**Performance**

**Report**

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| Name of service: | Baptistcare Home Services North Metro |
| Service address: | 95 Belgravia Street BELMONT WA 6104 |
| Commission ID: | 500060 |
| Home Service Provider: | Baptistcare WA Limited |
| Activity type: | Quality Audit |
| Activity date: | 12 April 2023 to 14 April 2023 |
| Performance report date: | 17 May 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 Baptistcare Home Services North Metro (**the service**) has been prepared by F. Nguyen 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.

# Services included in this assessment

**Home Care:**

* Baptistcare Home Services Level 2 North, 19092, 95 Belgravia Street, BELMONT WA 6104

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not applicable as not all requirements have been assessed** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Not applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Not applicable |
| 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 | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Not applicable |
| 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 | Not applicable |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is treated with dignity and respect with their identity, culture and diversity valued. All consumers/representatives interviewed said that the care partners treated them with respect and were always respectful when communicating with them. All staff interviewed consistently spoke of consumers in a respectful way, were able to describe what was important to consumers they individually support and what it means to treat consumers with dignity and respect.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that care and services provided are culturally safe. Consumers/representatives interviewed said staff know them and what is important to them. Consumers confirmed staff consider and support their cultural needs and preferences when providing care. Care planning documents contain information about consumers’ cultural needs. Staff are trained to provide culturally safe care, understood what it means to deliver culturally safe care and services and were able to consistently describe what this means in practice.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. All consumers/representatives said the service supports and involves them in making decisions about their care. Care partners interviewed discussed promoting choice and independence to consumers and were able to provide examples. Choice and decision making are discussed as a part of consumer onboarding/review processes and is also documented.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and care partners respect the decisions they make. Consumers/representatives described ways the services provided support them to take risks and live their best life. Care partners described how they support consumers to take risks and to do things that are important to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information is provided to each consumer which is current, accurate and timely. Consumers/representatives said they are provided with timely information and are supported to understand the information, enabling them to exercise choice. Consumers/representatives interviewed said they were happy with the information provided to them and felt comfortable to call the service if they need assistance to understand the information provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer’s privacy is respected and personal information is kept confidential. All consumers/representatives interviewed did not raise any concerns about their privacy or confidentiality. Staff and management were able to describe how consumer privacy and confidentiality is respected.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |

Findings

Evidence analysed by the Assessment Team demonstrated that the service has an assessment and care planning process to ensure care partners can deliver safe and effective care and services including the use of information from other services such as My Aged Care (MAC). All consumers/representatives interviewed advised that the care and services available to them is discussed with them prior to the commencement of services and include discussions on consumer needs and preferences. The service considers the risk for consumers when completing assessments in accordance with each consumer’s needs and preferences.

Evidence analysed by the Assessment Team demonstrated that the service has processes to support the identification of consumer-centred specific goals and preferences. All consumers/representatives interviewed said staff discuss their needs and preferences with them during onboarding and reviews which are documented in care plans. Staff advised consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so and re-visit end-of-life discussions during review processes.

