Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | ACH Group Residential Care - Perry Park (high care) |
| Service address: | 26 River Road PORT NOARLUNGA SA 5167 |
| Commission ID: | 6950 |
| Approved provider: | Aged Care & Housing Group Inc |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 2 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for ACH Group Residential Care - Perry Park (high care) (**the service**) has been prepared by G Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treated them with dignity and respect, that they could maintain their identity, make choices about their care, and live the life they chose. Staff knew consumers’ care preferences and during the site audit were respectful to consumers. The service had a resident-centred diversity and inclusion policy and a policy to assist consumers to reach fulfilment. These documents outlined the service’s commitment to fostering empowerment, a sense of belonging, respect, and dignity for all consumers.

The service had policies to guide staff to work positively with consumers of varied backgrounds, cultures and beliefs. Consumers said staff respected their beliefs and that staff supported them to have their preferences met. Staff knew the consumers’ preferences and backgrounds and could cite recent examples of how they met consumers’ needs. Care plan documents contained information about consumers’ choices, including personalised information regarding cultural and spiritual needs.

Consumers said the service supported them to make their own decisions about their care. They said they determine who participates in their care, to whom the service communicates their decisions, and how they are supported to make connections with others. Staff knew consumers’ cultural identities and how to meet consumers’ care needs. Care plans showed consumers’ care choices, and personalised information about what was important to them.

Consumers said the service supported them to take risks, to enable them to live their best lives. The service had policies to guide staff in supporting each consumer to take risks and live the life they chose. Staff knew the risk assessment process and they regularly reviewed and updated risk documents for consumers undertaking potentially risky activities. The service documented the identified risks, its consultation process, and strategies to minimise risk in consumers’ care plans.

Consumers said the service provided timely, accurate information to them, enabling them to make decisions about their meals, activities, care and services. The service communicated with consumers through various channels, including Resident and Family Meetings, regular newsletters, face to face communication, its ‘The Four Seasons’ quarterly publication and various other channels.

Consumers said staff respected their privacy, including when they received visitors. Staff used a range of practices to protect consumers’ privacy, such as knocking on doors and seeking permission before entering, using ‘do not enter’ tags on doors when attending to personal care, keeping consumer information on a password-protected system, and others. The service’s privacy and confidentiality policy outlined its commitment to collecting, storing, using, and disclosing consumers’ information in line with the Australian Privacy Principles.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service had admission assessment and care plan review processes to guide staff on completing risk assessments. These processes used validated risk assessment tools, including falls risk assessments, ‘Braden’ assessments, mini nutritional assessment and others to identify consumers’ statuses on entry to the service. Staff knew the service’s risk assessment process and how to apply information derived from it to ensure consumers received safe and effective care. Consumers said staff engaged them about risks during care plan discussions or when an incident occurred and this included formulating strategies to mitigate relevant risks.

Consumers said staff knew their care needs, including for end-of-life care, and that staff supported them by providing high-quality care. They said the service engaged them about their end-of-life care options and advance care planning. The service had an advance care planning and palliative care procedure to guide staff in documenting consumers’ assessed needs and preferences during the assessment and planning stages.

Consumers said staff engaged them to assess and plan their care through admission assessments, case conferences, and ongoing reviews and updates. Staff reviewed care plans every 6 months, whereby they discussed the care being delivered, what was important to the consumer, and how to tailor future care to their needs. Consumer care files showed evidence of engagement with consumer over their care plans as part of reviews and in collaboration with external care providers, such as allied health professionals.

Consumers said they knew what was in their care plans, and they understood they could discuss their care plans with staff at any time. The service offered a copy of the care plan to all consumers residing in the service, including an easy-to-understand summary, if requested. Care files showed evidence that the service had completed care plan reviews over the 6 months prior to the Site Audit. The service’s records showed consumers’ representatives attended care consultations, and that the service followed up their clinical concerns and suggestions appropriately.

