Performance

Report

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| Name of service: | Residential Gardens |
| Service address: | 420 Woodstock Avenue ROOTY HILL NSW 2766 |
| Commission ID: | 0367 |
| Approved provider: | Residential Gardens For Spanish Speaking Frail Aged Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 August 2023 to 30 August 2023 |
| Performance report date: | 18 October 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 Residential Gardens (**the service**) has been prepared by G Cherry, 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 Assessment Contact - Site; the Assessment Contact - Site 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 22 September 2023
* Notice of Decision to Impose Sanctions and Notice of Requirement to Agree to Certain Matters on 02 September 2022
* Performance Report dated 27 September 2022
* Assessment Contact Report for visit conducted 7-8 March 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Non-compliant |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Non-compliant |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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.

* Requirement 3(3)(a) – Implement effective systems (including monitoring processes) to ensure each consumer receives safe, effective personal/clinical care, which is best practice and individually tailored to optimise health and well-being.
* Requirement 6(3)(d) – implement an effective system to ensure review of feedback/complaints is used to improve quality of care and services.

# Standard 1

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| Consumer dignity and choice | |  |
| 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 |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate consumers are supported to exercise choice/independence in relation to decision making and when others should be involved in their care; nor were they supported to make and maintain relationships. Responsive actions include changes to the admission form to capture who the consumer wishes to be involved in care; ensure consumers and chosen representatives engage in care planning meetings and provision of staff education on supporting consumers to make choices.

The service demonstrates processes to support consumers in choosing who they wish to be involved in decision making and how they wish to receive care and services; plus supporting decision-making, and connections/relationships with others. Consumer/representative meeting forums are conducted in Spanish enabling consumers opportunity to make and effectively communicate choices. Staff were observed offering choice in languages spoken by consumers and described how they support them to maintain relationships/connections with others, providing examples such as supporting married couples. Representative feedback includes consumer satisfaction of interacting with others and participating in group activities. Review of documents detail information relating to consumers specific needs including who they choose to be involved in care.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 Quality Standard was not fully assessed. Four requirements were assessed and found compliant.

Requirement 2(3)(b)

Previously the service did not demonstrate assessment and planning identifies/addresses consumer’s needs, goals/preferences, including end of life/advance care planning. Responsive actions include implementation of an electronic management system (EMS) to enable centralised/accessible information, hand-held staff devices to enhance accessibility, review of care plans to ensure risk is identified and creation of an admission form/monitoring schedule to ensure initial assessment captures current needs. In addition, they completed advanced care plans (in consultation with consumers/representatives), initiated discussion upon admission; introduced colour coded signage to identify/alert health status and increased clinical oversight due to employment of additional clinical staff.

The service demonstrates effective processes and policies guide assessment/planning expectations. Sampled consumers/representatives advise of being included in discussions relating to current needs, goals/preferences, advanced care and end of life planning. Interviewed staff demonstrate knowledge of processes. Document review details the establishment of advance care and end of life planning to ascertain goals, and evaluation of effectiveness.

Requirement 2(3)(c)

Previously the service did not demonstrate a process to engage/involve consumers and representatives in assessment and care planning processes. Responsive actions include inviting/engaging consumers/representatives in attending case conference discussions, and implementation of a structured review process.

The service demonstrates improved processes to ensure ongoing assessment/planning is based on partnership with consumers and/or those they wish involved, including other service providers. Sampled representatives consider satisfaction of involvement during family case conference discussions. Document review evidenced assessment/planning undertaken in partnership with consumers/representatives and methods of communicating care directives to staff and external service providers. Care and service plans outline consumer preferences of care and service delivery.

Requirement 2(3)(d)

Previously the service did not demonstrate an effective process to provide consumers/representatives with a care plan, nor readily available where care is delivered. Responsive actions include creation/monitoring of a schedule to allocate/ensure completion of review, development of a structured format to capture discussion/outcomes and implementation of staff devices to access the EMS.

The service demonstrates outcomes of assessment/planning are effectively communicated to consumers, representatives, and others, via a documented care plan. Sampled consumer representatives’ express satisfaction of care discussions/outcomes, noting improvements in communication. Interviewed staff demonstrate access to required documentation/directives and describe processes to access/enter information into EMS. Management explained processes to ensure consumers/representatives are provided opportunities to view care plans and registered nurse training regarding responsibility of regular discussions with consumers/representatives.

Requirement 2(3)(e)

Previously the service did not demonstrate development of strategies following incidents to mitigate risk and ensure safety. Responsive actions include development of admission schedule to ensure assessment/care planning documentation captures relevant information and provision of education/staff support in recognising deterioration/changes in condition, including responsiveness to incidents, changes and post hospital transfer.

