Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Royal Freemasons - Ballarat |
| **RACS ID:** | 3981 |
| **Name of approved provider:** | Royal Freemasons Ltd |
| **Address details:** | 124-126 Spencer Street CANADIAN VIC 3350 |
| **Date of site audit:** | 18 September 2019 to 20 September 2019 |

**Summary of decision**

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| **Decision made on:** | 22 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:** | 26 November 2019 to 26 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 | | 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 22 January 2020 | |
| **Revised plan for continuous improvement due:** | By 06 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 Royal Freemasons - Ballarat (the Service) conducted from 18 September 2019 to 20 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 16  Representatives 2  Administration assistant 1  Business development manager 1  Care staff 4  Catering staff 2  Cook 1  Cleaner 1  Facility manager 1  Laundry assistant 1  Lifestyle coordinator 1  Maintenance contractor 1  Manager of clinical practice 1  Manager property services 1  Physiotherapist 1  Quality coordinator 1  Regional clinical manager 1  Registered nurses 2 |  |
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## 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 organisation 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 organisation 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, 92% 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 organisation 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 medical practitioners, allied health professionals and family work together with the consumer to deliver a tailored care and service plan and monitor and review the plan as needed.

Staff demonstrated an understanding of adverse incidents or near-miss events and how these were 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 organisation 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.

Consumers said they felt safe and were satisfied they received the care they needed. However, not all consumers with catheter care can advocate for themselves in relation to their satisfaction with care provided and consumers with compromised catheter care interviewed were not aware of the deficits identified by the Assessment Team.

The service has not ensured catheter management is effective, safe and delivered according to directives. Medication delivery is not available afterhours, resulting in a consumers’ medication management being compromised. Incident reports for clinical event have not been consistently completed as required by the service.

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 diabetic management. 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 catheter 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.

#### 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 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. Of consumers and representatives randomly sampled, 85% said consumers like the food most or all of the time, whilst 15% said consumers like the food some of the time. The service provided examples of how they are progressively improving the meal service.

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

The organisation demonstrated that it 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 organisation demonstrated 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:

(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:

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 all three requirements under Standard 5 were met.

Of consumers and representatives randomly sampled, 85% responded that they feel at home always or most of the time. One hundred % of consumers and representatives randomly interviewed responded that they feel safe at the service most of the time or always. The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items and is generally clean and well maintained. Management said the older parts of the home are currently undergoing repairs that have been identified, in conjunction with new building works. After the new building is completed, the older building will have staged refurbishments. Consumers have been involved in discussions regarding room changes and provided feedback that they were looking forward to living in either the new building or the upgraded older building. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers generally have access to the outdoor areas that are not blocked off due to the new building works. However, except for two chairs for consumers who smoke, all outdoor furniture has been removed and will be replaced with new furniture as part of the furniture purchases for the new building.

Consumers report that the service is well maintained and kept at a comfortable temperature. They said they have access to equipment and furnishings and feel safe using them. The organisation regularly seeks feedback about how the service environment can be improved and made more welcoming. Consumers have access to a limited number of quiet areas to meet with family and friends.

Management described systems for the purchase, service and maintenance of furnishings and equipment. Management provided environmental audits that are conducted to assess potential risk areas and instigate improvements. The service environment is a standing agenda item for regular management and building meetings, where emerging risk or environment issues are discussed along with consumer feedback on the service environment.

#### 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:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and generally outdoors.

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

The organisation demonstrates that furniture, fittings and equipment are generally 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 that all four requirements under Standard 6 were met.

Of consumers and representatives randomly sampled, 92% responded that staff follow up when they raise things with them. The service demonstrates consumers know how to give feedback and make complaints.

Management demonstrated that appropriate action is taken in response to complaints and when things go wrong. Staff describe how they support consumers to provide feedback as required. Management provided examples of how feedback and complaints are reviewed and used to improve the quality of care and services provided. The Assessment Team observed feedback forms and lodgement boxes on display throughout the home. Feedback, complaints and compliments are an agenda item for the ‘resident and relative’ meetings. The organisation practices open disclosure and management provided a recent example.

Management advised they analyse feedback information for trends and identify improvements which are documented on the continuous improvement plan. Management described examples of improvements that have been made due to consumer feedback. Management also monitor the effectiveness of their response to complaints by seeking feedback from the complainant and recording this information on their feedback forms.

#### 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 all five requirements under Standard 7 were met.

Of consumers and representatives randomly selected, 100% responded that they get the care they need most of the time or always. One hundred % responded that staff are kind and caring most of the time or always. Ninety-two % responded that they feel staff know what they are doing. Consumer comments included that new or agency staff needed more guidance when providing the care they need and prefer. The service demonstrates they ensure the numbers and mix of the staff is planned, managed and reviewed to enable safe and quality care and services.

The service demonstrates they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, care and relationship needs and cultural and social significance. Interactions between consumers, representatives and staff were generally observed to be kind, caring and respectful. Management responded promptly when the Assessment Team observed one care staff member exhibiting disrespectful behaviour. The staff member was counselled and subsequently observed to be interacting positively with the consumer.

The service demonstrates the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. The service demonstrates they monitor staff qualifications and ensure through staff selection and extensive education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles.

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 generally 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 five requirements under Standard 8 were met.

Of consumers and representatives randomly selected, 100% responded that they feel that the place is well run always or most the time. The organisation demonstrates that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are involved in the planning of services and are engaged on a day to day basis. These include meetings, surveys, gatherings and promotion of shared decision-making processes. Consumers confirm they are involved in care discussions and how they contribute to the continuous improvement process and provided examples of how this occurs in practice.

The organisation sets expectations for the service, provides support and regularly reviews risks from the organisational and consumer perspective. Organisation-wide governance systems support effective information management, the workforce, compliance with regulation and clinical care.

The service has a continuous improvement program which drives the quality system and involves all stakeholders.

The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Management described how they are communicating these concepts to staff, consumers and representatives.

#### 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:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) 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:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) 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:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure