Performance

Report

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| Name: | Akooramak Care of Older Persons |
| Commission ID: | 5084 |
| Address: | 267 Wood Street, WARWICK, Queensland, 4370 |
| Activity type: | Site Audit |
| Activity date: | 13 August 2024 to 15 August 2024 |
| Performance report date: | 18 September 2024 |
| Service included in this assessment: | Provider: 316 Warwick Benevolent Society Inc  Service: 3441 Akooramak Care of Older Persons |

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 Akooramak Care of Older Persons (**the service**) has been prepared by J Earnshaw, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others,
* the provider’s response to the assessment team’s report received 23 August 2024,
* other information known to the Commission.

# Assessment summary

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| 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

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| 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

The Site Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said consumers are treated with dignity and respect and feel accepted and valued. Staff were able to demonstrate an understanding of consumers’ backgrounds and their individual preferences and were observed by the Assessment Team treating consumers in a respectful manner. Consumers’ care documentation included what is important to each consumer such as preferred name, religious beliefs, life history and interests the consumer wishes to celebrate in line with their identity and cultural preferences.

Consumers/representatives said the service understands and respects the varying cultures and preferences of consumers, their cultural backgrounds, and beliefs. Staff could identify consumers from culturally diverse backgrounds and understood these consumers’ cultural needs and how to provide care and services in a culturally safe manner.

Consumers described how they can make decisions about the way their services are delivered and who should be involved in decisions regarding their care. Staff described how they support consumers to have ongoing relationships by facilitating married couples to have meals together and ensuring privacy when requested.

The service demonstrated consumers are supported to take risk to live the life they choose. Consumers advised the service had supported them by explaining the risks associated with their chosen activity such as self-administration of medications and using the consumer’s own vehicle to access the community. Management described the service’s systems to identify risk, complete risk assessments and identify risk mitigation strategies with consumers. Care documentation evidenced dignity of risk forms completed in partnership with consumers and risk management strategies were documented.

Consumers/representatives said the service is providing information, which is clear and easy to understand, as well as accurate and timely, to assist them with informed decision making. The service demonstrated and staff could describe how they provide information to consumers, including via meetings, posters, information pamphlets and verbal communication.

Consumers/representatives said their privacy is maintained and respected by staff delivering care and believes the service protects all personal information. Care staff described how they maintain a consumer’s privacy when providing care.

The service has policies and procedures to guide staff practice in relation to dignity of risk and consumer choice, privacy and confidentiality, and inclusivity.

# Standard 2

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| 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 Site Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said assessment and care planning includes the consideration of consumers’ needs, preferences, and any risks. Management and registered staff described how assessments are conducted, and the various sources of information used to inform care planning. Review of care documentation evidenced individual risks to consumers are identified, assessed, and nursing and personal care interventions planned to promote safe care.

Consumers/representatives said care is planned in a way to promote the consumer’s health and well-being. Staff were aware of consumers’ individual care needs and preferences as documented in assessments and care plans. Consumers said staff had supported them with their end-of-life care choices. Care documentation included advanced care plans, and information on consumers’ preferences for end-of-life arrangements.

Consumers/representatives said they are involved in the consumer assessment process, formation of care plans, and reviews. Clinical staff demonstrated knowledge of consumers’ complex healthcare needs, the importance of consumer inclusion in care planning, and when referrals should be made. Care plans demonstrated referrals to other healthcare services and professionals, as required.

Consumers/representatives described how outcomes of assessment and planning are communicated to them, and how they are offered a copy of the consumer’s care plan following scheduled reviews. Management and clinical staff described the process of communicating outcomes of assessment and planning to consumers and their representatives including recommendations for care from other health care services.

Consumers/representatives confirmed consumers’ care and services were reviewed regularly and provided examples of reviews conducted when consumers’ care needs changed. Consumer care documentation evidenced regular and as required reviews for continued effectiveness, when circumstances changed, or when incidents occurred which impacted on the needs, goals, or preferences of the consumer. Information of care plan reviews evidenced all care plans were reviewed as per the service’s 3-monthly care plan review policy.

# Standard 3

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| 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

The Site Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives confirmed consumers receive safe and effective personal and clinical care. The service ensures consumers’ clinical needs such as wound management, pain, changed behaviours, and restrictive practices are met. Best practice guidance, clinical policies, and procedures are available to guide staff practice. Staff demonstrated knowledge of individual consumers’ personal and clinical care needs and described how they ensure care provided maximises consumer health and wellbeing. Inconsistences with documentation of weekly photographing of wounds for monitoring of healing were immediately addressed by management.

Consumers are satisfied the service is effectively managing high impact and high prevalence risks. The service conducts monthly clinical trending and analysis to identify trends and implement strategies to minimise risk to consumers. Management advised the service’s high impact and high prevalence currently related to falls prevention and management. Review of consumer care documentation evidenced falls and injury prevention measures and post fall management. Staff described individualised consumers’ falls prevention strategies and post fall management. Deficits in documentation of 30-minute consumer visual observations to prevent falls for one named consumer were immediately addressed by management.

