**Performance**

**Report**

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| Name: | Wagin Homecare |
| Commission ID: | 500065 |
| Address: | 2 Arthur Road, WAGIN, Western Australia, 6315 |
| Activity type: | Quality Audit |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1489 Shire Of Wagin  
Service: 27773 Wagin Homecare  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9475 SHIRE OF WAGIN  
Service: 27201 SHIRE OF WAGIN - Care Relationships and Carer Support  
Service: 27200 SHIRE OF WAGIN - Community and Home Support

**This performance report**

This performance report for Wagin Homecare (**the service**) has been prepared by G Tonarelli, 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received 22 August 2024. The provider accepted the assessment team’s findings.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers said staff treat them with dignity and respect and their identity and diversity is valued. Consumers said staff understand their individual needs and preferences and feel safe when receiving care and services. Representatives confirmed staff are respectful of consumers’ wishes and take time to get to know the consumer and their needs well. Staff were observed interacting with consumers in a way that is respectful and kind and acknowledging their unique identities and culture. Staff described how they engage with consumers to provide care and services that is tailored to their preferences and cultural needs. Documentation confirmed an organisational policy to guide staff in delivering tailored and culturally safe care.

Consumers confirmed they exercise choice and independence and are involved in decisions about their care and services. Consumers described how the service supports them to make connections of importance to them and gave examples of social gatherings hosted by the service, to connect consumers with others in their community. Documentation confirmed consumers are engaged in care planning and make decisions regarding how and when their care and services are delivered. Consumers said staff are respectful of their privacy, and the service demonstrated processes to ensure personal information remains confidential. The service has a privacy plan and policy to guide staff practice.

Consumers said the service supports them to live the best life they can and this involves making choices that include an element of risk. Staff emphasised the importance of enabling consumers to live according to their preferences, which may include an element of risk, and described the relevant policies, assessment processes and dignity of risk principles they adhere to, to accommodate these activities.

Information and resources are provided to consumers and representatives in a way that enables them to exercise choice. On commencement of services, consumers are given information about the services available. Staff described how they adapt their communication to align with consumers’ abilities. Consumers confirmed the service’s communication aligns with their preferences and is personalised. Consumers confirmed communication is informative and keeps them engaged with their services and their community.

For the reasons detailed above, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives are satisfied with the services provided and confirm they are offered in a way which aligns with their preferences and meets their goals and needs. Assessment and planning is undertaken for all consumers on commencement and involves a registered nurse for HCP consumers. Discussions relating to advance health directives and end-of-life planning form part of the initial onboarding assessments and are done in consultation with representatives and providers of care. Information is made available to consumers and their families to support discussions. Management stated and documentation confirmed risks relating to consumers’ health and wellbeing are identified and mitigation strategies implemented. Staff described how they assess risk during interactions with consumers, plan for the implementation of strategies and document outcomes in line with policies and procedures.

Documentation confirmed assessment and planning is personalised and centred around the consumers' needs, goals and preferences and consumers gave examples of how the service has supported their daily living and independence. Consumers said they are involved in assessment and planning and staff described how they support consumers to receive services under CHSP and HCP. Documentation and staff confirmed ongoing collaboration with consumers, their families and external health care providers to manage consumers’ care.

Care and services are reviewed regularly, and consumer files demonstrate reassessments occurred annually or earlier following a change in circumstances. Outcomes of assessment and planning are documented, however the assessment team observed 2 client records where care and service plans were not updated to reflect current needs and preferences. However, the progress notes indicated regular assessment and planning is undertaken and staff are delivering care in line with the consumers’ needs. Management advised and staff confirmed it is mandatory for staff to review progress notes prior to delivering services to ensure staff are aware of any changes. The service acknowledged the gap in documentation and articulated a strategy to monitor and update support plans in line with the service’s policy moving forward.

For the reasons detailed above, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers receive safe and effective personal and/or clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Personal and clinical care provided to consumers is reflective of care plans and based on assessment outcomes.  Care files demonstrate appropriate and tailored care provision relating to wellbeing, medication prompting, blood pressure checks and personal and clinical care which is attended to by registered staff. Consumers and representatives confirmed the service meets their needs and gave examples of how the service optimises their health and wellbeing.

The service has processes to assess, action, and mitigate risks including weekly clinical audits and clinical handovers. Care files sampled demonstrate effective management of risks and confirm the involvement of registered nurses, allied health professionals and general practitioners in assessment, planning and monitoring of identified risks.  Management and staff described how they identify, assess and monitor high-impact, high prevalence risk (HIHP) and documentation evidenced appropriate interventions and mitigation strategies.