Staff reviewed consumers’ care and services at 6 monthly intervals and when a consumer’s circumstances changed or when incidents impacted on their needs, goals, or preferences. The service documented clinical incidents on its electronic care planning system, ensuring staff could follow-up and action care accordingly. Consumers confirmed the service regularly reviewed their care, and that staff reviewed their care in response to changes of circumstances.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Care plans showed the service tailored its care to each individual consumer’s needs and preferences. Staff knew how to elicit consumers’ care preferences prior to providing personal care, and how to deliver care according to these preferences. The service had systems and processes to ensure consumers received safe and effective personal and clinical care, which included monthly audits and staff training to support best practice. Consumers said they were satisfied with their care and services.

Consumers’ care files showed the service identified consumers with high-impact, high-prevalence risks, including risks connected with behaviour, falls, skin integrity, pressure wounds, and weight loss. Staff knew consumers’ main high-impact and high-prevalence risks and the service had a risk management procedure that guided staff on identifying, documenting and managing risks. The service used an electronic documentation system to document and manage consumers’ high-impact, high-prevalence clinical and personal risks.

Care files showed the service collected information about consumers’ end-of-life wishes as part of its care planning processes. When staff identified decline in a consumer’s health, the service initiated a care planning process that involved a multi-disciplinary consultation with the consumer and family members. Staff knew how to adapt care delivery for consumers nearing end-of-life, and they knew practical ways to maximise consumers’ comfort during palliation. Consumers said they were confident the service would support them during their end-of-life phase, to be as free as possible from pain and to have important people with them.

Care files showed staff documented information about changes to consumers’ cognitive or physical health and that staff responded to these changes in a timely manner. Staff knew what indicators signalled a change in condition, and the service’s process for monitoring changes and clinically intervening as appropriate. The service has a registered nurse onsite 24 hours per day and staff could access support from a medical officer and other health professionals as required.

Care documents contained sufficient information to support effective and safe communication about consumers’ care. Information within care documents was specific to each consumer, and covered items such as skin and wound care, upcoming care appointments, mobility changes, dietary changes and restrictions, medication, and evaluations. Staff communicated changes to consumers’ care through verbal and documented handover processes, messages on the service’s electronic care management system, daily clinical handover reports provided by clinical nurses, and during reviews of consumers’ care planning documentation.

Consumers’ clinical documents showed evidence of timely and appropriate referrals to other health providers. Staff knew the process for referring consumers to health professionals and the service had guidelines for staff to refer consumers to internal and external health services as required. Consumers said staff made timely and appropriate referrals when needed and that they had access to relevant health professionals, including allied health professionals, medical specialists, and specialist services.

The organisation had policies to guide staff in its infection control practices, including an outbreak management plan, and dedicated policies for anti-microbial stewardship, infection control, and minimising antibiotic resistance, among others. The service had an infection and prevention and control lead, who knew their role in the event of an outbreak. During the site audit, the service had hand-hygiene facilities located throughout the facility, and personal protective equipment was widely available.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they received services and support for daily living that met their needs, goals, and preferences and that the service’s supports optimised their quality of life. Staff knew consumers’ lifestyle needs and preferences. Care planning documents contained information about consumers’ choices about the support consumers required to do things they wanted. During the site audit, lifestyle staff provided a range of support, including providing one-on-one care, and facilitating group activities.

Care planning documents contained information about consumers’ emotional, spiritual, and psychological needs, and strategies to support their well-being. Staff knew how to identify a decline in a consumer’s emotional health and how to respond to these changes, which including referring to the consumer to a specialist or escalating information for clinical management. Lifestyle staff provided a range of spiritual and emotional support to consumers, including companion support and facilitating spiritual representatives from religious denominations.

Consumers said the service supports them to maintain contact with people important to them, and engage in activities, both inside and outside of the service. Care planning documents contained information about how consumers wished to participate in activities and maintain relationships. Staff staged a range of activities and lifestyle supports for consumers and could cite recent examples of working with community groups to enable consumers to follow their interests.