Evidence analysed by the Assessment Team demonstrated that the service involves the consumer and, as appropriate, their representatives, in the planning of the care and services to be provided to consumers. All consumers/representatives interviewed reported they have had an opportunity to meet with their care manager to discuss their specific needs and preferences including how and when specific services are delivered to them, as well as the provision of additional equipment, allied health, meal delivery services etc., required. The service has processes in place to support consumers to access external service providers and to protect privacy when sharing consumer’s goals and preferences, in accordance with their obligations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that outcomes of assessment and planning are effectively communicated to consumers/representatives and documented in their care plans to guide staff to effectively deliver care and services. Consumers/representatives interviewed advised their care plans are discussed and agreed upon prior to the commencement of services and are provided with a hard copy of their care plan located in their home folder.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. Consumers/representatives interviewed stated the service regularly reviews and supports them when their needs change.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer receives safe and effective personal and clinical care which is tailored to their needs and optimises their health and well-being. Consumers/representatives interviewed who received personal/clinical care services said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being. The service demonstrated through review of consumer care documentation it is using best practice assessment and strategies to support consumers to have safe and effective clinical and personal care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it effectively manages high-impact and high-prevalence risk associated with the provision of care and services to each consumer. Consumers/representatives interviewed said the service effectively manages high-impact and high-prevalence risks associated with the provision of care and services. Systems and processes are in place to assist staff to manage risk, and to ensure clear instructions are provided to care partners to minimise the effect and number of risks for consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate an understanding of the needs, goals and preferences of consumers nearing the end of their life, maintaining consumers’ dignity and comfort, and respecting their cultural preferences. Representatives interviewed remembered being asked if the consumer had an advanced health directive/plan in place during onboarding and upon being advised there were not any in place, were provided with end-of-life planning information by the service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that deterioration or change to a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers/representatives interviewed said care partners who attend services are attentive to any changes and/or concerns. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Systems and processes are available to support staff to recognise and respond to a consumer whose health condition changes or deteriorates.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that communication systems are available to the workforce to assist them to provide and coordinate care that respects consumer choices ensuring safe, effective, and consistent care is provided. Consumers/representatives interviewed said they felt their needs and preferences are effectively communicated between hub staff and care partners. Care plans are updated regularly, and all staff have access to information pertinent to their role.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there are timely and appropriate referrals to internal and external providers that can meet the needs of the consumer where it cannot be provided by the service provider. Consumers/representatives interviewed confirmed there are timely and appropriate referrals to allied health staff. Staff described processes to refer consumers for allied health services and additional services through the internal and external referral process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it has documented policies and procedures to support the minimisation of infection related risks through infection control practices. All consumers/representatives interviewed advised they had received ample and sufficient information on infection control measures the service had implemented regarding COVID-19 infection control.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers get safe and effective services and support for daily living that meet the consumers’ needs, goals, and preferences, and optimises their independence, health, well-being and quality of life. Consumers/representatives interviewed said they are supported with safe and effective services and supports for daily living that meet their needs, goals, and preferences. Staff were able to demonstrate they know the consumer and their preferences. The service has processes in place to identify and record consumer needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that supports are in place to promote each consumer’s emotional, spiritual and psychological wellbeing. Consumers/representatives interviewed said care partners know them and provide them with appropriate support. Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it supports consumers to participate in the community and they are supported to maintain relationships that are important to them. The service demonstrates that consumers are supported to do things that are of interest to them. Consumers/representatives interviewed confirmed they are satisfied they can do things that interest them, maintain social and personal relationships and participate in activities within and outside of the service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that processes are in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service, and ensure that information shared is kept private and confidential. Consumers/representatives interviewed said that they are comfortable to talk to staff if they want any changes to their services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there are timely referrals to other organisations and providers of care and services. Consumers/representatives said they are satisfied with the services and supports delivered by those the consumer was referred to. Consumers/representatives interviewed said that when referrals were required for other organisations, the service was able to provide support, advice and actioned referrals in a timely manner.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that where equipment is provided it is safe, suitable, clean and well maintained. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. All consumers/representatives interviewed advised they are satisfied with the equipment they use and it was selected for suitability on the recommendations of allied health professionals.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed during the Quality Audit.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Not applicable |
| 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 | Not applicable |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Not applicable |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers and representatives are encouraged and supported to provide feedback and make a complaint. Consumers/representatives confirmed they ring the service when they have a concern about their services. All consumers/representatives interviewed said they felt comfortable to provide feedback and make complaints either by talking to their care partners or care managers at the service. Care partners and management described how they encourage and support consumers to provide feedback and make complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of and have access to advocates, language services and other methods for resolving complaints. Consumers/representatives are provided with information about external organisations that can advocate on their behalf when required. All consumers/representatives interviewed spoke about the open approach of the service, engaging family members, care partners, and management to help resolve any complaints they have about the service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. Staff were able to demonstrate how open disclosure is practiced and management could speak to the process of complaints resolution. A sample of recent complaints and follow up with consumers/representatives demonstrated the service has acted on the complaint, investigated what has occurred and engaged the consumer/representative on what the outcome will be.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed and are used to improve the quality of care and services. Consumers/representatives interviewed said where they had raised concerns the service had worked with and consulted with them on changes to improve their services and satisfaction. Management described how feedback gathered had been used for continuous improvement of the service.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Not applicable |
| 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 | Not applicable |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Not applicable |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is planned to enable the delivery and management of safe and quality services. Consumers felt services are delivered as planned and receive continuity of services. Consumers/representatives said services are delivered by care partners who know their needs and preferences and turn up on time as scheduled.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. All consumers/representatives interviewed said staff are always friendly, kind and respectful.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that its workforce (including subcontracted staff) are competent and have the skills and knowledge to effectively perform their roles. Consumers/representatives interviewed confirmed all staff involved in their care are competent and able to effectively perform their roles.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped, and supported to effectively deliver the outcomes required by these standards. Consumers/representatives interviewed said they felt care partners are well trained and equipped to deliver services. Management described the organisational recruitment and onboarding processes including all staff must complete mandatory training requirements relevant to the role.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that regular monitoring and review of the performance of workforce members. Staff and management advised that processes are in place for performance review as required under the Aged Care Quality Standards. Staff interviewed confirmed appraisals are done annually and that the service monitors their performance by asking consumers to provide feedback to the management team.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement. Consumers/representatives advised they have verbal input about how services are provided and the service seeks their feedback through reviews and surveys.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the governing body provides oversight in a manner that promotes a culture of safe, inclusive and quality care. Consumers/representative said that they are aware that the organisation adopts a person-centred approach.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

