Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Bolton Clarke Chelsea |
| Commission ID: | 5292 |
| Address: | 110 Tooley Street, MARYBOROUGH, Queensland, 4650 |
| Activity type: | Site Audit |
| Activity date: | 27 August 2024 to 30 August 2024 |
| Performance report date: | 27 September 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3649 Bolton Clarke Chelsea |

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 Bolton Clarke Chelsea (**the service**) has been prepared by Denise McDonald, 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 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 Site Audit report received 9 September 2024
* other information and intelligence held by the Commission relating to the performance of the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed their cultures and identities were valued by staff and they said staff treated them with respect and dignity, including when they delivered personal care. Staff had knowledge of consumers’ cultural backgrounds and preferences, and explained they were trained in providing dignified care which respected consumers’ cultures and diversity. Staff were observed interacting with consumers in a respectful manner and were attentive to their needs as assistance was provided.

Consumers gave practical examples of being supported to enjoy activities integral to their identities, as one way they received culturally safe care and services. Staff completed code of conduct training which required them to treat consumers, consumers’ visitors, other staff and external agencies with courtesy, dignity, respect and in a way which valued their diversity. Consumers’ care documentation included information about their cultural backgrounds and religious beliefs.

Consumers said they had choice in how their care was delivered, who was involved in their care, who was authorised to make decisions on their behalf, and how consumers wanted to maintain relationships with people of importance to them, particularly for married couples living at the service. Staff explained how consumers were encouraged to maintain personal relationships, whilst consumers made decisions about their care and services through case conferences, use of the feedback and complaints process, consumer meetings and speaking with staff. Care documentation evidenced consumers’ care needs, goals and preferences and who shared in making decisions about their care.

Consumers gave practical examples of how they were supported to take risks and live life as they chose. Staff explained they met with consumers and representatives to discuss risks involved with consumers’ choices, conducted a risk assessment and developed strategies to promote their safety. Care documentation evidenced consumers were supported to take risks and strategies were in place to minimise harm.

Consumers confirmed they received timely information in ways which met their differing sensory needs and said they were well informed about meal selections, scheduled activities, events and other daily living options. Staff explained information was provided to consumers and representatives via newsletters, case conferences, meetings, emails, telephone calls, activity calendars, menus and in-person notifications to enable consumer choice. Care documentation evidenced consumers’ communication needs, whilst noticeboards and posters promoted current activities and menu choices which supported consumers’ decision making.

Consumers confirmed their information was kept confidential and gave practical examples of how their privacy was respected, such as staff knocked and sought consent before entering their rooms. Staff explained how they protected consumer privacy and said their confidentiality was maintained by keeping consumers personal information secure in the electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff practice was guided by a privacy policy and the consumer information pack included consent forms regarding the sharing of consumers’ 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 found Compliant, as:

Staff advised a comprehensive assessment and care planning process was undertaken when the consumer enters care to assess for any risks and when identified, responsive strategies were planned to promote their safety and wellbeing. Care documentation evidenced when consumers have a diagnosis of dementia, risk of agitation and wandering was considered, and behaviour supports were planned. Clinical guidelines, policies and procedures guided staff in assessment and care planning processes.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisiting these discussions as consumers’ needs changed. Care documentation reflected consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers confirmed they, medical officers and allied health professionals, participated in the ongoing assessment, planning and review of their care and services. Staff explained consumers, representatives and input from medical officers and allied health professionals was sought in the assessment of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with representatives and a multidisciplinary approach was used.

Consumers and representatives said staff explained the outcomes of assessment and planning of consumers’ care, and they had access to a copy of the consumer’s care plan. Staff confirmed the outcomes of assessment and planning were shared with consumers and representatives in person, by email and telephone. Care documentation evidenced the outcomes of assessment and planning were shared with consumers and representatives and visiting health professionals accessed information, relevant to their roles.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as changed behaviours. Staff explained consumers’ needs were reviewed regularly and in response to incidents and changed circumstances, with care strategies updated when no longer effective. Care documentation evidenced consumers’ needs were reviewed biannually and reassessment occurred when their health status or circumstances changed, such as following a fall.

