Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Kalyna Care |
| **RACS ID:** | 3162 |
| **Name of approved provider:** | Ukrainian Elderly People's Home |
| **Address details:** | 344 Taylors Road DELAHEY VIC 3037 |
| **Date of site audit:** | 03 September 2019 to 05 September 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 10 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the *Aged Care Quality and Safety Commission Rules 2018* (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 11 November 2019 to 11 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Kalyna Care (the Service) conducted from 03 September 2019 to 05 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Client liaison officer | 1 |
| Deputy manager care services | 1 |
| Corporate officer | 1 |
| Building works manager | 1 |
| Hotel services manager | 1 |
| Office manager | 1 |
| Enrolled nurses | 4 |
| Dentist | 1 |
| Volunteer | 1 |
| Building project manager /contractor | 1 |
| Personal care assistants | 5 |
| Cleaning staff | 1 |
| Consumers | 12 |
| Representatives | 14 |
| Chief executive officer | 1 |
| Director of care services | 1 |
| Lifestyle staff | 2 |
| Maintenance officer | 1 |
| Physiotherapists | 2 |
| Cook | 1 |
| Registered nurses | 3 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
b) supports consumers to exercise choice and independence; and   
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that all requirements under Standard 1 were met.

Of consumers and representatives randomly sampled, 100% agreed that staff treat consumers with respect all or most of the time. Eighty eight percent of consumers and representatives agreed that they are encouraged to do as much as possible for themselves most of the time or always. Twelve percent responded that they are never encouraged due to their dependence on staff for all care needs. Of consumers and representatives randomly sampled, 88% indicated that staff explain things to them most of the time or always, twelve percent indicated staff explain things only some of the time.

The service demonstrates consumers are treated with dignity and respect. The service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences, interests and details of their life histories. The service promotes and values individual consumers’ culture and diversity with assessment processes that identify how consumers wish to live these aspects of their lives. Staff described how the delivery of care is tailored to the consumer. Management and senior staff model appropriate behaviour and act when they become aware of any staff conduct that does not meet the organisation’s requirements.

Consumers and representatives interviewed confirmed that consumers feel safe, respected and have a choice in their daily activities. Staff provided meaningful examples of how they help consumers to make choices and assist them in doing what they want to do, even if this involves an element of risk. Consumers described the ways their social connections are supported and how friendships have developed within the service.

Information about the service is provided to consumers through an initial information pack, a handbook, meetings, newsletters, case conferences and individual interactions. The majority of consumers confirmed they are able to understand the services communications and they can make choices based on the information provided.

Consumers/representatives are satisfied that the service promotes and protects consumer’s privacy and confidentiality of information. The service demonstrated how information is stored both electronically and in hard copy is kept secure and confidential. Confidential discussions are held privately.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found that all requirements under Standard 2 were met.

Of consumers and representatives randomly sampled, 88% agreed that staff meet consumers’ care needs always or most of the time. Twelve percent responded some of the time. Consumers and representatives agreed that their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers and representatives report feeling safe and confident that staff listen to their goals and preferences, and that the service gets input from other professionals to ensure consumers get the right care and services to meet their needs.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical officers, allied health professionals, carers and family members) work together to deliver a tailored care plan and monitor and review the plan as needed.

Consumers and representatives report that consumers’ care and services are regularly reviewed and when something goes wrong, or their needs or preferences change, the service is quick to communicate with them and to respond to concerns. Each of the care plans reviewed by the Assessment Team evidence that plans had been regularly reviewed (with changes made as required) and included a date by which the next review of care must be undertaken. Staff demonstrate an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service. The analysis of adverse events informs continuous improvement.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

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.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

The Assessment Team found that all the requirements under Standard 3 were met.

Of consumers and representatives randomly sampled, 88% agreed that staff meet consumer care needs most of the time or always, with 12% responding some of the time. Of consumers and representatives randomly interviewed, 94% report feeling safe and confident that they are receiving quality care, with six percent responding some of the time.

Staff could describe how they ensure care is safe and appropriate for consumers, their opportunities for continuing education and how they ensure information is shared both within the service and with others outside the service. Care staff demonstrated a good working understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different consumers and how incidents are used to inform changes in practice.

Consumers gave various examples of how staff ensure the care provided was right for them including by regularly asking them about their care and the way it is delivered and through care plan reviews with staff providing care and services.

Each of the care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care.

The service demonstrates they have a suite of policies and procedures underpinning the delivery of care and how they review practice (and policies) to ensure they remain current and appropriate.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that 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.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the organisation has met all seven requirements under Standard 4.

Consumers interviewed confirmed they are generally satisfied with the services they receive especially in relation to their physical care. A total of 94% of consumers interviewed said they like the food most or all of the time.

