Performance

Report

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| Name of service: | Catholic Healthcare St Catherine’s Aged Care |
| Service address: | 51 Gormans Hill Road BATHURST NSW 2795 |
| Commission ID: | 0586 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 2 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Catholic Healthcare St Catherine’s Aged Care (**the service**) has been prepared by J Miaris, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received on 13 April 2023, clarifying information contained in the Site Audit report.

# 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 Compliant as six of the six Requirements have been assessed as Compliant.

Consumers said staff treat them with dignity and respect, and their individual identity, culture, and diversity are valued. Care planning documentation reflected each consumer’s identity and preferences and are captured during admission and through routine assessment and care planning review. Staff interviewed were able to demonstrate an understanding of what is important for consumers and were able to provide examples of how they promote dignity and respect. Staff were observed speaking to consumers politely and responding to consumers in an engaging manner.

Staff described how they adapt individual care of each consumer to ensure they feel culturally safe. Information about consumers’ life history, including their cultural and spiritual needs, were captured in care planning documentation. The service has documented policies, and procedures that include inclusive consumer-centred approach to its practices. Staff had in-depth knowledge of each consumer’s identity and were able to articulate how they meet the individual needs of those consumers.

Consumers described how they were involved in the planning of their care, and are supported to make decisions about their care, including others whom they wished to be involved. Consumers provided feedback that they are supported to make and maintain connections and relationships, including intimate relationships. Care planning documents reflected consultation/involvement of consumers and others important to them. Staff described strategies for supporting consumers to exercise choice and independence.

Consumers and representatives expressed satisfaction with how the service supports them in making decisions that involve consumers taking risks. Care planning documentation evidenced the completion of risk assessments for consumers and reflected mitigation strategies to support the decisions chosen by consumers that may involve risk.

Consumers and representatives expressed satisfaction with how the service communicates, saying they receive communication from the service that is timely, clear, and easy for them to understand. They said they were well informed by regular phone calls and emails. Lifestyle staff were observed announcing group activities, the monthly activity calendar is provided to each consumer and is on display throughout the service. A weekly menu in large print was observed to be on display in each dining room and on noticeboards. The service holds a variety of meetings for consumers and their representatives, meeting minutes were observed to be displayed and accessible in the service.

Consumers said they were happy with how staff supported their privacy and that staff always knock before entering their room, this was consistent with observations which demonstrated staff knock before entering rooms. Staff said they would not touch or clean any consumers’ personal items unless the consumer specifically makes a request. Staff provided examples of how they maintain the privacy of individuals. Consumer information is kept on an electronic care planning system, which requires a password to access. The services privacy policy outlined how the service maintains and respects the privacy of personal information.

# 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 Compliant as five of the five Requirements have been assessed as Compliant.

Consumers said their care is well planned, and staff involve them in their assessment and planning. Staff described the assessment and care planning processes at the service when a new consumer enters the service, or when a consumer returns from hospital, or when the consumer’s care needs change. Assessment tools in the care management system is used by staff in the assessment and planning of consumers’ care and services, this was reflected in consumers care planning documentation.

Consumers said their care and services are planned around what is important to them and include consideration of how they want their care and services delivered. Care planning documentation reflected advance care directives and end of life care wishes. The service has a palliative and end of life care policy that supports a consumer-centred approach to assessment and planning.

Consumers and representatives said they are actively involved in the assessment, planning and review of consumers care and services. Staff could describe partnering with consumers and/or their representatives to assess, plan and review care and services. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process.

Consumers said the service regularly communicated with them and staff explained their care and services to them, and they were involved in developing and reviewing their care plan or when care needs change the outcomes of assessments and planning are communicated to them and they have been provided a current copy of care plans or know where to access one if they chose to. Care planning documents demonstrated that they are frequently updated and are relevant to consumers’ needs, goals, and preferences. Pamphlets and brochures that invite consumers and their representatives to discuss their care plan were observed at the service.

Consumers and representatives said they are notified when there are changes or when incidents occur. Staff said the service is guided by policies and procedures for recording and reporting incidents. Care planning documents evidenced they are updated when circumstances change, such as a change in health or when incidents occur.