The service demonstrated consumers’ end-of-life preferences, advanced health directives, and statement of choices are sought by staff on entry to the service, shortly thereafter, or as part of the care planning process. One named consumer nearing end-of-life was observed to be comfortable, with staff providing comfort measures and the consumer’s family were supported to spend time with the consumer. Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life. Policies and procedures on end-of-life care are available for staff to refer to.

Consumers/representatives said the staff respond and if required refer consumers to other health professionals with changes in consumers’ health status. Review of care documentation identified deterioration and changes in consumers’ condition are responded to in a timely manner and consumers are monitored for further changes and referred to other health care services as required. The service has clinical deterioration procedures for role specific actions to guide staff in recognising and responding to clinical deterioration. Staff described signs and symptoms they monitor for to respond to consumer clinical deterioration.

Documentation review identified effective communication between staff regarding consumers’ needs and conditions, including any changes across shifts. Changes in consumers’ health and wellbeing are recorded in the service’s electronic care management system. Allied health professionals and staff advised consumers’ care needs are communicated via the service’s electronic care management system, and via regular verbal communication processes.

Consumers/representatives said referrals made were timely and they had access to a range of other services. Staff described the referral processes to other organisations; and how the input of other health professionals informs decision-making on care and service delivery. Care documentation demonstrated input from other health services in line with each consumers’ needs.

The service has infection prevention and control policies, an infection prevention control lead, and an outbreak management plan in place. Management and staff demonstrated a shared understanding of antimicrobial stewardship. Systems were observed in relation to infection prevention such as screening for respiratory infections prior to entering the service and hand hygiene.

# Standard 4

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| 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

The Site Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said staff assist consumers to optimise their independence and to engage in activities of interest in line with their needs, goals, and preferences. Staff were aware of individual consumers’ lifestyle needs and described how they assist the consumer do the things they wish to do. Lifestyle staff described how feedback is sought to develop an activity calendar with a diverse range of activities catering to the needs of the consumer cohort. Consumers were observed engaging with activity staff and participating in activities throughout the Site audit.

Consumers/representatives described how the service promotes consumers’ emotional, spiritual and psychological well-being. Care planning documentation included information on consumers' well-being needs, goals and preferences. Management and lifestyle staff advised consumers’ emotional, social and psychological needs can be supported by facilitating connections with people important to them, completing referrals to external mental health counselling services and delivering religious services.

Consumers/representatives confirmed consumers are supported to participate in their community within and outside the service environment, keep in touch with people who are important to them and do things of interest to them. Staff described how they supported consumers to participate in their community within and outside the service environment. Care planning documentation aligned with the information provided by consumers, representatives and staff regarding consumers’ continued involvement in their community and maintaining social and personal relationships.

Consumers/representatives said staff know consumers’ care needs and preferences well. Staff described how information about consumers is shared within the service including through accessing electronic care documentation, attending shift handovers, and referring to handover sheets.

The service demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers/representatives said consumers are referred to other organisations as required. Staff described the referral process of consumers to other organisations.

Consumers expressed satisfaction with the quality and quantity of food and described how the service ensured their preferences such as the condiments are served with meals. Management, care staff, and hospitality staff were able to describe consumers’ dietary needs and preferences, which aligned with their care planning documentation and dietary profiles. The service demonstrated evidence of feedback mechanisms to enable consumers to provide input to the seasonal menu or request alternative options for meals daily.

Consumers reported having access to clean equipment, including personal equipment to assist them with their mobility needs. Staff were able to describe how the equipment is kept safe, clean and well maintained. The Assessment Team observed clean and well-maintained equipment throughout the service.

# Standard 5

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| 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

The Site Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives advised the environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Management and staff were able to describe features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function. The service has several communal areas including dining rooms, lounge rooms and activities rooms with board games and bookshelves. The service environment was observed to be welcoming, with sufficient lighting, handrails for consumers to move around, and clear signage throughout the service including room numbers and directions to communal areas.

The service’s indoor and outdoor environments were observed to be kept safe, comfortable, and well-maintained. Consumers were satisfied with the cleanliness and maintenance at the service and said they can move freely around the service and access outdoor garden and seating areas. Maintenance staff described the preventative and reactive maintenance schedules in place and provided evidence of regularly scheduled pest control treatments and cleaning schedules.

Equipment, fittings, and furnishings were observed to be well-maintained, clean, and safe for consumer use. Staff are aware of processes to identify, report and attend to any maintenance issues or hazards. Maintenance requests are checked daily, with tasks prioritised, and any repair work organised as required. Review of the service’s electronic maintenance system demonstrated maintenance requests are addressed in a timely manner.

