Performance

Report

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| Name: | Bolton Clarke Ridgehaven |
| Commission ID: | 6124 |
| Address: | Gate 3 Hazel Grove, RIDGEHAVEN, South Australia, 5097 |
| Activity type: | Site Audit |
| Activity date: | 28 August 2024 to 30 August 2024 |
| Performance report date: | 1 October 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 4141 Bolton Clarke Ridgehaven |

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 Ridgehaven (**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
* other information and intelligence held by the Commission relating to the performance of the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers confirmed staff were kind, treated them with dignity, took time to get to know them and greeted them by their preferred names. Staff had knowledge of consumers’ individual cultural preferences and gave practical examples of how their cultures and identities were valued, such as ensuring some were supported by gender specific staff when receiving personal care, as per their preferences. Staff were observed having respectful interactions with consumers during activities, when assistance was provided with meals and when consumers experienced changed behaviours.

Consumers confirmed staff were aware of, and respected, their backgrounds, identities and cultures. Staff were knowledgeable of consumers’ cultural backgrounds and identities and gave practical examples of how care for consumers had been adjusted in response to cultural needs. Care documentation evidenced consumers’ cultural preferences.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring care is provided in line with their preferences. Consumers were observed making connections with others and spending time with their visitors, whilst married couples benefited from their shared rooms.

Consumers confirmed they were supported to take risks, to live life as they chose and participate in activities they enjoyed. Staff explained they met with consumers to discuss risks involved with their 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 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 in ways which met their differing sensory needs, with meetings, activity calendars, menus and in-person notifications to advise consumers of their daily living choices. Newsletters, meeting minutes and a range of information were observed to promote current activities and menu choices, which were clear and supported consumers’ decision making.

Consumers gave practical examples of staff closing doors when providing care as to how their privacy was respected. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and ensuring doors and curtains were closed when providing care. Staff were observed knocking on consumers’ doors and undertaking personal care tasks in private, whilst their personal information was observed to be kept confidential in a secure electronic care management system (ECMS).

# Standard 2

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, such as falls and pressure injuries, with relevant health professionals involved in assessments when required. Care documentation evidenced risks to consumers were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers confirmed they had discussed their 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 and representatives 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 geriatricians 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, 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 a fall. Staff explained consumers were reviewed annually, whilst incidents and changed circumstances prompted a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed regularly and reassessment occurred when their health status, preferences or circumstances changed.

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives 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, including when specialised nursing was required.

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 unplanned weight loss, and explained how these were managed and prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were supported by staff, and their wishes were to be kept comfortable through comfort care and pain management, with emotional comfort provided by family members. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their overall conditions, with any changes documented and the consumer escalated to clinical staff for review, with referrals made to other health professionals, if required. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood their requirements and preferences, and delivered the care they needed. Staff explained changes in consumers’ care and services were documented and communicated as needed throughout the day, during shift handovers, and they accessed information in the ECMS, as did visiting allied health professionals. Care documentation evidenced information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as dieticians and podiatrists, and referrals were timely. Staff explained the referral process and said consumers had access to individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and allied health professionals, such as dieticians, whose recommendations informed the delivery of care.

Consumers and representatives 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

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

Findings

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 confirmed they were supported to pursue activities of interest which optimised their independence, such as arranging activities for other consumers and attending exercise groups. Staff explained consumers’ independence was promoted by tailoring activities to their needs, with one-on-one support provided for consumers who preferred solo activities. Consumers were observed participating in a range of activities such as an exercise group, bingo games and singing hymns, whilst others received one-on-one visits.

Consumers gave practical examples of how staff supported their emotional, psychological and spiritual needs, such as spending time with them and ensuring they were ready to receive pastoral care visits. Staff advised they supported consumers by arranging religious and spiritual services and spending one-on-one time with them when their mood was low, with clinical support available, if required. Care documentation evidenced consumers’ religious, spiritual and emotional needs, with guidance on how these could be met.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to go shopping. Staff explained they supported consumers to make connections and maintain significant relationships by encouraging visits and phone calls with loved ones. Consumers were observed participating in their activities of interest, socialising with each other or leaving the service to spend time in the community.

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 and preferences, and their knowledge of consumers’ conditions was current.

Consumers and representatives confirmed when additional support was needed, consumers were promptly referred to other organisations and service providers and gave positive feedback about the services they received. Staff explained volunteers were engaged to spend meaningful one-on-one time with consumers, whilst others provided pet therapy or assisted in operating the onsite café. Care documentation evidenced timely referrals to other organisations and service providers to support consumers’ wellbeing.

Consumers gave positive feedback about meals, which were varied and aligned with their preferences and dietary requirements, with recent improvements made to the menu in response to their feedback. Staff explained the menu was developed at an organisational level and reviewed by a dietician to ensure consumers received the nutrition they needed, and adjusted to meet consumers’ needs and preferences, with options available for all meals. Meal service was observed and consumers received their choice of meals which were served at appropriate temperatures, and staff provided support if required.

