Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Eloura |
| Service address: | 10 Tebbutt Street QUIRINDI NSW 2343 |
| Commission ID: | 2728 |
| Approved provider: | Quirindi Care Services Limited |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 3 November 2022 |
| Performance report date: | 2 December 2022 |

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 Eloura (**the service**) has been prepared by Alice Redden, 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 23 November 2022
* other information and intelligence held by the Commission in relation to this service
* the performance report dated 9 June 2021 in relation to the site audit conducted 27 to 30 April 2021.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Service was found non-compliant in Standard 1 in relation to Requirement 1(3)(a) following a site audit in April 2021. Evidence in the site audit report dated 1 to 3 November 2022 supports the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers said, and observations confirmed consumers were treated with dignity and supported to maintain their identity, to live the life of their choosing. Consumers said staff helped them to make informed choices about care and services and treated their diversity and culture with respect. Care plans contained strategies and supports to guide staff in the delivery of appropriate care and services, with respect to consumers’ culture and diversity, including intimate relationships of choice, which aligned with feedback from staff.

Staff described how they supported each consumer to exercise choice and independence, which was consistent with feedback from consumers and care plan information. Consumers considered they were supported to make decisions about their care, how care should be delivered, and who should be involved. Staff and consumer feedback demonstrated the service supported consumers to maintain relationships of choice within and outside the service.

Consumers advised the service supported them to take risks to live life on their terms, through consultation and assessment of risks involved. Care plans demonstrated consumers were supported through evidenced based risk assessment and mitigation strategies, to enable consumers to live their life in accordance with their needs, goals, and preferences. Staff were aware of risks taken by consumers and described ways they supported consumers which aligned with care planning documentation.

Consumers reflected they were provided information in an easy to understand, timely manner which helped them make decisions, for example, through the service newsletter, resident meetings, and direct feedback from staff. Observations demonstrated information was available throughout the service environment to meet the diverse needs of consumers, such as brochures, calendars, and posters translated into different languages.

Observations confirmed consumers’ personal information was confidentially stored, and consumers’ personal privacy was respected by staff. Staff described how they maintain the confidentiality of consumers personal information, such as, discussing personal information in private. Consumers and representatives said consumers’ privacy was respected by staff, and provided examples consistent with observations, such as staff asking permission to enter consumers’ rooms.

# Standard 2

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

Findings

The Service was found non-compliant in Standard 2 in relation to all Requirements following a site audit in April 2021. Evidence in the site audit report dated 1 to 3 November 2022 supports the Service has implemented improvements to address the non-compliance and is now compliant with all Requirements.

Consumers said they partnered with the service, other providers, and people important in their life in the planning of their care and services. Care plans, assessments, referrals, and progress notes evidenced consumers were supported by a multidisciplinary team of specialists and allied health professionals in the assessment of risks. Care plans demonstrated risk was assessed using evidenced based assessment tools and outlined strategies to support consumers to live life in accordance with their wishes, informing the delivery of safe, effective care and services.

Consumers and representatives said they were regularly consulted about care and services from management and staff, and had input into care plan assessment and planning, including changes. Management said they identified what was important to consumers care and services through regular discussions, observations, and care plan reviews. Care plans demonstrated consumers current needs, goals, and preferences, including advance care and of life wishes were taken into consideration.

Staff explained what their role and duties were in the assessment and planning process and described how they partnered with the consumers and others to ensure care and services were appropriately assessed and reviewed. Care plans confirmed consumers were involved with various organisations, individuals, and service providers to meet their needs, goals, and preferences.

Consumers said staff explained their care plan to them in an easy to understand manner, and considered care plans reflected their needs, goals, and preferences. Care plans evidenced assessment and planning outcomes were discussed with consumers, representatives, and other providers of care and services.

Consumers and representatives said they were notified of any circumstances or incidents triggering care plan assessment and review. Care plans confirmed consumers’ needs, preferences, and goals were regularly reviewed every 3 months in accordance with policy, and when circumstances changed, to ensure consumers received appropriate care and services. Care plans demonstrated changes or incidents impacting consumers such as falls, pressure injuries, or behaviour management were appropriately identified and addressed in a timely manner.

# Standard 3

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

Findings

The Service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(g) following a site audit in April 2021. Evidence in the site audit report dated 1 to 3 November 2022 supports the Service has implemented improvements to address the non-compliance and is now compliant with all Requirements.

Consumers and representatives said consumers received safe, effective personal and clinical care. Staff demonstrated knowledge of each consumers personal and clinical care needs and described ways they supported consumers to receive best practice care, tailored to individual needs, optimising health and well-being.

Care plans, assessments, charting, and progress notes included relevant information to guide staff in the delivery of safe, effective personal and clinical care, consistent with strategies outlined by staff.

Care planning documentation, psychotropic medication records, and staff feedback confirmed restrictive practice was appropriately identified and managed to minimise the use of restraint, with evidence of informed consent, which met legislative requirements.

