**Performance**

**Report**

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| Name: | Eyre and Far North Local Health Network |
| Commission ID: | 600076 |
| Address: | Port Lincoln Health Service, Oxford Terrace, PORT LINCOLN, South Australia, 5606 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9690 Eyre and Far North Local Health Network Incorporated  
Service: 18509 Eyre Community Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9730 Eyre and Far North Local Health Network Incorporated  
Service: 27605 Eyre and Far North Local Health Network Incorporated - Care Relationships and Carer Support  
Service: 27606 Eyre and Far North Local Health Network Incorporated - Community and Home Support

**This performance report**

This performance report for Eyre and Far North Local Health Network (**the service**) has been prepared by R Falco, 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and management; and
* the provider’s response to the assessment team’s report received 10 July 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Management ensure consumers are treated with respect and staff are familiar with consumers’ background, needs and preferences. Consumers said they are treated with dignity and respect and their identity and diversity valued.

Staff demonstrated an understanding of cultural safety and described how they would respect consumers’ cultural preferences. Any specific needs requested from consumers on commencement of services is accommodated by the provider. Consumers and representatives said the service provides care to consumers which are culturally appropriate.

Staff support consumers to remain independent and documentation showed consumers are involved in making choices about their care, including who they wish to be involved in their care. Consumers and representatives said consumers feel encouraged to be independent and make decisions about their care and services.

Risks are discussed with consumers who engage in activities that involve risk so informed choices can be made. Home care coordinators discussed how they support consumers to manage risks, while supporting them to live the best life they can. Consumers and representatives said consumers are supported to safely undertake activities they enjoy.

Communication is provided to consumers through various methods and staff said they seek confirmation from consumers to ensure the information is understood. All consumers and representatives interviewed confirmed communication was clear and easy to understand.

Staff have access to information relevant to their role, and systems are in place to secure and protect consumers’ privacy and personal information. Care documentation showed consumers sign a consent form before the release of any of their information. Consumers and representatives interviewed felt their privacy and personal information was protected.

Based on the assessment team’s report, I find all requirements for HCP and CHSP in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

The Quality Standard is assessed as compliant as all 5 requirements have been found compliant. The assessment team recommended requirements (3)(a) and (3)(b) not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as there was no documented process for consumers who choose to undertake activities that involve risk, and risks associated with consumers were not documented within risk assessments or consumer care plans.

The provider acknowledged the assessment team’s recommendation of not met and provided documents and actions in their response that indicated improvements were made to address the deficiencies identified. Documents included, but were not limited to, care plans, and a dignity of risk assessment template, tool, and work instructions. The dignity of risk assessment tool is completed, and risks identified are transferred to care plans.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered that whilst gaps were identified in the documented process for activities that involve risk and not all strategies to mitigate falls risks were documented in care plans, I am satisfied the work instructions and actions noted by the provider should address these issues. I have placed weight on the fact that all of the sampled consumer files showed consumers did have risk assessments undertaken upon commencing services, specifically relating to falls, pressure injuries and nutrition. Whilst risk assessments were not always completed for consumers who are undertaking risky activities, all consumers are supported to undertake these activities if they choose, and mitigation strategies are discussed with consumers as noted by the assessment team in Standard 1 and Standard 3. I encourage the provider to monitor the processes in place to ensure all risks and mitigation strategies for consumers are assessed and consistently documented in consumer care plans.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as care documentation did not always identify the needs, goals, and preferences for consumers. Needs, goals, and preferences were documented for consumers in one electronic care system; however, this information was not available to support staff who provide care and services on a daily basis.

The provider acknowledged the assessment team’s recommendation of not met and provided documents and actions in their response that indicated improvements were made to address the deficiencies identified. Actions included, but were not limited to, a combined care plan to be used for CHSP consumers that will contain additional information to address their needs and be available at point of care. Care plans for HCP consumers will now be provided to consumers for support workers to review at point of care.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. Whilst gaps were identified in the transfer of information from the electronic system to the paper record, which is used by support staff, I am satisfied the provider has addressed these issues, as indicated in their response, by ensuring the care plans available in the electronic system are made available at the point of care. I have placed weight on the fact that the assessment team noted that the service demonstrated some understanding of this requirement as consumers and representatives interviewed confirmed consumers are provided the opportunity to discuss their needs and preferences, including their end of life preferences and care plans. Whilst paper care plans did not always document the preferences of consumers, staff and management interviewed described how they are respectful of consumers’ preferences when providing care and services as noted by the assessment team in Standard 7. I encourage the provider to monitor the processes in place to ensure the preferences of consumers are consistently captured in care documentation.