The organisation demonstrates care and services are regularly reviewed for effectiveness including when circumstances change, or incidents impact consumer’s needs, goals/preferences. Sampled representatives’ express satisfaction they are contacted when incidents occur and/or a deterioration identified. Interviewed staff describe required processes following incidents, deterioration, or when a consumer transfers to/from hospital. Generally, documentation detail reassessment occurs, medical officer and/or allied health specialist involvement and care plans regularly updated following an incident/when care needs change. Monitoring processes ensure regular review of currency.

# 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. | Non-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)(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)(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

The Quality Standard was not fully assessed. Five requirements were assessed, one found non-compliant and four compliant.

Requirement 3(3)(a)

Previously the service did not demonstrate effectively working to minimise environmental restrictive practices or care tailored to individual consumer’s needs relating to pain, behaviour, skin integrity and wound identification/management. In response, actions include removal of physical restrictions relating to some environmental practices.

Via review of documentation and staff interview the assessment team bought forward evidence the service did not demonstrate restrictive practice is used as a last resort, appropriate management of psychotropic medication, documented behaviour support plans (BPS) to guide care delivery, nor safe, effective wound/pain management tailored to individual needs. For one consumer the service did not demonstrate identification of triggers, monitoring and evaluation of behaviours/management strategies result in effective care. As a result, they experience ongoing unmet behaviours affecting other consumers. While documentation details pain as a possible trigger, recording of pain levels is not evident and registered nurses did not assess pain levels when unmet behaviours occur. Interviewed staff advise of differing management strategies, registered nurses did not demonstrate individualised strategies and a BSP is not available to guide staff. The service did not demonstrative monitoring, recording and management of pressure injury and wound care. For one consumer the assessment team note wound photography/sizing to ascertain healing and/or deterioration is not evident; incorrect classification of pressure injury, skin integrity care plans not reviewed/updated resulting in wound deterioration and medical officer directive for subsequent referral not conducted. For another consumer identified as experiencing pain due to an unstageable pressure injury, regularly monitor/recording and review of pain management strategies has not occurred.

In their response, the approved provider advised of staff education/training, review and updating of BSP documentation, review of individualised lifestyle plan, external consultant review of wound care, referral to wound specialist and review/updating of pain regime. It is noted external consultant and referral outcomes not received. In consideration of compliance, while I accept responsive actions occurred for named consumers, I am concerned the approved provider did not demonstrate systems and processes to self-identify issues relating to lack of appropriate care delivery. In absence of these details and evidence of subsequent positive outcomes the service does not demonstrate effective systems/processes to ensure each consumer receives safe, effective best practice personal/clinical care, tailored to individual needs. I consider it will take some time to demonstrate sustainability and effectiveness of processes resulting from review/audit outcomes.

I find requirement 3(3)(a) is non-compliant.

Requirement 3(3)(b)

Previously the service did not demonstrate effective individual consumer care, management of associated risks, including neurological observations/diabetic and falls management occurs, plus a lack of clinical governance relating to high impact/prevalence consumer risks.

Management demonstrates knowledge of current consumer risks including skin integrity/pressure injury care, unplanned weight loss, and falls. Sampled consumers/representatives provide positive feedback relating to clinical care and interviewed registered nurses demonstrate awareness of consumer risks, plus effective strategies to mitigate/minimise these. Observations and documentation review by the assessment team note management of most risks. Examples include management of unplanned weight loss diabetes and medication management, neurological monitoring and falls management. Policies guide staff relating to service requirements and management team monitor documentation to ensure adherence.

Requirement 3(3)(d)

Previously the service did not demonstrate effective individual consumer care, management of associated risks, including neurological observations/diabetic and falls management occurs, plus a lack of clinical governance relating to high impact/prevalence consumer risks. Sampled consumers/representatives express positive feedback regarding staff responsiveness to changes in consumers condition/needs; representatives consider they are immediately notified. Registered nurses demonstrate knowledge of escalation processes, including notifying medical officers and/or hospital transfer. Care and service documents demonstrate recognition of deterioration/changes are generally actioned in a timely manner. Staff were observed responding to consumers’ needs and providing appropriate clinical care. Procedures and flow charts guide staff in organisational processes/expectations.

Requirement 3(3)(e)

Previously the service did not demonstrate effective systems document and communicate information about consumer’s condition, needs and preferences to ensure quality personal/clinical care meets consumers’ needs. The service demonstrates an effective system of information transfer within the organisation and others where needed. Sampled consumers/representatives provide positive feedback relating to communication between staff and others. The assessment team observed effective communication occurring between staff and medical officer's relating to consumer care.

