirement 7(3)(a) – The Approved Provider ensures the workforce is planned, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. The Approved Provider ensures care, cleaning and maintenance staff are recruited and consumer and representative feedback is sought to evaluate effectiveness of improvements and ensure staff numbers deployed support consumer dignity.

# 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 representative said staff treated them well and they felt valued and respected at the service. Some consumers however, said staff shortages had impacted on their dignity, particularly relating to personal hygiene care. Although staff understood consumers’ individual choices and preferences, they were not always fulfilling care needs due to staff shortages. This evidence was further relied on and considered in Requirement 7(3)(a).

Care planning documents reflected consumers’ background and culture, and included cultural activities each consumer would like to maintain. Staff familiarised themselves with a consumer’s culture to enhance awareness when they delivered care and services.

Overall consumers were supported to exercise choice and independence regarding how their care and services were delivered, and maintained connections and relationships. Staff encouraged consumers to make choices and involved representatives with decisions in line with consumers’ wishes. Care plans contained lifestyle interests and preferences.

The service supported consumers to take risks to live the best life they could and encouraged continuation of activities they used to do prior to entering the service. Dignity of risk assessments were conducted in consultation with the consumer, their representative and relevant health professionals and documented in care plans. Reviews of consumers taking risks were evident in care plans.

Consumers and representatives said they had been provided up to date information about activities, meals and other events that happened in the service. The Assessment Team observed menus, activity calendars and notices displayed throughout the service.

Most consumers said their privacy and confidentiality was respected. Staff said they would knock on consumers’ doors prior to entry and close the door during provision of personal care. Consumers’ information was stored securely and handover was conducted in a secure area where confidentiality and privacy was maintained.

# 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

The service had an effective assessment and planning process involving consumers, representatives and others who were associated with the consumer’s care. Assessments were completed on entry to the service which identified consumers’ goals, needs and preferences, to inform staff of how to plan and deliver care. Staff described the assessment and care planning process, including how risks were identified and mitigated.

Most consumers said the assessment and planning process addressed their needs, goals, and preferences, and the service had discussed and documented their preferences for end of life care. Documents reviewed by the Assessment Team reflected this feedback.

Care planning documents reflected the involvement of consumers, representatives and other health professionals during the assessment and planning process. Consumers and representatives confirmed they were actively involved in the process. Staff described the needs and preferences of consumers in line with the consumer’s care planning documentation

Consumers and representatives said information was provided to them in a timely manner, they were involved in the care planning process and were offered a copy of their care plan. Care planning documents showed plans were reviewed every 3 months, or more frequently when there was an incident or changes in a consumer’s condition.

# 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 considered consumers received safe and effective personal and clinical care. Whilst most consumers said the service did not have enough members of the workforce, they also confirmed they were able to complete their activities of daily living on their own and shortages did not impact them. However, other consumers who required 2 staff assistance said their personal hygiene care was impacted. This evidence was further considered in Requirement 7(3)(a). Staff said they worked together as a team when they were short of staff to ensure consumer care needs were met and care plan document review indicated staff followed documented strategies and clinical policies to deliver safe, tailored care.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service and included directives for staff relating and not limited to behaviour and medication management. Staff had received recent training in medication management, wound management, nutrition and hydration and pressure area care and prevention.

Although at the time of the Site Audit, no consumers were receiving end of life care, documents reviewed identified consumers who were nearing end of life had their needs, goals and preferences recognised and met. A palliative care team visited the service every 2 months to review consumers that were deteriorating.

Consumers and representatives said staff responded promptly to any changes or deterioration in the consumers’ health. Staff described how they recognised and responded to deterioration or changes, and escalated or referred the consumers to other providers as required. Staff had access to senior clinical team members, Medical Officers, and an after-hours clinical support service.

Consumers and representatives were satisfied consumers’ needs, and preferences were effectively communicated between regular staff, and they received the care they needed. Some consumers however, felt agency staff did not know their preferences and care needs. Most staff explained how changes in consumers’ care and services were communicated with them at the commencement of each shift.

Care planning documents reviewed showed the service made appropriate referrals to other providers or organisations in a timely manner. This reflected feedback from consumers and representatives. Staff explained how referrals were made in consultation with consumers and representatives.

Staff understood precautions to prevent and control infection and the steps they would undertake to minimise the need for antibiotics. The service had policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Observations showed staff adhering to infection control practices such as mask wearing and hand washing.

# 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

Consumers considered the services and supports for daily living supported their lifestyle needs. Care planning documents included information on what was important to consumers, and the supports needed. Lifestyle activities observed during the Site Audit were adapted and suitable for various physical and cognitive abilities.

