Accreditation Decision

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

**Service and approved provider details**

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| **Name of service:** | Regis Brighton |
| **RACS ID:** | 3662 |
| **Name of approved provider:** | Regis Aged Care Pty Ltd |
| **Address details:**  | 161 Male Street BRIGHTON VIC 3186 |
| **Date of site audit:** | 01 October 2019 to 02 October 2019 |

**Summary of decision**

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| **Decision made on:** | 30 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:** | 01 December 2019 to 01 December 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 | Not Met |
| Requirement 3(3)(a) | Not 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 |
| **Timetable for making improvements:** | By 11 December 2019  |
| **Revised plan for continuous improvement due:** | By 14 November 2019  |

**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 Regis Brighton (the Service) conducted from 1 October 2019 to 2 October 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 Numbers**

Consumers 13

Representatives 5

Allied Health Professionals 2

Care Staff 6

Chef 1

Cleaning Staff 3

Clinical Support Team Manager 1

Clinical Support Team Member 1

Clown Doctor 1

Facility Manager 1

Life Style Staff 1

Maintenance Services Staff 2

Registered Nurses 2

Regional Catering Manger 1

Senior Quality and Compliance Manger 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:

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 the service has met all six requirements under Standard 1.

Of consumers and representatives randomly sampled, 100% said staff treat consumers with respect all or most of the time. Feedback through other interviews with consumers and representatives was consistent with this high level of satisfaction. Management model appropriate behaviour and take action when they become aware of any staff conduct that does not meet the organisation’s requirements.

The service demonstrated consumers are treated with dignity and respect and that 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 past life. 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.

Consumers and representatives interviewed confirmed that they 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.

Consumers are satisfied that the service promotes and protects their privacy and confidentiality of information. The service demonstrated how information stored both electronically and in hard copy is kept secure and confidential and how 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:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) 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 the service has met the seven requirements under Standard 2.

The service demonstrates the consumer is a partner in ongoing assessment and planning that helps the consumer get the care and services needed for their health and well-being. Of consumers and representatives randomly sampled for the consumer experience report, 100% said consumers have a say in their daily activities most or all of the time. Feedback through other interviews with consumers and representatives was consistent with this high level of satisfaction. Consumers are 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.

Management and staff could describe how others who contribute to the consumer’s care including general practitioners, allied health professionals and family work together with the consumer to deliver a tailored care plan and monitor and review the plan as needed.

Staff demonstrated an understanding of adverse incidents or near-miss events and how these are identified, documented and reviewed by the service, and used to inform changes to the consumer’s care.

Consumer files reviewed by the Assessment Team demonstrate that plans provide current information, have been developed and regularly reviewed by registered nurses and changes made in response to changes in the consumer.

Management demonstrated assessment and planning processes to address consumer’s needs, goals and preferences relating to advance care and end of life planning if the consumer wishes.

#### 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:

(i) 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

(ii) 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 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:

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 the service has met five of the six requirements under Standard 3.

The service was not able to demonstrate that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimising their health and wellbeing. The service has not ensured diabetes management is effective, safe and delivered according to directives. Incident reports for clinical events have not been consistently completed as required by the service.

All consumers and representatives randomly sampled for the consumer experience report, said they feel safe, or the consumer is safe, always or most of the time. Consumer and representative feedback around care was also positive. However, consumers interviewed, who have not had their diabetes managed consistently were not aware of the deficits identified by the Assessment Team.

Care and service plans reviewed by the Assessment Team evidenced the delivery of safe and effective care in other clinical areas including end of life care, wound management, mobility, dietary needs and catheter care. Management demonstrated how timely and appropriate referrals to other health services and professionals occur for consumers and how relevant correspondence is included in care plans.

Except for diabetes management, the service demonstrated the ongoing reviews are conducted in consultation with the consumer or representative and ensure personal and or clinical care is safe and right for each consumer. Management demonstrated how policies relating to clinical care are accessible to staff.

Staff and management could describe the process used to tailor both clinical and personal care to the individual to optimise their health and wellbeing. Management demonstrated how information is shared both within the service and with others outside the service. Staff demonstrated a working understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics. Management demonstrated their internal processes for identifying high prevalence risks and how these risks are monitored and reviewed on an ongoing basis.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation does not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) 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:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) 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 service 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. Of consumers and representatives randomly sampled for the consumer experience report, 86% said consumers like the food most or all of the time, whilst 14% said consumers like the food some of the time. The service provided examples of how they are addressing these consumers’ concerns.

