Accreditation Decision

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

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Lee Hostel |
| **RACS ID:** | 0327 |
| **Name of approved provider:** | Lee Hostel Committee Inc |
| **Address details:**  | 1 Queen Street BLAYNEY NSW 2799 |
| **Date of site audit:** | 24 September 2019 to 26 September 2019 |

**Summary of decision**

|  |  |
| --- | --- |
| **Decision made on:** | 31 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:** | 07 November 2019 to 07 November 2021 |
| **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 Lee Hostel (the Service) conducted from 24 September 2019 to 26 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 contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as 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** |
| --- | --- |
| Consumers | 15 |
| Management | 1 |
| Clinical staff | 1 |
| Care staff | 9 |
| Hospitality and environmental services staff | 2 |
| Lifestyle staff | 1 |
| Financial Manager | 1 |
| Other – Administration officer | 1 |

## 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:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met all six requirements under Standard 1.

15 Consumers were interviewed and asked if they think staff treat them with respect. 100% said always or most of the time. The Assessment Team's observations and interviews throughout the site audit saw staff demonstrate practices and interventions which uphold consumer dignity and respect with each interaction throughout the day.

The staff acknowledge the cultures represented at the service in various ways through cultural activities scheduled throughout the year and in consultation with consumers. Care staff, with prompting, were able to articulate the potential needs of consumers of Aboriginal and Torres Strait islander descent. The Assessment Team was informed of one consumer currently living at the service who recently discovered he is of Aboriginal descent however he does not request special cultural considerations at this time.

Where risks are identified, consumers are supported in their daily life through strategies put in place to minimise the potential harm attached to the risk taken. Risk assessments are completed and filed in the service’s electronic medical record system.

The storage of consumer records and information maintains consumer confidentiality. Electronic records are password protected, and paper files are stored in secure file cabinets in locked offices.

#### 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 Not 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:

1. 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 the service has meet three out of five requirements under Standard 2.

100% of consumers interviewed confirmed staff meet their health care needs either always or most of the time. 53% of consumers interviewed felt they always have a choice in their daily activities while 47% feel they have a choice most of the time.

While care planning is well documented across the service for all consumers, it does not occur in consultation with consumers and/or representatives about their needs, goals or preferences. Most consumers interviewed did not have knowledge about whether there was a care plan in place for their care and services, nor did they have a copy of their care plan.

Consumers reported that when a change in condition occurs, they are assessed regarding whether they need medical attention or any increase in assistance. All care and service plans reviewed by the Assessment Team had been regularly updated. Changes in condition resulting in changed care needs were observed by the Assessment Team in care plans reviewed, and the care planning process was demonstrated by the service’s registered nurse.

Staff demonstrated an understanding of the incident reporting and documentation process and the Assessment Team was able to review how this process populates the service’s clinical indicators and also informs continuous improvement.

The service begins discussion about end of life planning and provides advanced care directive information on consumer admission to the service. Management and registered nursing staff recognise that not all consumers are prepared to make these decisions on admission to the service and are prepared to assist with these decisions, and answer questions, when the consumer is ready or as their condition changes. All advanced care directives are completed according to state health guidelines, and completed forms are kept in a central folder after being scanned into the consumer’s electronic file for easy reference.

#### 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) Not 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) Not 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 Not 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:

1. 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 the organisation has met six out of seven requirements under Standard 3.

Of consumers interviewed, 100% agreed they get the care they need always or most of the time. 93% of consumers reported they felt safe always.

While staff are aware of pain management and behaviour management strategies, the documentation of assessment and management is not consistent. Administration of analgesia is not consistently documented with corresponding assessment and reassessment of pain levels. Staff are not able to explain pain assessment tools apart from verbal pain scales.

Staff described their processes for continuing education and how they ensure that information is distributed within the service and also to others from outside the service. Management explained that the service works in collaboration with the neighbouring local health service and contracted consultants for policy documentation and online education provision for staff to ensure best practice. Care staff were able to demonstrate an understanding of precautions used to prevent and control infection and the steps taken to minimise the use of antibiotics across the service. Registered nursing staff are aware of risks associated with overprescribing of antibiotics and the challenges related to being a remotely located residential care service, including access to some specialist services and providers.

#### 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) Not Met**

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

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

The organisation demonstrates 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:

1. 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 the organisation has met all seven requirements under Standard 4.

Consumers interviewed expressed overall satisfaction with the way they are assisted to adjust to life at the service. There was positive feedback from consumers regarding the supports for daily living provided that are important for their health and well-being including assistance to enable consumers to do the things they want to do.

Of consumers interviewed, 87% indicated that they like the food at the service always or most of the time.