Requirement 3(3)(g)

Previously the service did not demonstrate effective minimisation of infection related risks and practices to promote appropriate antibiotic prescribing and/or resistance. The service demonstrates standard and transmission-based infection control systems to manage an outbreak and minimise risks. Processes minimise infection transfer and promote appropriate prescribing/usage of antibiotics. Sampled consumers/representatives consider staff manage infections, demonstrate effective practices, giving an example of staff identifying infection and escalating for medical officer review in a timely manner. Documentation details pathology is undertaken prior to commencement of antibiotics, Registered nurses demonstrate understanding of infection transfer, ensure appropriate antibiotic use and staff were observed conducting hand hygiene practices, with most appropriately wearing personal protective equipment.

# 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 |

Findings

The Quality Standard was not fully assessed. Four requirements were assessed and found compliant.

Requirement 4(3)(a)

Previously the service did not demonstrate an effective system to ensure consumers goals/preferences are supported to optimise independence, health, and well-being. In response, actions include review of care planning document to ensure currency plus recruitment to enable increased recreational activity officer hours. The service demonstrates each consumer receives safe, effective services/support to meet their needs. Staff describe individual consumer preferences/support to optimise independence and quality of life. Examples include positive outcomes such as decreased pain levels and improved mobility. Sampled consumers/representatives’ express satisfaction of care/supports for daily living.

Requirement 4(3)(b)

Previously the service did not demonstrate effective methods to promote consumer’s emotional, spiritual, and psychological well-being, particularly relating to end-of-life support. In response, actions include review of care plans to ensure information within the EMS includes cultural, spiritual/psychological support; introduction of an alert/quick visual prompt to identify consumer at possible risk of social isolation to engage staff ‘touch points’ and ensure recording of details for those consumers who wish to discuss end of life emotional/spiritual needs. The service demonstrates systems and processes to identify/record spiritual, emotional, and psychological requirements to inform care delivery. Staff describe methods of emotionally, spiritually, and psychologically supporting individual consumers and sampled consumer/representatives consider appropriate staff support to meet consumer’s needs. Management advised of sourcing a counselling service to further support consumers.

Requirement 4(3)(c)

Previously the service did not demonstrate effective systems to support consumers in doing things of interest, nor demonstrate supporting them to participate in the community outside of the service environment. In response, actions include sourcing a community bus service for outings; inviting representatives to participate in outings/events, and employment of an additional recreational activity officer to provide one to one consumer support. The service demonstrates effective methods to support consumers in participating within and outside the service. Staff demonstrate knowledge of individual needs and describe methods of supporting consumers in attaining positive outcomes, acknowledging consumers enjoyment in community outings. A process aligns consumer interests/mobility needs to appropriate outings. Documentation contains evidence of engaging consumers to ensure they enjoy/supported to participate in activities of choice.

Requirement 4(3)(d)

Previously the service did not demonstrate information relating to consumer’s needs/preferences is communicated to all where care responsibility is shared. In response, actions include review of care plans to ensure current information within the EMS. Effective systems communicate relevant consumer information to those where care responsibility is shared. Staff demonstrate awareness of individual needs plus processes to ensure they have current information and external allied health providers express satisfaction they obtain required information. Consumers/representatives consider staff know consumers’ needs/preferences. Management identified limited ability of some staff to read care plans resulting in development of visual/pictorial cue cards in consumers rooms to assist in care delivery of individual needs.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate risk of restricting lift access impacted consumer ability to freely move indoors/outdoors, nor identified risk of falls when accessing external areas without adequate staff supervision. In response, actions include removal of lift restrictions, providing those consumers not deemed as requiring environment restrictive practice ability to independently enter/exit the service and review of care plans to ensure consumer’s risks are identified. The service demonstrates a safe, clean well-maintained and comfortable environment. All consumers were observed freely moving throughout the service including indoors and out. Sampled consumers/representatives’ express satisfaction of the environment and the assessment team observed consumers independently mobilising. Consumers who are unable to independently mobilise are assisted by staff to access outside areas. A monitoring process ensures regular cleaning.

# 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. | Non-compliant |

Findings

The Quality Standard was fully assessed. One requirement was found non-compliant and three compliant.

Requirement 6(3)(a)

Previously the service did not demonstrate consumers and representatives were supported or encouraged to provide feedback or make complaints.

Consumer/representative feedback is generally positive. The service introduced consumer/representative meetings to provide a forum for consultation/feedback provision, and meetings enable attendance via video conferencing. Information regarding processes is on display (in English and Spanish) as are feedback forms and facilities to anonymously submit feedback. Organisational information is provided to representatives, and several express satisfaction regular case meetings provide an opportunity to raise issues.

Requirement 6(3)(b)

Previously the service did not demonstrate consumers are made aware of advocacy or language services to assist in raising/resolving concerns.