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

The service demonstrated the process for providing information to health professionals when a consumer’s health needs change. Information provided and shared between the service and other health professionals is documented in consumer progress notes and updated in consumers’ care plans to ensure care processes are relevant and current.

The service demonstrated it provides meals of suitable quality and variety and provides safe and clean equipment suitable for use.

#### 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:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) 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:

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 the service has met all three of the requirements in relation to Standard 5.

The service was observed to be welcoming, clean and generally well maintained. Consumers and their visitors were observed utilising many of the communal sitting areas, dining spaces, café, hair-dressing salon and balconies to relax and socialise.

Consumers expressed satisfaction with the environment and confirmed that they feel safe and comfortable. For example, of consumers and representatives randomly sampled for the consumer experience report, 100% said they feel safe and 93% said they feel at home, most of the time or always. 7% said they will never feel at home despite everything the service does to make them feel welcome and comfortable.

The service is secured with keypads and pin codes to enter and exit each of three units. There are signs above all keypads to prompt consumers to seek assistance from staff if they need assistance to operate the keypad; consumers who have been assessed as safe to exit the service have been provided the code. Management said they are considering options to remove keypads however need to consider fire regulations and consumer safety before they proceed. Within each key padded area consumers have access to a dining area, lounge area and an outdoor area; either a small courtyard or balcony.

The service has procedures to ensure the environment is safe, clean and generally well maintained. Dedicated staff and approved contractors oversee the routine and preventative maintenance system. Cleaning systems are in place to ensure compliance with cleaning and infection control standard. Staff interviewed confirmed their understanding of these systems and confirmed consumer preferences are a priority. The service complete regular carpet steam cleaning and are seeking approval to replace areas that are badly stained. A patch and paint program is also in place to address marks on hallway walls and skirting boards. Management assess and improve the environment through encouraging consumer feedback and conducting environmental audits.

#### 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 has met all four of the requirements in relation to Standard 6.

All consumers and representatives interviewed said management and staff encourage feedback. 93% of consumers and representatives randomly selected for the consumer experience report said staff follow up when things are raised, most of the time or always. Several consumers and their representatives interviewed spoke about their satisfaction with management’s prompt action, response and follow-up to complaints they had made.

The service demonstrated that it encourages and supports consumers and their representatives to provide feedback and make complaints. The service informs consumers about these processes and how they can access assistance to make a complaint using advocates and language services, if required. There is a ‘complaints management’ and ‘open disclosure’ policy and procedure which includes a system to record, track and manage feedback. Staff have been educated in complaints management and staff interviewed demonstrated an understanding of how to help consumers provide feedback. Feedback is reviewed and analysed to identify trends leading to improvements in care and service.

#### 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 service has met all five of the requirements in relation to Standard 7.

Of consumers and representatives randomly sampled for the consumer experience report, 100% said they get the care they need, staff are kind and caring and staff know what they are doing, most of the time or always.

The service has a base workforce roster that reflects consumers’ care and service needs. The number and skill mix of staff is regularly reviewed and has recently increased slightly, including the introduction of a dementia liaison role. Staff interviewed confirmed attendance to a range of education, including the Quality Standards and said that consumer choice and respect is paramount in care. The Assessment Team observed respectful staff interactions with consumers throughout the visit.

The organisation’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annaully and additional training when needs are identifed. The service uses a range of processes to monitor staff performance including observation, monitoring incidents, analysis of consumer feedback and a formal annual performance appraisal.

#### 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 service has met all five of the requirements in relation to Standard 8.

Consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. Of consumers and representatives randomly sampled for the consumer experience report, 100% said they always feel safe and 93% said the home is well run, most of the time or always.

The organisation’s governing body is accountable for the delivery of safe quality care and services. They consult consumers and their representatives in the development, delivery and evaluation for care and some services. For example, consumers are consulted about the lifestyle program and menu through regular meetings and surveys.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and service through policy and procedures and staff education. The governance structure including committee structure and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on continuous improvement, financial governance, workforce governance, regulatory compliance and complaints. High-impact or high-prevalence risks, and abuse and neglect are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

#### 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.