# 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 Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers said they are satisfied the care they receive meets their needs and optimises their health and well-being. The service has documented policies and procedures in place to manage key areas of care including, wound management, restrictive practices, falls prevention, skin integrity and pain management, which are in line with best practice. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

The service demonstrated that risks for each consumer effectively managed. Three consumers were satisfied that risks are managed. Consumer care planning documentation identified that effective strategies were in place to manage identified. Analysis and investigations are conducted by management for all incidents to identify the contributing factors so that appropriate interventions or actions can be implemented to prevent recurrence. The service uses quality indicators that monitor consumers’ use of psychotropic medication, antimicrobials, polypharmacy, falls and weight loss, and these are discussed in meetings daily, fortnightly, and monthly.

Care planning documents of consumers receiving palliative care support reflected consumers’ comfort is maximised and their wishes and needs are supported. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences. Consumers and representatives expressed confidence that when consumers’ needed end of life care, the service would support them to be as pain free as possible and to have those important with them.

Staff advised how they identify signs of deterioration and were able to describe different situations where a change in the consumer’s condition, health or abilities should be identified and what response they should take, this included who should be involved and processes to refer for medical specialist reviews or transfer to hospital.

Staff described how changes in consumers’ care and services are communicated through verbal handover processes, meetings, accessing the care management system or messages through electronic notifications. Staff described how information about consumers needs, conditions, and preferences are documented and communicated within the organisation and with others. Relevant clinical care information is shared with others as consumers move between care settings, such as between the service and acute care. Consumer care plan documentation included updates, reviews, communication alerts and clinical handover sheets contained current and accurate information relating to consumers care.

Consumers said that the service has referred them to appropriate providers, organisations or individuals to meet their changing personal or clinical care needs and they are satisfied with the referral processes. Staff described the process for referring consumers to other health professionals and allied health services. Care documents contained input from other services. The service provided a list of referral agencies it has links with that included allied health therapists and other providers of care and services.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumer and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers said they were satisfied with the daily activity program at the service and consumers were observed participating in activities. Consumers can contribute to the planning of activities through resident meetings. Consumers’ needs and preferences are documented in care plans and are updated every 3 months or when consumer needs change. Staff demonstrated knowledge of consumers’ needs and what was important to them and were able to describe how they assess and identify consumers’ needs, goals and preferences and optimise their health and well-being.

Consumers reported their emotional, spiritual, and psychological needs were supported and they stay in touch with family and or friends for comfort and emotional support. Staff said consumer’s emotional, social, and psychological needs can be supported in various ways, including facilitating connections with people important to them through video chat and phone calls, as well as through staff support and religious services. Care plans included consumers’ religious and social preferences.

Consumers described how staff support them with their life choices. Staff described how the service is the consumers’ home and how they support consumers to do the things of interest to them. Care planning documentation identified what is important to consumers and included strategies to support these choices. Consumers were observed, leaving the service to attend activities outside the service, interacting with each other during their meals and activities and consumers socialising with their visitors.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated with others responsible for care. Staff interviewed were able to describe ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation provided adequate information to support safe and effective care as it relates to services and supports for daily living.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the care and lifestyle of consumers. Consumers care plans reflected that the service collaborates with other individuals, organisations, and providers to support the diverse needs of consumers. Staff could identify individuals, organisations, and providers they make referrals to and described how they refer consumers.

Consumers said they like the food and there were alternative choices available to them and they are satisfied with the quality, quantity, and variety of the food they are served. Staff described various ways they meet consumers’ dietary needs and preferences. The service has processes and systems in place for consumers to provide feedback on the quantity and quality of food.

Consumers said they felt safe when using the service’s equipment and said equipment was easily accessible and suitable for their needs. Staff explained how mobility equipment is maintained onsite or through external contractors. Equipment used for activities for daily living was observed to be safe, suitable, clean, and well-maintained.

# 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 Compliant as three of the three Requirements have been assessed as Compliant.

The service environment was observed to be calm, friendly, and welcoming, with communal and private areas for consumers and their visitors to use and consumer’s rooms were personalised. There was sufficient light throughout the service, signs were printed in large lettering, and handrails were in all corridors to assist consumers with finding their way and moving around easily. Consumers said they were comfortable and felt a sense of belonging and independence.

Consumers were satisfied that the service was clean, safe, and well maintained. Communal areas and outdoor spaces were observed to be tidy and free of hazards. Consumers said their rooms were cleaned regularly and consumers were comfortable raising concerns with staff and confirmed that the maintenance officers attend to issues quickly and efficiently, maintenance logs supported actions taken in a timely manner. Staff and consumers could describe what to do if they identified a hazard or safety issue, and how maintenance is managed at the service. Consumers were observed moving freely inside and outdoors, including leaving the premises through the main doors.