Information on external complaints resolution processes including advocacy and interpreting services is available to assist consumers/representatives and displayed throughout the service. Seniors Rights Service have been requested to attend the service/provide information and assist consumers/representatives and staff. Representatives who act as consumer advocates demonstrate awareness of external organisations to assist if needed.

Requirement 6(3)(c)

Previously the service did not demonstrate actions taken to resolve consumers concerns, and staff were not aware of an open disclosure process.

The service demonstrates an effective system. Staff receive education relating to open disclosure/complaints management and demonstrate awareness of processes required including escalation to management when required. Management team explained required processes, giving an example of successful outcomes including practices of apology and open disclosure. Representative feedback includes recent improvement in communication/explanation, receipt of apology plus awareness of actions to prevent reoccurrence.

Requirement 6(3)(d)

Previously the service did not demonstrate complaints were captured/analysed to improve quality care/services and opportunities for identifying improvements were not evident.

A computerised register is used to record feedback/complaints however the assessment team note limited details relating to subsequent actions, evaluation of outcome and/or implementation of improvement activities. Methods used to obtain feedback include meeting forums, surveys, and interviews. Management demonstrates awareness of trends relating to dissatisfaction and documentation detail some recent actions relating to meal delivery. The assessment team note minimal information escalated to board members for awareness/action, plus a lack of evidence feedback/complaints are used to drive/inform improvement. Document review details comprehensive feedback received via a survey (with aid of an interpreter), and a recent consultant audit identified feedback as an issue of concern. Management and a board member explained collation/actions/resolution of outstanding survey results not yet implemented.

In their response, the approved provider detail recording of feedback, topics added to meeting agendas and planned board member involvement to engage consumers/representatives and driving improvement outcomes. While I accept responsive actions have commenced, I consider it will take some time to demonstrate sustainability/effectiveness of newly implemented processes as currently the service does not demonstrate feedback and complaints are reviewed and used to improve/drive quality of care and services.

I find requirement 6(3)(d) is non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate staff training/support to effectively deliver outcomes relating to the Quality Standards. Responsive actions include analysis of causal issues relating to incidents to identify gaps in skills/knowledge, provision of staff training, recruitment of a quality manager and appointment of board members with clinical skills and knowledge.

The service demonstrates a system of recruitment, training and support to ensure the workforce delivers Quality Standard outcomes. Management conduct root cause analyses of incidents to identify if further training is required, providing an example of falls prevention/management training. Sampled consumers/representatives consider staff provide safe and effective care, advising improved training/responsiveness from management and staff. Interviewed staff express satisfaction regarding support/training (including practical competency assessments) to assist in delivery of safe/effective care. Documents evidence training attendance is monitored. Management demonstrates methods of adapting training/communication in languages spoken by staff, and ongoing recruitment processes. The organisation has recently appointed 2 board members with clinical skills to ensure provision of safe, quality care and services.

# 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)(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

The Quality Standard was not fully assessed. Three requirements were assessed and found compliant.

Requirement 8(3)(a)

Previously the service did not demonstrate engagement and support for consumers to participate in development, delivery and evaluation of care/services. In response, the service introduced a case conference process to provide an opportunity for consumer/representative involvement. Representatives express positive feedback to discuss care issues and ensure currency of information, noting positive outcomes with management involvement. Organisationally a consumer advisory forum is being introduced. Document review details feedback received via a survey and consultant audit results (considered within requirement 6(3)(d).

Requirement 8(3)(d)

Previously the service did not demonstrate an effective organisational risk management system.

An electronic incident management system is used to identify trends and record clinical risk to enable monitoring. An organisational quality coordinator (with consultant support) manages policy currency and auditing processes to identify/manage service-related risks. An audit program is used in identifying organisational improvements, best practice requirements and consistency of processes. Policies and procedures guide staff in organisation expectations, and staff receive education/training. At an organisation level, key information/legislative changes are communicated regarding potential risks. Strategies/options to effectively manage staffing and meet consumer cultural/communication needs are being investigated. Two new board members with clinical expertise have been recently appointed to provide clinical governance/oversight of incidents and risk management systems.

Requirement 8(3)(e)

Previously the service did not demonstrate an effective organisational clinical governance framework/oversight.

An organisational medication advisory committee including medical officer attendance manage a range of topics including restrictive practices/psychotropic medications/incidents plus antimicrobial stewardship. Service reports are provided to the Board relating to incidents, restrictive practices, complaints, and infection rates. Board members with clinical background enable improved oversight on antimicrobial stewardship and restrictive practices. A suite of policies guide staff on organisation expectations relating to infection prevention/minimisation, antimicrobial stewardship, restrictive practices, and open disclosure. Senior staff demonstrate awareness of their role in relation to these topics and staff receive education/training.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)