Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | BlueCross Hansworth |
| Commission ID: | 3679 |
| Address: | 181 Hansworth St, MULGRAVE, Victoria, 3170 |
| Activity type: | Site Audit |
| Activity date: | 13 May 2024 to 15 May 2024 |
| Performance report date: | 20 June 2024 |
| Service included in this assessment: | Provider: 30 Third Age Australia Pty Ltd  Service: 5711 BlueCross Hansworth |

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 BlueCross Hansworth (**the service**) has been prepared by P. Wallner, 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 and representatives and others.
* Other information held by the Commission.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect and staff made them feel valued as an individual. Staff spoke about consumers in a respectful manner and were familiar with their backgrounds and preferences. Care planning documents reflected the diversity, background, and personal preferences of consumers. Staff were observed interacting with consumers in a respectful manner. The service had a diversity and inclusion policy to guide staff conduct.

Consumers and representatives confirmed staff valued their cultural background and provided care that was consistent with their cultural preferences. Management and staff described how they provided culturally safe care and services to each consumer each day. Care plans detailed consumers’ background and their cultural needs and preferences. The service had documented policies to guide staff in providing culturally safe care to consumers.

Consumers and representatives said they were supported to exercise choice and independence when making decisions about their own care, and to maintain relationships of choice. Staff described how each consumer was supported to make informed choices about their care and services and maintain their important relationships. Care planning documents demonstrated the service supported consumers to make their own decisions and choices around their care and services, and relationships.

Consumers and representatives described how the service supported consumers to understand risks in choosing activities involving risks, should they wish to. Staff were aware of the risks taken by individual consumers, and outlined how they informed them of the potential risks and ways they could be minimised, when completing a risk assessment with them. Care planning documents contained risk assessments and the agreed risk mitigation strategies. The service had policies to guide staff in the assessment and management of risks.

Consumers and representatives confirmed the service provided current, timely, and clear information to enable them to make informed choices. Staff explained how they provided clear and current information to consumers, including those with cognitive and sensory impairments, to meet their needs and preferences. Information such as the menu, lifestyle calendar, meeting minutes and complaints information were displayed around the service.

Consumers and representatives described how staff respected consumers’ privacy such as by knocking before entering their rooms and closing doors to provide personal care. Staff described practical ways they respected consumers’ privacy and kept their personal information confidential. Staff were observed knocking before entering consumers’ rooms and using computers in secure areas. The service had a written policies to guide staff in protecting consumers’ privacy and personal information.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the assessment and planning of care which considered risks and informed safe and effective care. Management and staff explained the assessment and care planning process including how risks to consumers were assessed, to inform the delivery of safe and effective care and services. Care planning documents showed assessment and care planning considered risks to consumers and identified suitable mitigation strategies.

Consumers and representatives confirmed the assessment and care planning addressed consumers’ current needs and preferences, and their end of life plans. Staff described how assessment and planning reflected each consumer’s current preferences and how they approached conversations around end of life care. Care planning documents reflected consumers’ current needs, goals, and preferences, as well as their advance care and end of life plans, where they have chosen to do so.

Consumers and representatives reported they were actively involved in the assessment, planning, and review of the consumer’s care plan. Management and staff described how the assessment and planning of care was done in partnership with consumers, representatives, and other providers of care. Care planning documents showed the input of consumers, representatives, and a diverse range of allied health professionals.

Consumers and representatives said the outcomes of assessment and care plans were effectively communicated to them, and the consumer’s care plan was readily available. Management and staff said they document and communicate the assessment outcomes to consumers and representatives through phone calls, emails, and face to face meetings. Care planning documents confirmed consumers and representatives were regularly updated and they were offered a copy of the consumer’s summary care plan.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on the needs, goals, and preferences of the consumer. Staff confirmed care plans were reviewed for monthly, and reviewed when circumstances changed, to ensure they were effective. Care planning documents confirmed they had been reviewed and updated during monthly resident of the day reviews, 4-monthly case conferences, and when circumstances changed, or incidents impacted on the needs, goals, and preferences of consumers.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers received safe and effective personal and clinical care, which was personalised to their needs and optimised their health and well-being. One representative raised concerns about the service not following a consumer’s personal care preferences however, management formalised new arrangements in the consumers’ care plan during the Site Audit. Management and staff described how they delivered best practice personal and clinical care, tailored to consumers’ documented needs, goals and preferences. Care planning documents reflected the consistent delivery of safe and effective personal and clinical care, tailored to the needs and preferences of each consumer and consistent with best practice. The service had written policies and procedures to guide staff in the delivery of safe and effective personal and clinical care.