Consumers said service staff communicated information about their condition, needs and preferences appropriately, including with other providers who shared responsibility for their care. Staff shared information about changes in consumers’ conditions during handovers and via the service’s electronic care management system and they referred to care planning documentation during care delivery, to confirm consumers’ assessed needs and preferences. The service had processes and systems in place for identifying and recording each consumer’s condition, needs and preferences.

The service referred consumers to other organisations and care providers in a timely and appropriate manner. This included referrals to specialist medical officers, dietitians, speech therapists, hairdressers and external community organisations such as dementia support services. The service had documented policies and procedures in place for making referrals to individuals and external providers. Care planning documents contained information about external services involved in consumers’ care.

Consumers said they enjoy the service’s meals, and the meals are of suitable quality and quantity. They said that if they do not like the meal options on offer on a given day, they can choose from a range of alternatives. The service had processes to capture consumers’ orders for each day, including consumers who wished to remain in their rooms. Staff knew individual consumers’ dietary preferences and they had documented these and relevant changes in consumers’ care plans.

Consumers said they felt safe when using the service’s equipment and that they knew how to report any concerns they had. They said they were comfortable raising concerns with staff and they confirmed the maintenance officer attends to issues quickly and efficiently. Where the service provided equipment, it was safe, suitable, clean, and well-maintained. The maintenance team undertook ongoing monitoring ensuring that the equipment is fit for purpose.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service was welcoming and easy to move around. During the site audit, consumers moved independently throughout the service, including between their rooms, the service’s lounge, and its dining areas. The service was clean and easy to navigate, with no steps or internal ramps to hinder consumers. Staff helped consumers feel at home by keeping the service clean and tidy, welcoming consumers’ visitors, and enabling consumers to do activities of their choosing, such as read quietly, play cards or board games, or participate in the service’s scheduled activities.

Consumers said the service was clean and well-maintained, and that they could easily access the indoors and outside areas of the service. The service had an on-site maintenance officer who ensured the environment was safe and well-maintained. The service had a dedicated cleaning team, who cleaned the service systematically in accordance with various operating procedures. The service had processes for identifying and recording hazards, maintenance issues, laundry issues and cleaning needs and the staff responsible for those areas responded to support requests promptly.

During the site audit, consumers used a range of equipment, such as walking frames, wheelchairs and lounge chairs. This equipment was safe, clean, and well-maintained. Furniture in the communal areas was clean and in good condition. Staff said they had access to sufficient, well-maintained equipment needed for consumer care. The service had preventative and proactive maintenance schedules, and it engaged contractors to address specialist maintenance items.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said they were encouraged to provide feedback about their care to the service and that they were comfortable doing so. During the site audit, feedback forms and boxes were situated in easy to access locations around the service, and the service published reminders in its newsletters to encourage consumer feedback. Staff acted quickly to address negative feedback, and the service used feedback as opportunities for improvement. The service provided consumers with information about how to make a complaint through various channels, including on admission, during meetings, within its newsletters, and through various other channels.

Consumers said they could raise concerns and make complaints if they wanted, and that the service addressed the issues they raised. Consumers said they knew how to escalate their complaint to external support services if necessary. Staff knew the service’s internal and external complaints and feedback channels, and what advocacy and translation services were available to support consumers and their representatives to raise complaints. Staff knew how to assist consumers who had a cognitive impairment to raise a complaint or provide feedback.

Consumers said they were satisfied the service responded to issues they raised. They said that, when they raised a complaint or when things went wrong, management and staff provided an apology. The service had delivered training to its staff about how to manage complaints and it had a dedicated process for managing feedback when it received a complaint. Staff knew how to respond in the event a consumer raised a complaint with them directly, which included escalating complaints to senior staff and management for investigation and follow-up.

Consumers said they were confident the service used feedback to improve its care, and they could cite changes implemented at the service because of their feedback and complaints. Management analysed feedback for trends and used this information to inform its continuous improvement activities. The service’s records showed that it regularly engaged consumers about changes to their care, including through monthly consumer meetings. The service’s continuous improvement register and related documents showed it had a system in place to channel feedback and complaints into improvement activity.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said they were satisfied with the quantity and mix of staff at the service but that the service could benefit from more care staff. Consumers said that although staff appeared busy, their care needs were always met. Staff said that when the service experienced unplanned absences, they worked together to ensure that the care needs of consumers were met, and that care was not compromised. Call bell records showed staff answered call bells promptly.