Consumers said the equipment was clean and well-maintained. Furniture and equipment were under a scheduled maintenance plan, with specialist contractors in place where required. Consumers were observed using a range of equipment, including walking frames, wheelchairs, and comfort chairs. Furniture in the communal areas were observed to be clean and generally in good condition. Staff said they have access to sufficient, well-maintained equipment needed for consumer care.

# 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 Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives said they were comfortable to provide feedback or complaints directly to the manager or other staff. Consumers and representatives described other avenues to raise feedback or make complaints including, consumer meetings, feedback forms and the feedback box. Staff were able to describe the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. The service has policies and systems in place to manage feedback and complaints.

Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, staff were aware of how to access interpreter and advocacy services for consumers as required. Consumers and representatives said they are aware of other avenues, including external agencies for raising a complaint. Advocacy services were observed on display at the service and the service has written materials, such as the admission pack, feedback forms, brochures, and promotional material, which provide information about how to make complaints, and contact information for external complaints agencies and advocates.

The service has policies and procedures that outlined the complaints management and open disclosure processes and staff demonstrated awareness of these procedures. The complaints register demonstrated that complaints and feedback are managed in line with policy and procedure. Consumers and representatives said they are satisfied with the complaints process and described a response from management that aligned with the principles of open disclosure.

Documentation demonstrated that complaints and feedback made by consumers and representatives are discussed at the service and organisation level, and actions taken by the service are evaluated to ensure trends are understood across the service and complaints/feedback are used to inform improvements, this was reflected in documentation.

# 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 Compliant as five of the five Requirements have been assessed as Compliant.

Consumers said the service had enough staff to meet their care needs and consumers that used their call bells felt they were answered in a timely manner. Staff described how they work together to ensure that the care needs of consumers are met. The service described processes to mitigate the impact of any staffing challenges on consumer care, including using their casual pool and having access to staffing from their sister site. The work force is designed based on classification of staff and allocation as per the consumer needs in a particular area, to ensure there are enough staff to provide safe and quality care. The service monitors call bell data to ensure call bells are answered in a timely manner.

Consumers and representatives said staff are kind, caring, respectful and gentle when delivering care and services to consumers. Staff provided examples as to how the interactions of the workforce are monitored, for example through observations and consumer or representative feedback. Staff interactions with consumers were observed to interactions to be of a kind and caring nature. Consumers and representatives said staff are respectful of their identity and diversity and understand their background and cultural preferences.

The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent, for example through observations, buddy shifts, annual reviews and feedback from staff and consumers. Consumers and representatives said they are confident staff are sufficiently skilled to meet their care needs. The service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated that staff have the relevant qualifications to perform their duties as outlined in their position descriptions.

The service is supported by a quality and education manager and said that targeted training is provided if there is a consumer needing specific complex care. Consumers and representatives interviewed said staff know what they are doing. Staff said they are required to complete mandatory training and are provided with ongoing training. The service has a documented training program that includes mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported. Management reported that staff training needs are identified through analysis of audits, clinical indicators, feedback and complaints, critical incidents, regulatory changes, changes in consumer care and during performance appraisals.

The service has processes to regularly undertake assessment, monitoring and review of the performance of each member of the workforce. The service management team detailed ways that consumer feedback is taken into consideration when completing reviews of the workforce. The service had documentation that supported self-assessments are completed and signed off by both the manager and staff annually. Management described other methods for monitoring and reviewing performance of the workforce and actions taken if this performance is outside of behaviours expected by the organisation.

# 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 Compliant as five of the five Requirements have been assessed as Compliant.

Consumers assist the organisation in the development, delivery and evaluation of care and services provided to them. Management detailed the process by which consumers are engaged to partner in the development, delivery and evaluation of the care and services provided. Consumers said they are involved in the development and delivery of care provided. The service and/or organisation has several strategies to involve consumers in the development of service delivery such as customer experience surveys, feedback mechanisms and consumer meetings.

The organisation has implemented systems and processes to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive, and quality care and services. The service gathers quality indicator data to ensure the service is meeting the Quality Standards and to initiate improvement actions, enhance performance and to monitor care and service delivery. The organisation has a quality and safety sub-committee meeting that oversees systems and processes to facilitate continuous improvement of care provided. Documentation demonstrated that the service promoted a culture of safe, inclusive, and quality care and services.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to information management, staff said they could readily access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles. Consumer information is kept on the electronic care management system that required a password to access. The service has a privacy policy that outlines how the service maintains and respects the privacy of personal and health information.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation and reviewed by management at the service level and the organisation’s governing body.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)