The service adequately demonstrates that it makes timely referrals to other organisations, provides meals of a suitable quality, variety and quality and provides safe, suitable clean and well-maintained furniture.

The service demonstrates that is supports consumers to connect with other supports and people outside the service and seeks feedback from consumers about activities of interest to them within the service. The service demonstrates that is supports consumers’ emotional, spiritual and psychological well-being.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met all three requirements under Standard 5.

The service is welcoming (with individual rooms decorated with memorabilia, photographs and other personal items), clean and well maintained. The layout of the service enabled consumers to move around freely, with suitable furniture, fixtures and signage to help consumers navigate the service. Consumers had ready access to tidy outdoor areas with gardens, furniture and pathways that enable free movement around the areas.

The service is currently undergoing renovation and new building works with plans for completion and occupancy to begin in late 2020. The service advises that it will continue to monitor the living environment to ensure consumers feel safe and comfortable during the building works.

Policies and procedures described systems for the purchase, service and maintenance of furnishings and equipment and also how environmental risks to consumers were identified and managed. Staff interviewed confirmed their understanding of the systems, and record arrangements. Management confirmed the service environment is routinely monitored for any emerging risk or maintenance.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

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

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

#### The Assessment Team found that all requirements under Standard 6 were met.

The service demonstrates consumers know how to give feedback and make complaints and that actions are taken in response to feedback.

Of consumers and representatives randomly sampled, 94% indicated consumers are satisfied that staff follow up when they raise things with them most of the time or always. One consumer indicated that management is improving their response to feedback.

Other consumers and representatives interviewed were generally satisfied with complaints resolution. Where ongoing concerns occur, management facilitates regular meetings with consumers or their representatives to determine agreed actions and outcomes.

The service demonstrates that it encourages consumers and their representatives to provide feedback and make complaints. Staff explained how they support consumers to provide feedback as required. Management demonstrates that appropriate action is taken in response to complaints and when things go wrong. The service’s complaints system incorporates ‘open disclosure’ processes. The service records comments, complaints and suggestions within an electronic system. Management documents issues and actions taken including agreed actions and feedback to the complainant. Items which require an improvement activity to occur, to improve the quality of care and services, are recorded on their plan for continuous improvement. Organisational oversite is undertaken through review of complaints at Board level. The Assessment Team observed feedback forms and secure lodgement boxes on display throughout the service.

Management provided examples of where consumer feedback had initiated changes to care and service. Management also provided examples of how ongoing monitoring and review of its performance, relevant to Standard 6, initiated improvements to the complaint management process.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

#### The Assessment Team found that the all requirements under Standard 7 were met.

The service demonstrates they ensure the numbers and mix of the staff is planned, managed and reviewed to enable provision of safe, respectful and quality care and services.

Of consumers and representatives randomly sampled,100% indicated that staff are kind and caring. Of consumers and representatives interviewed, 88% responded that get the care they need and 94% indicated that staff know what they are doing, most of the time or always.

Management stated they continue to review rosters in relation to consumer needs, feedback and organisational requirements. Recent recruitment has resulted in additional staff being appointed and commencing work at the service.

Staffing levels and skill mix are reviewed regularly and in response to changes in consumers’ needs. There are processes to address planned and unplanned leave. Generally, there is a registered nurse on site, each shift, seven days a week. The service demonstrated its workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. The manager of care services and human resource staff monitor staff qualifications. The service ensures, through staff selection, planned education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles. Staff are satisfied there is enough education opportunities and advised they complete mandatory education and accompanying competencies annually and additional training in response to an identified need.

The service demonstrates that regular and ongoing assessment, monitoring and review of the performance of each member of the workforce is undertaken.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

#### The Assessment Team found that all requirements under Standard 8 were met.

Of consumers and representatives randomly sampled, 88% expressed that the service is well run. Twelve percent responded that the service is well run some of the time giving the change in new senior staff as their response.

The service demonstrates they involve consumers in the design, delivery and evaluation of care and services, providing numerous examples of how consumers are involved on a day to day basis. These include meetings, surveys, and shared decision-making processes. Consumers and representatives confirmed they are involved in care and service planning and delivery. For example, there are regular ‘resident and representative’ meetings, scheduled collaborative care planning meetings and the client liaison officer meets with consumers regularly.

The service has a range of sub-committees which meet regularly, sets expectations for the service and regularly reviews risks from the organisational and consumer perspectives. Organisational wide governance systems support effective information management, continuous improvement, financial and workforce processes and regulatory compliance. There are established processes to identify, manage and report high impact or high prevalence risks, including identifying and responding to abuse and neglect of consumers. The clinical governance framework addresses anti- microbial stewardship, open disclosure and minimising the use of restraint with policies, procedures and staff practice supporting this framework. Clinical key indicators are collected and reported monthly; discussed locally at relevant meetings with reports provided directly to the Board.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that 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

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that 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

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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