Consumers’ emotional, spiritual, and psychological well-being were supported. Staff explained supporting consumers with their emotional and psychological well-being, such as encouraging consumers to attend activities they liked. This feedback aligned with information in care planning documentation and from consumers interviewed.

Consumers and representatives were supported to stay connected with people who were important to them, participated in the community within and outside the service, had social and personal relationships and did things of interest to them, including attending community church services and attending concerts inside the service.

Consumers considered information was adequately communicated between staff. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover.

Care planning documents identified the service collaborated with external providers to support the diverse needs of consumers. The service worked with different outside organisations and volunteers to supplement the lifestyle services offered. For example: the service had a program with local schools to allow consumers to interact with the children, as well as external entertainers who attended the facility to conduct activities and performances.

Most consumers said the meals provided were varied and of suitable quality and quantity, however some consumers expressed the breakfast meals were cold when delivered to consumers rooms. The service demonstrated electric hotboxes had recently been implemented, and the Assessment Team observed this during the Site Audit. Care planning documents noted consumers’ dietary needs and preferences.

Equipment which supported consumers to engage in lifestyle activities were suitable, clean, and well maintained. Consumers confirmed this to be the case and staff described the process for reporting faulty equipment. Lifestyle staff said, and observations confirmed, that equipment was cleaned before and after every use.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team recommended the following requirement was not met:

* The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service non-compliant for this requirement.

The Assessment Team brought forward feedback from some consumers and representatives, that the service environment was not cleaned as regularly as they would like, and cleaning staff were rushed and not able to spend enough time cleaning consumer rooms. I have considered the same evidence relating to these consumers in Requirement 7(3)(a). Examples included: one consumer engaging their own cleaner as they were not satisfied with the cleanliness of their room, a consumer representative raised concerns 12 months ago regarding the cleaning standards for the consumer’s rooms, and another consumer representative expressed dissatisfaction with food splatters on the consumer’s furniture in their room, even after the daily cleaning had already occurred. A cleaning staff member said there was not enough cleaners engaged at the service.

The Approved Provider responded on 15 November 2022 and acknowledged the Assessment Teams findings. Although the Approved Provider did not supply a continuous improvement plan, the response noted the service would continue recruitment efforts to retain new cleaning staff and review rosters to ensure adequate recruitment of cleaning staff. A new Assistant Manager with oversight of cleaning services had also commenced, since the site audit and the response included an undertaken to seek active feedback from consumers and representatives to ascertain their satisfaction with cleanliness of the service.

While I acknowledge the Approved Provider’s efforts to address the deficiencies in cleanliness at the service, as they were taken after the Site Audit, they cannot demonstrate compliance.

Having had regard to the evidence in the Site Audit report, and the Approved Provider’s response, I have agreed with the Assessment Team’s recommendation. I acknowledge the service used feedback and complaints to improve the quality of care and services in some areas, however at the time of the Site Audit, no sustained resolution had been reached or improvements made at a service level to address the issues, and for these reasons, the service did not demonstrate the service environment was clean and well maintained.

Therefore, I find requirement 5(3)(b) non-compliant.

Regarding the remaining requirements, the service environment was welcoming, living areas had natural light and corridors were sufficiently lit. Consumers said it was easy to move around the service, and they were free to access all areas without staff assistance. The Assessment Team observed directional signage for wayfinding, personal pictures displayed in consumers’ room and consumers sitting in the outdoor garden area talking to each other and with their families.

Whilst some consumers and representatives said the furniture, fittings and equipment were safe and well maintained, the Site Audit observed some furniture and carpets in consumer rooms were stained. This evidence was relied on for non-compliance of Requirement 5(3)(b). Staff described the process for using shared equipment including, how maintenance requests are recorded through a paper-based system and actioned in a timely manner. The call bell system was working effectively, and each consumer room had a bell.

# 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

Consumers and representatives said they were supported to provide feedback and make complaints. Staff described the different avenues for consumers to raise concerns, such as feedback forms and discussions at meetings. Meeting minutes reviewed demonstrated feedback from consumers was a standing agenda and observations showed feedback forms and drop boxes throughout the service.

Consumers were aware of how to access advocates, and felt they were encouraged and supported to do this. Staff understood internal and external avenues for providing feedback and making complaints. The Assessment Team observed brochures and posters for the Commission, interpreting and advocacy services throughout the service, with some information provided in multiple languages.

Staff were aware of the underlying principles of open disclosure and knew that part of the principle included acknowledging and apologising when things went wrong. Review of the feedback register identified timely management of complaints in accordance with the service’s policy. One consumer however, expressed dissatisfaction with missing laundry, and the non-responsive action to their feedback. Upon raising this with management, they advised although the service had not received a feedback form nor spoke to the consumer, they had followed up with the consumer and investigated the matter.