Consumers and representatives expressed satisfaction with how high impact and high prevalence risks were managed and described effective interventions that had been put in place. Management and staff the high impact and high prevalence risks to consumers at the service and detailed the management strategies in place. Care planning documents confirmed high impact and high prevalence risks had been identified and effective mitigation measures were in place.

A representative described how consumer’s needs, goals and preferences were recognised and met during the end of life, and their comfort ensured. Staff and management described the way they adjusted care delivery to maximise the comfort and preserve the dignity of consumers nearing the end of life. The service’s end of life and palliative care procedures outlined how consumers’ end of life goals are to be respected, their dignity and comfort maximised.

Consumers and representatives said consumers’ condition was monitored and staff recognised and responded to signs of deterioration in consumers’ condition in a timely manner. Staff described how deterioration or change in condition was recognised and managed in partnership with medical officers and other relevant health professionals. Care planning documents showed clinical deterioration and changes in a consumer's condition were identified, documented, and responded to in a timely manner.

Consumers and representatives said information about consumers’ condition, needs and preferences was effectively communicated between staff, and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was documented in the electronic care management system and shared effectively within the organisation, and with others involved in providing care. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed effectively sharing information about consumers’ current condition, needs, and preferences at shift handover.

Consumers and representatives said the service provided timely referrals to appropriate other organisations and health professionals. Management and clinical staff described effective processes for referring consumers to other health professionals to ensure quality outcomes for each consumer. Care plans confirmed the timely input of other health professionals.

Consumers and representatives expressed confidence in the service’s infection prevention and control measures, and said staff used personal protective equipment and practiced good hygiene. Management and clinical staff described how they were trained and prepared in infection prevention and control practices and promoted antimicrobial stewardship. The service had a trained infection prevention and control lead on site, and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the services and supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff described how they ascertained consumers’ needs and preferences for daily living, and the supports needed to optimise their quality of life. Care planning documents captured detailed information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing. The service’s monthly lifestyle activities calendar included a wide variety of activities available 7 days per week.

Consumers and representatives said consumers were supported when they were feeling low, and the service promoted their emotional, spiritual, and psychological well-being. A consumer’s request through the Assessment Team for more pet/animal therapy was documented and responded to by management. Staff explained how they supported consumers’ emotional, psychological, and spiritual well-being such as providing religious services and one on one support. Consumers’ care planning documents contained information about their emotional, spiritual, and psychological well-being needs, and the strategies to support them.

Consumers and representatives said consumers were supported to participate in activities and events inside and outside the service, maintain important relationships, and do things of interest to them such as attend bus trips, gardening, and men’s shed. Staff identified consumers’ lifestyle interests and described how they supported them to participate in the wider community and maintain their relationships. Care planning documents aligned with consumers’ feedback and detailed how they could be supported to maintain their interests, participate in their community, and maintain their personal relationships.

Consumers and representatives described how current information about consumers’ needs, preferences and condition was effectively communicated within the service, and with others responsible for providing care. Staff described how they communicated current information about consumers’ changing condition and needs through the handover process and the electronic care management system. Care planning documents provided adequate and up to date information to support the delivery of effective and safe care.

Consumers and representatives said the service ensured consumers had access to services and supports from other organisations and individuals, when needed. Management and staff described how the service engaged with other individuals and organisations to enhance consumers’ quality of life. Care planning documents showed timely referrals of consumers to a range of external services and supports for daily living.

Most consumers and representatives expressed satisfaction with the quality, quantity and variety of the food provided. Consumers said their dietary needs and preferences were accommodated, they could always request alternative meals, and all staff knew their dietary requirements. Three consumers expressed dissatisfaction with the quality food to the Assessment Team, which was documented and responded to appropriately by management. Staff knew consumers’ dietary needs and preferences and explained the feedback processes in place for consumers to provide input into the menu. The meal service was observed to be timely and well organised, with consumers eating their meals and receiving appropriate assistance from staff, if required.

Consumers said they had access to safe, clean, and suitable equipment. Staff described how they kept equipment safe, clean, and well maintained. The equipment appeared to be clean, well maintained, and suitable to meet consumers’ needs.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to navigate Management and staff described features of the service that helped each consumer feel welcome and optimise their sense of belonging, independence, interaction, and function. Management explained how consumers were encouraged to personalise their room and were supported to independently navigate through signs/maps, visual cues and handrails throughout the service. Consumers’ rooms were observed to be personalised and there were various indoor and outdoor areas which consumers could access.