**In relation to all other requirements in this Standard**, documentation showed consumers are involved in assessment and planning, and other service providers are involved in consumers’ care where required. Home care coordinators described how they determine consumers' needs and preferences upon commencing services and at annual care plan reviews. Consumers stated they are actively involved in assessment and planning processes, and they decide who is involved in the delivery of care and services.

Staff described how the outcomes of assessment and planning are recorded in the electronic care system. Consumers and representatives said staff communicate the outcomes of consumer assessments to them and understand consumers' assessed needs, such as strategies for reducing their risk of falls.

A system is in place to monitor upcoming care plan reviews and documentation showed consumer care plans had been reviewed within the previous 12 months. Consumers and representatives said they have been involved in recent care plan reviews and felt consumers’ care plans reflected their current service needs.

Based on the assessment team’s report, I find all requirements for HCP and CHSP in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Clinical and care staff know the personal needs and preferences of consumers and documentation showed consumers receive safe and effective care. Whilst most consumers don’t receive clinical care through their CHSP or HCP, consumers are referred other health professionals and supported where required. Consumers and representatives expressed satisfaction with the personal and clinical care provided to consumers.

Appropriate action is taken in response to risks associated with the care of consumers. Risk mitigation strategies are in place for consumers with frequent falls and care staff described how they mitigate falls risks, which included regular assessments and referrals to an occupational therapist where required. Consumers and representatives said staff were knowledgeable in the care they are providing.

There are no consumers currently receiving end of life care, however, policies and procedures are in place to support consumers who are nearing end of life if required. Documentation showed the outcomes of advance care directive discussions were recorded in consumers’ support plans and stored in their homes.

Support staff knew how to recognise and respond to a deterioration or change in a consumer’s condition and advised they would escalate any changes to the home care coordinators immediately or call emergency services if necessary. Consumers and representatives are confident staff would respond appropriately to a change in a consumer’s condition.

Information about consumers’ care and services is communicated in support plans, progress notes, and verbally. Support staff knew where to find additional information if required and receive communication of any immediate changes to a consumer’s condition they are due to see that day. Consumers and representatives felt staff have the required information to provide care and services.

Timely and appropriate referrals to individuals and other organisations are completed for consumers. Clinical staff described the process for referrals and care planning documentation showed referrals to specialists are made where required. Consumers and representatives confirmed consumers received referrals to organisations where appropriate.

Processes are in place to support the minimisation of infection related risks and staff have completed infection control training and have access to personal protective equipment. Management advised that whilst they do not oversee the prescription of antibiotics to consumers, they provide information and education on antimicrobial stewardship to consumers where necessary.

Based on the assessment team’s report, I find all requirements for HCP and CHSP in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Care planning documentation showed each consumer is assessed for services to support their needs, goals, and preferences when they commence their HCP or CHSP, and then annually. Consumers felt supported to maintain their independence and stay at home for as long as possible and have a choice in which services were provided to them.

Staff described strategies used to support consumers’ emotional and psychological well-being and care planning documentation identified consumers who require additional emotional support. Consumers and representatives said staff know consumers well and provided examples of ways in which staff support their psychological well-being.

Services and supports are available to consumers to enable them to do things of interest and participate in their community. Staff support consumers to do activities through providing transport and assisting consumers prepare for these activities. Consumers and representatives confirmed services are available to enable consumers to do things of interest to them and maintain important relationships.

Contractors said they always had the necessary information to provide services to consumers and staff described how they obtain and communicate information relating to consumers’ care. Consumers interviewed said staff know them well and understand their needs.

Referrals to other organisations and individuals are made in a timely and appropriate manner. Clinical staff and management described the referral process to services, such as allied health, or meal providers. Consumers and representatives confirmed consumers have been seen by allied health and other external professionals when there has been a change in their health or when they required additional services.

Consumers generally prepare their own meals, however, staff can assist with meal preparation where required. Staff were knowledgeable about consumers who receive meal services and described their preferences. Consumers interviewed said they are satisfied with the meal options and assistance provided.

Care planning documentation showed consumers' equipment needs are assessed and suitable equipment is provided. Staff and consumers can report any required maintenance issues by calling the office so repairs can be arranged. Consumers confirmed they were assessed prior to receiving equipment and were satisfied the equipment supplied was safe and fit for purpose.

Based on the assessment team’s report, I find all requirements for HCP and CHSP in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service environment was welcoming and easy to navigate, and staff described how they make consumers feel welcome. The venues used for social support groups were functional and accessible, and consumer surveys showed consumers were satisfied with the service environment.

Consumers could move freely throughout the service environment which was well maintained. Management and staff described the processes of reporting maintenance issues, and to ensure day centres are clean and fit for purpose.