Consumers said they had access to safe, clean equipment which was well maintained and suitable for their use. Staff said they cleaned shared equipment and ensured it was safe before each use, with maintenance staff advised when an item required repair or replacement. Lifestyle equipment was observed to be clean, well maintained and suitable for consumers’ use.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service was welcoming, homely, they had a sense of belonging and felt safe. Staff explained they encouraged consumers’ sense of belonging by helping them to personalise their rooms with their own belongings, as the service was their home. The environment was observed to facilitate consumers’ independence and interaction through wayfinding signs to assist navigation of the service, with communal areas for socialising with each other and visitors.

Consumers gave positive feedback about comfortability and cleanliness of the service, particularly their rooms, and confirmed they had access to all areas, including the outdoors. Staff described the cleaning schedule, which evidenced tasks were completed as required. Consumers were observed moving freely around a clean service, accessing communal areas and the outdoors.

Consumers confirmed fittings and equipment were clean, well maintained and staff regularly inspected equipment to ensure it was suitable for their use. Staff explained, and maintenance documentation confirmed, maintenance was attended to promptly. Furniture, fittings and equipment was observed to be safe, clean and well maintained, and fire extinguishers had current safety checks.

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers understood how to give feedback or make a complaint, were encouraged to do so and described ways in which a complaint could be made, such as completing a feedback form. Staff described additional ways feedback and complaints could be made, including directly to staff and management, during consumer meetings and via paper forms, which they could assist consumers to complete. Meeting minutes evidenced consumers and representatives were encouraged to provide feedback and make complaints about activities and the menu.

Consumers understood how to access external complaints, advocacy and language supports. Staff described the external complaints, advocacy and language services available to consumers and said they assisted them to access these, if required, with scheduled information sessions provided by advocacy services throughout the year. Brochures, pamphlets, newsletters and the consumer welcome pack promoted the Charter of Aged Care Rights and access to the Commission, language and advocacy support services.

Most consumers confirmed appropriate actions was taken in response to their complaints, however; one consumer said whilst their complaint had initially been resolved, the issue had recently reoccurred, with management reminding staff to replace consumers’ towels each day, in response. Staff 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 hot boxes being introduced during mealtimes, as how their complaints had been used to ensure food was served at appropriate temperatures for those whose preference was to eat in their rooms. Staff explained feedback and complaints were regularly reviewed to identify trends and added to the plan for continuous improvement (PCI) for ongoing monitoring and action. Meeting minutes evidenced consumers’ feedback and complaints were used to improve their overall dining experience.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said consumers’ needs were promptly met, and though staff were busy, consumers did not feel rushed when receiving care. Management explained the roster was planned according to occupancy levels, consumers’ care needs, staff skills mix, meeting of care minute targets and it focussed on staff member familiarity with consumers when nursing agency staff were engaged. Rostering documentation evidenced all shifts were consistently filled and a registered nurse was always available.

Consumers said staff were kind, caring, knew what was important to then and were respectful of their preferences when providing care. Staff explained, and documentation confirmed, they were trained in cultural diversity and inclusion, and in providing person-centred care which was dignified and respectful of consumers’ preferences. Staff interactions with consumers were observed to be kind, caring and respectful as assistance was provided during mealtimes and activities.

Consumers said staff were suitably skilled and competent in meeting their care needs, and they felt safe when receiving care. Management explained staff competency was initially determined through the recruitment process and ongoing via analysis of incident trends, observations of staff practice, feedback from peers, feedback from consumers and representatives, and mandatory training. Personnel records evidenced staff had position descriptions and held qualifications, experience and clinical registrations relevant to their roles.

Consumers and representatives gave positive feedback about staff training and said they were equipped to perform their roles, particularly when caring for consumers who were recovering after a fall. Management explained, and staff confirmed, mandatory training was completed in the fire and emergency procedures, medication administration, manual handling, the Serious Incident Response Scheme (SIRS) and elder abuse, restrictive practices, infection control and wound care, with staff comfortable requesting further training, if required. Training records evidenced high rates of completion for mandatory training topics.

Management advised staff performance was annually assessed, along with informal appraisals via observations of staff practice and analysis of incident trends which identified areas for improvement, with staff offered immediate support to ensure consumers’ needs could be met. Staff confirmed they participated in performance reviews and described the process as an opportunity to receive constructive feedback, training needs were discussed, and they were supported by management. Personnel records evidenced low rates of completion for staff performance reviews, with those overdue included in the PCI and scheduled for finalisation.

# Standard 8

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

Findings

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 said management and staff addressed the issues raised. Management said consumers could contribute to service evaluation via case conferences, consumer meetings, feedback and complaints processes, care conferences and during daily interactions. Meeting minutes evidenced consumers provided feedback about the menu, activities, staffing 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, workforce education, internal audit results, 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)