Consumers said that staff were respectful, kind, and caring. Staff interacted with consumers in a kind and caring manner during activities, at meal services, and in general interactions. The service had documented policies that fostered dignity and respect for consumers, and it provided a range of training and resources to staff to encourage respectful conduct. Management monitored workforce interactions with consumers through formal and informal processes, including feedback from consumers and their representatives.

Consumers said staff were sufficiently skilled to meet their care needs. The service verified the qualifications, security status and knowledge of the service’s staff prior to recruiting them. During interview, staff members said they felt competent to provide the care consumers at the service wanted. The service had documented policies covering qualification and knowledge requirements for each role within the service.

Evidence showed the service trained, equipped, and supported its staff to deliver care and services that met consumer’s needs and preferences, and the Quality Standards. Consumers, representatives, and staff said they did not think staff needed more training than what the service provided them and that staff generally knew what they were doing. Recruitment records showed that the service trained its staff as part of its onboarding process, and on an ongoing basis. The service’s training initiatives covered a wide variety of topics, including staff members’ responsibilities under the Aged Care Quality Standards.

As at the Site Audit, the service had recently commenced undertaking regular assessment, monitoring and review of its staff members’ performance. The service had a suite of documented policies and procedures to guide its management team in this and various aspects of workforce management, including selecting and recruiting staff, orientation, probation, and managing under performance. The management team took consumer feedback into consideration when completing reviews. Consumers said they were happy with the quality of staff employed at the service.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers said the service engaged them to help develop, deliver and evaluate their care. The service had several strategies to engage consumers, including using customer experience surveys, its dedicated feedback channels and resident meetings, among other strategies. The service made changes to its care and the service facility in response to consumer feedback and staff could cite recent examples of this, such as when the service renovated its dining room in response to a consumer’s suggestion.

The service’s Board was accountable for the quality of the service’s care and it promoted a culture of safe, inclusive and quality-driven care. The Board comprised 9 active members representing a wide range of skills and expertise in the areas of healthy ageing, aged care, finance, law, health, business development, local government, property, public policy, media, quality, risk, housing and governance. The service’s governance structure was made up of the following committees: Governance, Risk and Compliance, Clinical Quality and Customer Safety, Audit and Budget, Nominations and Remuneration and the ACH Group Foundation for Older Australians. The service’s management team was well-equipped and the service had a policy framework designed to maintain a culture of safe and inclusive care.

The service had effective organisation-wide governance systems in place in relation to continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives said they felt the service encouraged feedback and complaints and that it used feedback to inform its continuous improvement activities. Staff knew the various organisation-wide governance systems in operation within the service, including those pertaining to workforce and regulatory compliance. The service had policies and procedures that detail processes around each governance system to guide staff practice.

The service had risk management systems to monitor and assess high- impact or high-prevalence risks associated with consumers’ care. These included systems to identify and respond to consumer abuse and neglect and systems to support consumers to live the best life they could. Staff reported and escalated risks, and management reviewed them at the service level. Senior management used a risk management system to manage risks at the organisational level. The service used local and organisational meetings to communicate about consumer feedback and foster improvements to care and services. Staff knew the service’s risk management process, including key risk areas.

The service had a clinical governance framework and systems to ensure staff dispensed clinical care according to relevant protocols. This included prioritising anti-microbial stewardship, minimising restrictive practices, and applying open disclosure. The service’s clinical governance framework was consistent with the approved provider’s clinical governance policies, and its constituent procedures supported effective clinical governance. Staff said the service's clinical framework functioned effectively and that it enabled them to administer their responsibilities safely. They also reported the service routinely trained them in its various systems of clinical governance.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018 [↑](#footnote-ref-1)