# 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 found Compliant, as:

Consumers gave positive feedback about the personal and clinical care consumers received, which they said addressed their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood pain management, medication management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained these were managed through individualised strategies, specialist reviews, staff training and the use of correct support equipment. Care documentation evidenced risks to consumers, such as falls, were identified and responsive management strategies were in place.

Care documentation, for a consumer who recently passed away, evidenced the involvement of their medical officer and family members were regularly consulted about the consumers’ changed condition, with emotional support provided by staff, as per the consumers’ wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Staff were trained in palliative care and had access to support from registered nurses and senior clinicians when caring for consumers nearing end of life.

Consumers confirmed staff promptly responded to deterioration or changes in their conditions. Staff explained when consumers’ conditions deteriorated, a registered nurse reassessed their needs, increased observations, consulted with medical officers, notified representatives and updated care documentation. Care documentation evidenced deterioration in consumers’ conditions were quickly recognised and responses were timely.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff provided care consistent with their needs. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, via electronic devices and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers confirmed they had access to other health care providers, such as medical specialists and dieticians, and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, with some contracted to attend the service regularly, which ensured consumers’ diverse needs were met. Care documentation evidenced consumers were promptly referred to medical officers, physiotherapists, speech pathologists and dieticians, as needed.

Consumers gave positive feedback about the service’s infection-control measures and said staff practiced hand hygiene and wore personal protective equipment when providing care, if needed. Staff described how they minimised the use of antibiotics for consumers and explained infection control measures they used in their work practices. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 found Compliant, as:

Consumers gave positive feedback about the services for daily living and said they were supported to pursue activities of interest to them, such as weekly bus trips into the community. Staff explained consumers’ independence was promoted by tailoring activities to their needs and interests, with additional support provided for consumers with differing cognitive, physical and sensory needs, so they could participate in group activities. The activities calendar offered a range of activities such as exercise classes, bingo, church services, pet therapy, garden walks and art and craft sessions.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through participation in pastoral care and religious activities. Staff advised they supported consumers by ensuring they were ready to attend planned church services and spending one-on-one time with them when their moods were low. Staff were observed spending one-on-one time with consumers, whilst notices around the service advised consumers of scheduled religious services.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to spend time with family. Staff explained consumers were supported to maintain significant relationships by providing courtyards and lounge areas where they could spend meaningful time together. Consumers were observed participating in group and individual activities, sharing meals together, talking to family and receiving visitors in lounge rooms and outdoor areas.

Consumers confirmed information about their daily living needs were effectively communicated, particularly as staff understood their preferences and provided the support they needed. Staff explained changes in consumers’ care and services were communicated during shift handovers, via dietary profiles and they accessed information in the ECMS. Staff were observed to handover information regarding consumers’ needs, conditions, preferences, upcoming appointments and the outcomes of assessment and planning.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback about the services they received. Staff explained volunteer programs were engaged to spend meaningful one-on-one time with consumers, with mental health support provided by external services. Care documentation evidenced timely referrals were made to other organisations to meet consumers’ support needs.

Consumers gave positive feedback about meals, which were varied, and aligned with their preferences and dietary requirements. Staff explained the menu was developed based on feedback provided at food focus meetings, and the servery supervisor ensured meals were prepared in line with dietician requirements and consumers’ individual preferences. Consumers were observed to enjoy the dining experience, as they were served meals of their choice and had conversations with staff and other consumers, with assistance provided as needed.

Consumers said they had access to safe, clean equipment which was well maintained and suitable for their use, and staff regularly checked their personal equipment to ensure its safety. Staff said they cleaned shared equipment between each use, with maintenance staff advised when an item was defective or faulty. Lifestyle equipment was observed to be clean, well maintained and suitable for consumers’ use.