* The service has a centralised electronic management system, which enables consumers care planning documentation to be stored securely, easily accessed by all staff and is password protected.
* The organisation has continuous improvement processes that is focused on a culture of quality service delivery. Improvements to service delivery is identified through ongoing feedback from consumers, staff and team meetings.
* The organisation has an established financial governance framework including financial policies outlining accountabilities and responsibilities.
* The service was able to demonstrate effective workforce planning recruitment, induction, and performance management to enable delivery and management of safe and quality services to consumers.
* The service has effective processes to track changes to regulatory requirements and implement relevant changes.
* The service has an established feedback and complaints framework to encourage and support consumers to provide feedback and make complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumer risk is monitored, and the organisation acts quickly to mitigate risk and prevent ongoing harm through assessment, review and follow up actions. Staff are aware of their responsibilities to report any suspected or observed elder abuse or neglect. The service has policies and processes in place to support consumers to make informed choices and live their best life.

* The service demonstrated using information gathered during the assessment process that risk issues are identified and strategies to reduce the risks incorporated into consumer care plans.
* Care partners were able to demonstrate what elder abuse can look like in a home care setting and provided examples of what to be aware of including changes in the consumer, guarding behaviour towards staff or others and where there is physical injury noted that is not readily explained.
* The service supports consumers to live their best life through consultation with how they want their care to be provided, identifying where there may be risk and agreeing on how this might be managed.
* The service has an incident management system policy including a mandatory reporting policy that governs incident reporting processes. This also includes monthly quality indicator reporting on incidents that are presented to the Board.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it has a clinical governance framework in place that guides staff and sets out responsibilities, accountabilities, and how the service will deliver safe and quality clinical care for consumers. The framework includes processes for open disclosure, minimising the use of restraint and antimicrobial stewardship.

* The service provides an antimicrobial stewardship education bite to consumers to assist with awareness and understanding of their role and the role of their general practitioner.
* Care partners interviewed said they were aware of the services policies regarding minimising the use of restraint for consumers receiving home care services.
* The service’s open disclosure policy is built into the management of the feedback and complaints process.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)