# Standard 6

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| 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

Having considered the Site Audit report and the provider’s response, I have decided Standard 6 and the associated requirements are compliant. The Site Audit report brought forward deficiencies for one named consumer in relation to the service’s response to their representative’s raised concerns and the practice of open disclosure, and these matters have been considered below, in relation to Requirement 6(3)(c):

* Other areas of the quality standards have been considered as adequate and consumer feedback is positive. The service has demonstrated, in other instances where appropriate response to complaints has been taken, open disclosure practised, and serious incident investigation and reporting processes followed.
* I have also considered, and I acknowledge that the service, once informed of the full nature of information shared, related to an earlier complaint, has taken reasonable actions to investigate the complaint adequately and effectively managed the complaint handling processes. The Site Audit report advised the representative expressed satisfaction with how the service responded to the complaint once informed.
* The service has enacted changes to information sharing to ensure electronic communication/complaints are received in a timely manner to facilitate timely response and improved consumer outcomes. The service undertook performance management processes and obligations related to serious incident reporting. Therefore, I am persuaded that the service has considered their obligations, the consumer wellbeing, and have taken appropriate action in response to complaints and an open disclosure process is applied.

Consumers and representatives said they understand how to give feedback or make a complaint, they feel comfortable doing so and described the different ways in which they were able to provide feedback and make complaints. Management and staff had a shared understanding of the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service has various mechanisms for consumers and representatives to provide feedback or make complaints including but not limited to paper feedback forms, through electronic channels or during monthly consumer meetings.

Consumers/representatives said they are aware advocacy services, language services and other methods for raising and resolving complaints. Management and staff described how they engage advocacy and language services to make consumers aware of other methods of raising and resolving complaints. Advocacy material was observed to be readily available to consumers and representatives across the service and provided during the entry to the service process and as otherwise required.

Consumers provided examples of improvements to care and services in response to their feedback. Managed described how complaints are tracked, analysed and provided examples of actions taken in response to consumers’ feedback. Review of the service’s continuous improvement plan identified actions taken in response to feedback and complaints and outcomes of complaints are discussed with consumers and representatives and at the consumers’ monthly meetings.

# Standard 7

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| 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

The Site Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said they felt the service is sufficiently staffed and staff respond to any requests in a timely manner. Staff said they have adequate time to undertake their allocated tasks and provide care and services in accordance with consumers’ needs and preferences. Management determined staffing needs using care minutes, consumers care needs and preferences, and from consumer staff feedback. Mechanisms were in place to replace staff when unplanned leave occurred. Call bell data is monitored and analysed monthly to determine changes in rostering to ensure consumers’ services and care needs are met.

Consumers/representatives said staff are kind and caring, and always gentle when providing care and services. Management and staff interviewed demonstrated they are familiar with each consumer’s individual needs and identity. Staff were observed to be always interacting with consumers in a positive, caring, and respectful manner. The service has various policies, procedures and training to guide staff practice and behaviour.

Consumers/representatives advised they felt the workforce is competent and staff have the knowledge and skills to perform their roles. Management advised staff competency is determined through training, feedback from staff and is monitored through performance assessments against the service’s position descriptions. Processes are in place to monitor staff criminal record checks and registration renewals.

Consumers/representatives are satisfied staff are trained well to provide safe and effective care. Staff considered they are appropriately trained, supported, and equipped to perform their roles. There is an orientation and onboarding process in place, and new staff receive buddy shifts. Management monitors staff compliance with mandatory training through an electronic learning management system. Review of training records identified staff compliance with annual mandatory training is up to date. Management responded to feedback from consumers’ representatives by facilitating training sessions for staff in relation to safe medication administration.

The service has systems in place to monitor and review staff performance and ensure ongoing support and development for staff. Staff performance is monitored through annual appraisals, observations, 3 monthly reviews for newly employed staff, and consumer/representative feedback. Any issues in performance identified through these monitoring mechanisms are addressed immediately. An electronic management system has been introduced which has resulted in some annual staff performance appraisals being overdue for review. The continuous improvement plan evidenced actions taken to complete staff performance appraisals.

# Standard 8

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| 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

The Site Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives felt they have a say in how care and services are delivered, and their feedback and suggestions are considered by the service. The service conducts monthly consumer/representative meetings and food focus meetings, annual and as-required surveys, and provides feedback forms to engage consumers and seek feedback. Documentation evidenced opportunities provided for consumers/representatives to participate in the quality care advisory body.

The service demonstrated its governing body promotes a culture of safe, inclusive, and quality care and services. The organisation’s Board receives monthly reports regarding the service’s performance, including but not limited to information on complaints and incident trends, internal and external audits. The Board uses this information to ensure compliance with Quality standards and safe and effective care and service delivery.

The service demonstrated effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints, and could provide examples of their application at the service.

The service has established governance frameworks, policies, and procedures to support the management of risk associated with the care of consumers. Consumers are supported to live the best life they can through taking risks and participating in activities they enjoy Management described how incidents are managed at the service including the escalation of any serious incidents to the organisation’s executive level, discussion of these incidents at quality team and governing body meetings, and notification to the Board via monthly reporting. Clinical trends and areas of high risk are communicated via monthly quality indicator reports, reported to the governing body and through to the Board.

The service has a clinical governance framework to guide staff on the provision of safe care and supported by policies and procedures on antimicrobial stewardship, restrictive practices, and open disclosure. Staff were aware of these policies and described the application of these as relevant to their roles. Management has oversight of the implementation and monitoring of the clinical governance framework in practice with reporting responsibility to the governing body.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)