Consumers are satisfied the care provided is safe and right for them and feel confident staff can recognise changes in their health/condition and respond appropriately. Staff reflected on situations where consumer deterioration was identified and articulated the steps and interventions they took to respond appropriately. Documentation confirmed staff communicate changes to consumers’ mental or physical health to consumers and their representatives. Where deterioration is identified, management described appropriate and timely referrals to medical professionals and external organisations.

Staff described how they collaborate with other providers of care to meet the diverse needs of consumers, including local hospitals and external palliative care teams. The service has policies and procedures for end-of-life care and uses tools and resources to support consumers and their representatives in decision-making. Management described how they support consumers to make choices in line with their preferences. A representative of a consumer who recently passed away reflected positively on the staff and service and gave examples of how the service supported the consumer and their family during their time of need.

Consumers and representatives confirmed personal and clinical care is consistent, and consumers do not need to repeat or recite the care and services they require. Staff described consumers’ conditions, needs and preferences and demonstrated how they share this information internally. Care documentation, internal systems and progress notes capture information about important changes to consumer’s needs and preferences and are used by staff to inform their delivery of care.

Infection related risks are minimised through the implementation of standard and transmission-based precautions to prevent and control infections, including use of personal protective equipment and maintaining good hand hygiene. Although the service does not have a dedicated Infection Control Lead (ICP) it does have systems and skilled staff members suitable to oversee the day-to-day operations of infection prevention and control.  The service does not have any existing consumers currently prescribed with antimicrobials, it does have a policy and procedure to monitor antimicrobial prescriptions and usage, which includes a monthly review by an IPC lead. In the absence of a dedicated IPC lead the service is encouraged to update its policy to reflect current practices to adequately guide staff.

For the reasons detailed above, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not assessed | Not assessed |

Findings

Consumers and representatives are satisfied the provision of services, such as domestic services, meals and social support optimise consumers’ independence, well-being, and quality of life. Consumers have a choice in the services they receive, and documentation showed consumers’ needs goals and preferences are documented to guide services. Staff gave examples of how they support consumers to remain in their homes and retain independence.

Consumers confirmed the service is dedicated to enhancing their emotional, spiritual and phycological well-being through daily living supports. Consumers and representatives gave examples of the service providing emotional support and guidance and interviews demonstrate a strong commitment by staff to deliver services that optimise consumers’ emotional and phycological wellbeing. Care records include information about who and what is important to consumers and progress notes reflect staff are responsive to consumers’ needs.

Consumers and representatives confirm the services consumers participate in align with their activities of interest and help them enjoy life and maintain connections of importance to them. Staff and representatives described how the service utilises its transport and social services to support consumers to remain active and connected to their community. Assessment team observations showed consumers participating in group activities and enjoying cooked meals at social events. Meals provided at social groups were observed to be varied and of suitable quality and quantity.

Consumers said staff know them and understand their needs well. Documentation confirmed consumers’ interests and preferences are recorded to guide care delivery and staff described mechanisms to share information, including carrying iPads for immediate system/file access, regular discussions and staff meetings and progress notes. Information about consumers’ needs and preferences for daily living supports are documented in the consumer’s care plan. Consumers and representatives confirmed receiving supports from external providers including local exercise groups and a community hub. Staff described the referral processes for engaging external stakeholders where interventions are required.

Requirement (3)(g) was not assessed as the service does not provide equipment to consumers.

For the reasons detailed above, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers said the town hall where social groups and activities take place is welcoming, familiar and inspires a sense of belonging, independence and interaction. The activity centre is accessible to consumers with mobility and equipment needs. Maintenance and repairs for the town hall are managed by the Wagin Shire in line with budget requirements. Management referenced pending repair/replacement requests under consideration by the Shire’s Deputy Chief Executive Officer. The service’s offices are open and accessible to all consumers to receive advice, support and assistance. Observations of the offices showed the environment was clean and well maintained and consumers could mobilise freely throughout. Furniture, fittings including tables, chairs and bathroom facilities are safe, clean, and suitable for consumers. All consumers were complimentary of the cleanliness and maintenance of the service environment.

For the reasons detailed above, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers said they are encouraged to provide feedback and complaints and feel comfortable doing so. Consumers and representatives described the methods available to them to make complaints and provide feedback, including monthly surveys, a dedicated feedback form, in person, via telephone or in writing. Where verbal feedback cannot be resolved during service delivery, staff support consumers to submit written feedback or contact the service on their behalf to escalate the matter internally.