# 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 found Compliant, as:

Consumers said the service was welcoming to them and their families and it was easy to find their way around, particularly to and from dining rooms and activity areas. Staff explained the service was designed to support consumers with functional and cognitive impairments, with all consumers encouraged to bring familiar items and their own furnishings, and new consumers were oriented to the service. The reception areas was observed to be welcoming, bright and had appropriate signage to guide consumers and their visitors around the service.

Consumers said they had free movement between indoors and outdoors, gave positive feedback about cleanliness of the service and said maintenance issues were promptly addressed. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. All doors to outdoor areas were observed to be unlocked, which allowed consumers to access these areas independently, or with staff assistance.

Consumers confirmed they felt safe when staff used equipment during care delivery. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance attended to promptly. Fire extinguishers and laundry equipment were observed to have current safety checks.

# 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 found Compliant, as:

Consumers and representatives understood how to give feedback or make a complaint, were supported to do so by staff and described ways in which a complaint could be made, such as during consumer meetings. Management said they had an open-door policy, explained the complaints process and feedback mechanisms and confirmed staff supported consumers to complete feedback forms, if required. Meeting minutes evidenced consumers’ feedback was a standing agenda item, whilst complaints forms, and locked suggestion boxes were observed to be easily accessible.

Consumers understood how to access external complaints, advocacy and language services, for which they were given information during the entry process, and also said family members could advocate on their behalf. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Information throughout the service promoted access to external complaints, advocacy and language services.

Consumers said the service acknowledged their concerns and suggestions and timely actions were taken in response. Staff said they were trained in complaints management and open disclosure, described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers gave practical examples of clothing items being accurately labelled, as how their complaints had been used to improve laundry processes. Staff explained feedback and complaints were regularly reviewed and added to the continuous improvement plan for ongoing monitoring and action. Complaints documentation and meeting minutes evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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 found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met, including those consumers living in the memory support unit. Management explained the roster was developed to ensure a registered nurse was always available, with staff allocated according to familiarity with the needs and preferences of consumers, and recruitment for clinical staff was ongoing so legislated responsibilities could be met. Rostering documentation evidenced shifts were consistently filled and staff were observed responding to call bells in a timely way.

Consumers and representatives said staff were kind, caring, knew what was important to consumers and were respectful of their preferences when providing care. Staff explained they were trained in cultural awareness and familiarised themselves with consumers’ cultural and individual preferences by reading care documentation and speaking with them to better understand them. Staff interactions with consumers were observed to be patient and respectful.

Consumers said staff were suitably skilled and competent in meeting their care needs, which supported them to maintain their quality of life. Management explained staff competency was initially determined through the recruitment process and ongoing via role-specific orientation and buddy programs, mandatory competency assessments and mandatory training. Personnel records evidenced staff had position descriptions and held qualifications and clinical registrations relevant to their roles.

Consumers and representatives gave positive feedback about staff and said they were trained and equipped to perform their roles, particularly when complex clinical care was needed. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, medication management and skin integrity, with additional training arranged as identified through analysis of clinical indicators, internal audit results and consumer feedback, to support staff to meet consumers’ needs. Training records evidenced all staff had completed their mandatory training.

Management explained, and staff confirmed, performance was continually assessed and monitored through supervision, identifying and addressing issues when they occurred, consumer feedback, annual performance appraisals and self-assessments. Staff confirmed their participation in performance reviews, which were both formal and informal, where training needs were discussed, and they were supported by management. Personnel records evidenced staff performance reviews had occurred, including probationary performance appraisals.

# 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 found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services during meetings, where they had input to the menu, activities and their overall care and services. Management said consumers could contribute to service evaluation via case conferences, consumer meetings, feedback and complaints processes, surveys and during daily interactions. Meeting minutes evidenced consumers provided feedback about the menu, activities, staffing, laundry and cleaning services, and their care.

Consumers and representatives confirmed consumers felt safe and had access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a range of committees, and it received regular reports on clinical indicators, complaints trends, SIRS reports, incidents and consumers’ issues of concern. Meeting minutes evidenced operational management reports were submitted to the board and used to monitor compliance with the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described their reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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