The service had moved from a paper-based complaint system to an online system which managed feedback and identified complaint trends, and the Assessment Team identified examples of service-level improvements made following consumer complaints. Although the Site Audit report also brought forward evidence of ongoing, unresolved complaints from consumers and representatives that care and cleaning staff levels were insufficient, this evidence was more relevant to Requirements 5(3)(b) and 7(3)(a), where they have been relied to support non-compliant findings.

# 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. | Non-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

The Assessment Team recommended the following requirement was not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service non-compliant for this requirement.

The Assessment Team brought forward mixed feedback from consumers, representatives, and staff regarding the service’s inability to respond to consumer’s care needs in a timely manner due to lack of staffing, which impacted on consumer’s care and dignity. Examples included: staff advising the agency workforce did not know the care needs of the consumers as well as regular staff, the service had experienced staff shortage for a while and even though agency staff were used to cover unplanned leave or fill vacancies, not all shifts were covered. Staff raised concerns about recent cutbacks in staff following a change in management, and staff attrition as a result.

Consumers experienced long wait times for call bells to be answered for personal care, and a named consumer said one care staff member would come into their room 5 minutes after they had activated the call bell, turn off the call bell, leave the room and never come back. This same consumer expressed lack of staff resulted in them being left all night without 2-person assistance, and their dignity and care was compromised as they had on numerous occasions slept in soaked bedsheets. Finally, documentation showed 19 vacant shifts in the previous 2 weeks and high use of agency staff, 3 unfilled cleaning shifts in a recent 6-day period and a proportion of call bells in the previous 6-month period taking in excess of 30 minutes to answer.

Feedback about the identified deficits was provided to management at the time of the Site Audit. Regarding the named consumer’s concerns, an incident report was completed, and an undertaking given to investigate the matter as potential abuse. Management also described actions taken to address staff shortages, based on consumer and staff feedback, however these actions were not fully effective.

The Approved Provider responded on 15 November 2022 and acknowledged the Assessment Team’s findings. The Approved Provider did not supply a continuous improvement plan, but confirmed recruitment efforts were ongoing, including for care and cleaning staff. Other actions taken since the site audit have been outlined previously in Requirement 5(3)(b).

Having had regard to the evidence in the Site Audit report, and the Approved Provider’s response, I have agreed with the Assessment Team’s recommendation. Though the examples brought forward by the Assessment Team do not show significant impact to the safety of the consumers’ care, they reflected some risk to consumers and demonstrated that quality of care had been affected by the number and mix of staff available to deliver care, and for these reasons, the service did not demonstrate the workforce is planned to enable the delivery and management of safe and quality care.

Therefore, I find requirement 7(3)(a) non-compliant.

Regarding the remaining requirements, consumers and representatives said staff were kind, caring and gentle when providing care. Staff understood consumers needs and preferences. This aligned with observations by the Assessment Team, and review of care planning documents.

Overall, consumers and representatives felt staff were skilled in their roles and competent to meet their care needs. Each role had a position description, minimum qualifications, and credential requirements. The service monitored professional registrations, criminal history and vaccination statuses.

Most consumers and representatives said the regular staff were equipped with the knowledge and skills required for their position, however some consumers said although agency staff were skilled, they did require prompting when attending to their care needs. Staff said they had access to training to support their role and ongoing development. Training records identified some lower levels of mandatory training completion. Management advised the service had three COVID-19 lockdowns which impacted the schedule for mandatory training and performance appraisals, but a plan was provided to bring completion rates to required levels.

Staff performance appraisals were generally conducted on an annual basis where performance was assessed, monitored, and reviewed. Staff described the performance appraisal process and confirmed their performance was monitored through educational competencies and annual performance appraisals.

# 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 felt the service was well run, they had ongoing input into how consumers’ care and services were delivered, and the service kept them informed of any changes in care needs. Management described how consumers and representatives were encouraged to be involved through resident and food forum meetings, care plan consultations, continuous improvement, and feedback forms.

The service had documented policies and guidelines developed with the governing body, that guided clinical practices, incidents, and risk management. The governing body had visibility of the service's clinical data through the service’s indicator dashboard and the regular clinical governance reporting program. Documentation indicated a robust internal auditing system was in place

Although the service had organisation wide governance systems relating to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints, the service did not demonstrate the workforce was planned to ensure the service had enough staff to support the delivery of care and cleaning. This evidence was relied on with non-compliance for Requirements 5(3)(b) and 7(3)(a). As the remaining relevant governance systems were found to be effective, on balance, Requirement 8(3)(c) was met.

The service had a risk management system that included high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff described these systems, practices and training provided to implement them.

The service had frameworks, policies and guidelines around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated their understanding of these concepts. Antimicrobial use at the service was reported each month to the Quality Clinical Governance Committee, and usage was monitored and reviewed.

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)