The service was able to demonstrate this is achieved through both formal and informal consultation with consumers and their representatives to identify their needs and preferences regarding;

* staying active with daily walks around the service,
* maintaining independence,
* assisting consumers to do things for themselves,
* supporting emotional and spiritual well-being,
* staying connected within and outside of the service,
* continuing and maintaining personal relationships,
* doing the things that interest each consumer,
* enjoying meals and food options, and, ensuring needs and preferences are communicated to others with caring responsibilities are in place and that any equipment used to provide care and services are suitable, safe and well maintained.

Consumers provided examples of being supported to make choices and participate in things of interest to them. This included having choices around food and dining options, accessing group and individual activities both within and outside of the service, maintaining and developing new friendships, provision of emotional and spiritual supports including the ability to attend church services and being supported to do things for themselves that may involve the use of equipment such as mobility devices that are safe, suitable and well maintained.

During the site audit consumers were observed to participate in group and individual activities, enjoying the company of other consumers, their guests and the service’s chickens, going out and taking meals in the open dining room or eating in their rooms if they chose. Consumers said they are provided with information by staff on activities offered, menu options available and spiritual and emotional supports. Information about consumer rights is displayed in the service and individualised choices and preferences for consumers was sighted in care documentation.

#### 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 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:

1. 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 organization has meet all three requirements under Standard 5.

The service was observed to be welcoming, clean and maintained. Consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers have free access to clean outdoor areas with communal areas and benches. There are paths and handrails that enable free movement around the area. Consumers did not raise any concern about the service furnishings, equipment or environment**.** Consumers confirmed that the service is always clean and there are plenty of communal and private areas for use individually or with family and visitors. Consumers interviewed confirmed that they are satisfied and could not identify any areas for improvement.

The service has a system in place for cleaning and maintenance of equipment and furnishings, and how it identifies and manages environmental risks to consumers. Staff interviewed demonstrated and understanding of those systems and processes.

Consumers indicated that cleaning, maintenance and laundry services are delivered appropriately.

Management regularly secures formal and informal feedback from staff, consumers and representatives, and conducts meetings to discuss it, address concerns and work towards continuous improvement.

#### 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:

1. 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 the service demonstrated that all requirements in relation to Standard 6 were met.

100% of consumers randomly interviewed said staff most of the time or always follow up issues they raise. Consumers confirmed they are given information and opportunities to provide feedback. They know the internal confidential complaints process and about external agencies to contact if they are required.

The service demonstrated consumers and representatives are given information about their rights to complain, access to advocates, and support to provide feedback. There are policies, procedures and systems in place to ensure appropriate action is taken in a timely manner to resolve complaints including an open disclosure process when things go wrong. Feedback and complaints generate organisational risk management and continuous improvement activities to ensure gaps are addressed and systems continue to be effective.

Staff interviewed confirmed complaints practices and processes relevant to their roles. Education is provided in relation to feedback and complaints systems and staff are confident they can assist or refer consumers when required. The organisation has posted the charter of aged care rights at the service which includes the consumers’ rights to complain free of reprisal, and to have their complaints dealt with fairly and promptly, and to have a person of their choice, including an aged care advocate, support them or speak on their behalf. Staff have given the charter to each consumer (or representative if required) and given them the opportunity to sign a copy acknowledging their understanding.

#### 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:

1. 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 the organisation met all five requirements under Standard 7.

The organisation demonstrated that the service has a workforce that is sufficient and is skilled to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service always maintains optimal numbers and mix of staff. The service demonstrated that the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver the best possible outcomes to consumers. The service demonstrated that the workforce is competent, suitably qualified and supported with initial and ongoing training to effectively perform their roles. The skills and capabilities of each member of the workforce is regularly assessed, monitored and reviewed.

The Assessment Team observed that staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Consumers confirmed that staff treat them with respect, are kind and caring and gave examples of how this happens on a daily basis. All consumers interviewed said that staff know what they are doing.

#### 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 is undertaken.

### 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:

1. 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 the organisation demonstrated that all requirements in relation to Standard 8 were met.

The organisation demonstrated they involve consumers in the design, delivery and evaluation of care and services.

100% of consumers interviewed said they get the care they need and have a say in their daily activities most of the time or always. Management said consumers are involved in planning of activities and are advised of important aspects of the service’s running, providing various examples of how this occurs in practice.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. The vision, mission and values and strategic plan provide direction for the community and demonstrates commitment from the board and management.

There are governance systems to support effective information management, risk management, human resource management, education and training, continuous improvement and regulatory compliance. There is Board involvement on the continuous quality improvement initiatives. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice. The quality improvement program regularly monitors the restraint minimisation, antimicrobial stewardship and open disclosure. The service promotes these initiatives including the quality standards to staff, consumers, representatives and health professionals.

#### 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 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 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.