Consumers and representatives stated the service was safe, clean and well-maintained, and they could move around easily, both indoors and outdoors. Staff described the maintenance and cleaning processes and how they ensured the service environment was kept safe and clean. The service environment appeared safe, clean, and well-maintained, and consumers were observed moving freely throughout the service, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well-maintained. Staff explained how the furniture, fittings and equipment were cleaned and maintained regularly. The furniture, fittings and equipment appeared to be safe, clean, and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to provide feedback and make complaints through various ways including speaking to management or staff, feedback forms, meetings, and electronic channels. Management and staff described how they encouraged and supported consumers and representatives to provide feedback or make complaints, and logged them on the feedback and complaints register. The service had documented policies, procedures, and staff training in managing feedback and complaints. Feedback forms and associated information were observed around the service.

Consumers and representatives were aware of other avenues for raising complaints and advocacy and language services. Management and staff described how they ensured consumers were aware of external mechanisms for making complaints, and advocacy and language services. Brochures and posters for advocacy, interpreter, and other services such as the Commission, was displayed around the service.

Consumers and representatives said the service took appropriate action to resolve complaints or concerns when an incident had occurred. Management and staff demonstrated timely procedures for responding to complaints, and the use of open disclosure when things went wrong. The incident and feedback registers confirmed complaints were documented and acted upon promptly using open disclosure. The service had documented policies for complaints and open disclosure to guide staff in the resolution of complaints.

Consumers and representatives expressed satisfaction with the service’s feedback and complaints process, including how they were reviewed and used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to identify improvement opportunities on the Continuous Improvement Plan. The service’s Continuous Improvement Plan included entries from various sources such as feedback, complaints, consumer meetings, and internal audits, and confirmed that feedback and complaints were used to improve the quality of care and services.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Most consumers and representatives expressed satisfaction with the staffing levels and the call bell response times. Two consumers/representatives expressed concerns about staffing numbers and described incidents which they felt were due to insufficient staff. Management acknowledged this feedback and detailed the rostering process which ensured the number and mix of staff enabled the delivery of safe and quality care and services. Management also detailed continuous improvement actions to address the individual feedback. Staff confirmed there were sufficient staff to meet consumers’ care needs, and they were observed providing care in a timely and unrushed manner. Call bell records confirmed care was provided promptly and records confirmed the registered nurse and care minute requirements were met.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. One representative expressed concern, which they had not previously raised with the service, about staff not catering to the consumer’s individual identity. Management acknowledged this feedback and detailed an appropriate plan of actions to address this feedback. Staff showed they knew consumers individually and understood their identity, culture, and diverse needs. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The service had written policies, procedures and staff training to guide staff behaviour.

Consumers and representatives said staff were competent and had the knowledge to perform their roles. Management described the organisational processes for ensuring all staff had the required competencies, qualifications, registrations, and security checks for their roles. Staff confirmed they had the knowledge and competence to perform the duties set out in their position descriptions. Position descriptions specified the key competencies, duties, qualifications and knowledge, for each role.

Consumers and representatives said staff were trained and equipped to perform their roles effectively and provide quality care and services in line with the Quality Standards. Staff said they were supported by the service and provided with mandatory training and competencies to deliver quality care and services to consumers. Management described how the organisation recruited, trained, equipped, and supported staff to deliver safe and quality care and services. Training records showed staff were current with their mandatory training program.

Management described how the performance of the workforce was regularly monitored, assessed, and reviewed through informal processes and formal annual performance appraisals. Staff confirmed they were supported by management during performance appraisals which identified development opportunities. The annual performance appraisal register showed a completion rate of 86% at the time of the audit. The organisation had documented policies to guide the management of staff performance.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service is well run and they were engaged in the development, delivery and evaluation of care and services. Management described various ways they engaged with consumers and representatives such as through conversations, meetings, surveys, and feedback. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Management described the organisation’s structure and how the Board operated and promoted a culture of safe, inclusive and quality care and services. The Board received regular reports on key aspects of the performance of the service and was accountable for the delivery of safe and quality care and services and compliance with the Quality Standards. The Board was appropriately composed of members who were clinically experienced, and executive and independent non-executive members.

Management and staff described the effective organisational governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board monitored key performance data and ensured the policies and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff could describe the policies and processes in place for identifying, documenting, managing, and reporting risks and incidents.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and clinical staff were aware of the clinical governance framework and could explain the purpose and practical application of the policies and procedures related to antimicrobial stewardship, restrictive practices, and open disclosure.

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)