Fittings and equipment are safe, clean, well maintained, and suitable for consumers. Documentation showed processes are in place to ensure equipment is clean and well maintained and detailed actions undertaken when hazards are identified.

Based on the assessment team’s report, I find all requirements for HCP and CHSP in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Staff described how consumers and representatives are supported to raise issues or concerns and procedures are in place to guide staff in encouraging feedback from consumers. Consumers confirmed they felt comfortable to provide feedback and make complaints using various avenues.

Consumers and representatives were made aware of how to access advocates, language services, and other methods for raising and resolving complaints. Where required, staff support consumers to access advocacy services and other methods for raising and resolving complaints. Consumers and representatives interviewed said they were aware of external mechanisms to raise feedback and complaints.

Staff described using open disclosure process when things go wrong, and documentation showed the use of open disclosure and appropriate responses to complaints. A review of the complaints register showed complaints are promptly responded to and consumers are informed of the outcomes. Consumers interviewed were confident the provider would resolve any issues.

Documentation showed how consumer feedback is used to inform continuous improvement through trending data and regular reporting to the board. The service proactively seeks feedback from consumers, representatives, and the community, to ensure service delivery is meeting consumers’ needs. A continuous improvement framework incorporates feedback and complaints to inform service improvements.

Based on the assessment team’s report, I find all requirements for HCP and CHSP in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Staff interviewed felt a sufficient number of staff is available to effectively perform their duties. Management discussed processes to ensure there are enough staff to deliver care and services, such as maintaining an ongoing recruitment drive and having a scheduler for each region. Consumers and representatives interviewed were satisfied with the number of staff available to deliver their services.

Workforce interactions with consumers are kind, caring and respectful of their identity, culture, and diversity. Staff and management spoke about consumers in a kind and respectful way and described how they respect consumers’ preferences when providing care and services. Consumers and representatives stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected.

The workforce is provided relevant training and are supported in their roles. Management described how they ensure staff have the appropriate training, experience, and personal attributes to ensure they are competent in delivering high quality care and services. A recruitment and onboarding process is in place which includes a mandatory induction, training, and ongoing support. Consumers and representatives felt staff were competent in delivering care and services and are well trained.

Staff interviewed who had been at the service for longer than three months confirmed they take part in probationary reviews and performance processes. Management described how the performance of the workforce is assessed and monitored, such as monitoring feedback and incident data to identify any staff performance issues. Consumers and representatives felt comfortable to raise any concerns regarding staff performance.

Based on the assessment team’s report, I find all requirements for HCP and CHSP in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives are engaged in the development, delivery, and evaluation of services. Audits and surveys are undertaken to capture feedback from consumers regarding services, with the outcomes analysed to inform improvements. Consumers and representatives interviewed felt the service is well run and provides opportunities for them to be engaged and provide feedback for the care and services consumers receive.

The organisation has a range of reporting mechanisms to ensure the governing body is aware and accountable for the delivery of care and services. Management participates in bi-monthly board meetings to identify and monitor consumers with the highest potential risk factors to maintain oversight and ensure accountability. Documentation showed the organisation is aware of, and responsive to any issues relating to the care of consumers.

The service has organisational wide governance systems. An information management policy is in place to guide staff practice in relation to collecting, keeping, and disposing of consumer records to ensure privacy and confidentiality is maintained. Continuous improvement processes ensure improvements are identified from various sources and are monitored for effectiveness. Established financial management governance outlines the responsibilities of management, and systems are in place to manage consumers’ unspent funds. Policies and procedures are in place to ensure the workforce is competent and can effectively perform their roles. The organisation subscribes to peak professional bodies and has access to relevant legislation, and the governing body are notified of complaints and reviews the data.

The organisation demonstrated effective risk management systems and practices. Documentation showed the service provides training and education on the Serious Incident Response Scheme and the organisation demonstrated how they document and communicate information about vulnerable consumers to staff. Staff interviewed said they had received training on elder abuse and neglect and were aware of the service’s policies and procedures. Overall, there are effective processes in place to assess and consult with consumers regarding their dignity of risk when they refuse to participate in risk management strategies implemented.

The service has a clinical governance framework in place with associated policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Documentation showed how the governing body maintains oversight of clinical care, antimicrobial stewardship, and restrictive practices. Oversight of consumers’ clinical is maintained through clinical and governance committee meetings, and the use of open disclosure was evidenced in the incident management register, and feedback and complaints register. Consumers and representatives felt the service is open and transparent in their approach and notifies them when incidents occur.

Based on the assessment team’s report, I find all requirements for HCP and CHSP in Standard 8 Organisational governance compliant.

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