Consumers sampled expressed confidence in the service’s ability to resolve feedback and complaints and said they would seek alternative methods for raising a complaint if they needed to. The service reception area was observed to have a range of brochures about external advocacy and language services, and external mechanisms to support and enable consumers to submit feedback and complaints. Management said and documentation confirmed a complaint was escalated to the Shire executive to assist in resolving concerns.

A review of complaint records demonstrated a process to record, action and resolve complaints while observing open disclosure principles. The service has policies and procedures in place to guide staff on best practice complaint handling. Documentation confirmed the service has a process to review complaints and has implemented improvements relating to the outcome of consumer complaints, including moving the service’s offices to a building which is more accessible to consumers. Although improvements are being implemented, the service was not consistently documenting or capturing the relevant improvements made. Management acknowledged the deficit and implemented a measure to resolve the gap.

For the reasons detailed above, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service plans and adjusts its workforce based on the needs and preferences of consumers. Consumers confirmed staff are kind, respectful and caring and have consistent staff delivering care in line with their preferences. Staffing levels are reviewed regularly and management described workforce strategies to maintain continuity of care during periods where staff require leave. Staff confirmed there is sufficient staff available to deliver safe and effective care but indicated additional staffing resources could help support administrative tasks such as updating progress notes.

The service promotes a culture that prioritises consumer-centred care and is kind and respectful of its consumer’s identity and culture. Staff explained how they build rapport and get to know consumers to better understand their preferences. The assessment team observed staff interacting with consumers in a friendly and respectful way and consumers were engaged in discussions.

Consumers said staff are competent to deliver the care and services they need and understand their needs. Staff confirmed receiving appropriate training and participating in vocational education to gain certificates in the provision of aged care. The organisation ensures staff have the qualifications and knowledge to effectively perform their recruited roles. Documentation confirmed position descriptions clearly define qualifications and reporting lines for each role and systems and processes are in place to monitor mandatory skills and clearances. The service has mechanisms to monitor workforce interactions and performance for new staff, including orientation checklists and consumer feedback.

The service assesses workforce competencies against roles and responsibilities, by analysing consumer feedback, reviewing competencies and staff identifying learning needs. Staff confirm being supported by the service and its policies and procedures to effectively perform their roles. Documentation showed procedures are in place to guide employee, subcontractor and volunteer checks and reviews, and to ensure the appropriate clearances and registrations are collected.

The service undertakes regular assessment and review of staff performance for each member of the workforce. Staff appraisals, policies and procedures are reviewed annually and staff described the performance evaluation process and how it is used to support their professional development. Management confirmed processes and policies are in place to monitor staff performance and documentation confirmed training is organised at an individual level to uplift capability.

For the reasons detailed above, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives are engaged in the development, delivery and evaluation of care and services. The organisation utilises various communication mechanisms to share information and capture consumer and representative input including, verbal feedback, surveys, feedback forms and, through an expression of interest to develop a consumer representative advisory group. At the time of the audit, the service advised it was seeking interest from one consumer to represent consumers at this forum.

The organisation’s governing body is made up of an executive leadership team and council members who promote a culture of safe, inclusive, and quality care and services. The organisation demonstrated reporting mechanisms to ensure the governing body are informed and accountable for the delivery of care, relating to the service’s aged care reporting requirements, strategic planning, workforce and financial governance. The assessment team identified some gaps in the governing body’s understanding of their governing requirements which are attributed to the executive officers being recently appointed and new to the aged care industry. Management demonstrated actions to seek advice to remedy these gaps and demonstrated a commitment to ensuring consumers in their community receive safe and effective care.

The organisation has governance frameworks to support all aspects of the organisation including information systems, continuous improvement, financial and workforce governance, complaints, and feedback. Electronic information is safely stored and password protected. The organisation demonstrated effective risk management systems and practices in relation to managing HIHP risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. Staff and management described mechanisms to monitor HIHP risks and mitigate risks to consumers, including assessment and incident reviews and weekly clinical audit meetings.

There is a clinical governance framework that guides staff in delivering safe and quality clinical care to consumers. Staff have demonstrated an understanding of antimicrobial stewardship, minimising the use of restrictive practices and open disclosure and gave examples of how these are applied in practice. While the assessment team was unable to cite training or education toolboxes relating to restrictive practices, staff were able to describe their understanding and gave examples of how they have identified and escalated restraint in practice. In relation to antimicrobial stewardship, I refer to evidence identified in the assessment team's findings in Standard 3, requirement 3(g) regarding its policy on antimicrobial prescription and usage, which indicates the service’s policy does not currently reference current practices to adequately guide staff. Despite this, the service has demonstrated it has a process to minimise risks associated with antibiotic-resistance.

For the reasons detailed above, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)