Management and staff identified high impact and high prevalence risks to consumers at the service, and described ways they effectively managed risks, such as: evidenced based assessment, referrals, clinical data trending and monitoring, policies, and training. Care plans confirmed clinical risks associated with the care for each consumer such as falls, skin integrity, pressure injuries, pain, hydration and nutrition and restrictive practices were effectively managed through evidence-based assessment and planning, and implementation of risk mitigation strategies.

Care plans demonstrated consumers’ needs, goals, preferences of consumers nearing end of life were recognised and addressed, ensuring consumers received comfortable, and dignified care and services. Staff explained how care and services changed for consumers nearing end of life, such as supporting regular visitors, and looking after care needs such as repositioning, monitoring skin integrity, personal hygiene, and pain management. Representatives provided positive feedback about their experience with the service and staff during the consumer’s end of life care.

Consumers and representatives said staff recognised and responded to changes in consumers’ condition in a suitable and timely manner. Staff described how they identified signs related to clinical deterioration such as changes in mobility, cognition, mood, and behaviour. Care plans, referrals, and progress notes evidenced changes to consumers’ mental health, cognitive or physical function were recognised and responded to in an appropriate manner.

Progress notes, handover sheets, care plans, and staff feedback demonstrated information about the consumer’s condition, needs and preferences was documented, and communicated within the service, and with others responsible for care. Staff demonstrated knowledge of changes in consumers care needs, consistent with information contained in care planning documentation. Care plans, progress notes, consumer and representative feedback evidenced referrals were completed in a timely and appropriate manner for medical officers, allied health professionals, and other providers of care as required.

Observations confirmed the service minimised infection related risks through best practice standard and additional precautions. The service environment was observed to be clean and tidy, with hand and hygiene stations available throughout the service, and staff wearing appropriate personal protective equipment to minimise infection related risks.

Staff demonstrated knowledge of infection prevention and control measures such as maintaining good hand hygiene and undertaking a rapid antigen test for COVID-19 prior to each shift. Staff described ways they promoted appropriate antibiotic prescribing such as encouraging fluids, maintaining personal care routines for consumers, and obtaining pathology results prior to commencing antibiotics. Care plans contained relevant information to guide staff in following antimicrobial stewardship principles, to minimise infection related risks.

# Standard 4

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

Findings

The Service was found non-compliant in Standard 4 in relation to all Requirements 4(3)(a), 4(3)(c), 4(3)(d), 4(3)(f) following a site audit in April 2021. Evidence in the site audit report dated 1 to 3 November 2022 supports the Service has implemented improvements to address the non-compliance and is now compliant with all Requirements.

Consumers considered they were supported by staff to live the best life possible and received services and supports to do the things they wanted to do. Consumers said services and supports for daily living were safe, effective and met their needs, goals, and preferences. Staff identified what interests and preferences were important to consumers and described how they supported consumers to receive safe and effective services, such as completing assessment referrals for allied health services. The lifestyle activities schedule and resident meeting minutes evidenced consumers had input into the delivery of lifestyle activities and services, to ensure their needs and preferences were met. Consumers were observed partaking in various activities, supporting diverse needs and preferences, including those with physical and sensory needs.

Consumers said they were supported to observe sacred, cultural, and religious practices, and provided examples of services available to them which met their emotional and spiritual needs. Staff described how they supported each consumers interests, beliefs, and preferences, consistent with emotional support strategies and information outlined in care planning documentation.

Consumers considered they received services and supports for daily living which helped them to participate in their community, have social and personal relationships, and do things of interest. Care planning documentation identified people important to consumers, activities of interest, and ways staff could support them.

Care planning documentation contained information about consumers’ condition, needs, and preferences and evidenced communication with others within, and outside the organisation through referrals, progress notes, and other notifications. Consumers said staff promptly organised an appointment when they required services from external providers, to meet their lifestyle needs and preferences. Care plans confirmed referrals were completed in a timely and appropriate manner to meet consumers various needs.

Consumers said they received varied, suitable quality meals and their dietary needs and preferences were met. Dietary folders, meal planning documentation, consumer food labels and care planning documentation confirmed consumers received appropriate meals which met their dietary requirements.

Equipment for lifestyle activities and services was observed to be safe, suitable, clean and well maintained. Maintenance documentation evidenced faults, scheduled maintenance, and cleaning were completed in a timely manner to ensure equipment was safe and clean for consumers. Staff said they cleaned lifestyle equipment regularly, and described how they reported equipment requiring repair, which aligned with observations and maintenance documentation.

# Standard 5

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

Findings

The Service was found non-compliant in Standard 5 in relation to all Requirements following a site audit in April 2021. Evidence in the site audit report dated 1 to 3 November 2022 supports the Service has implemented improvements to address the non-compliance and is now compliant with all Requirements.

Consumers said the service environment was welcoming and provided a sense of belonging. Consumers explained they were supported to personalise their rooms to make it feel like home, including bringing in furniture and possessions of choice. The service environment was observed to promote consumers’ independence, interaction and function, with wide clutter free corridors, handrails, and ample light and space.

The service environment was observed to be clean and well maintained, which aligned with feedback from consumers and representatives. Consumers and representatives were observed to access indoor and outdoor areas of the service environment with ease and using these spaces to socialise.

Maintenance documentation evidenced faults, scheduled maintenance, and cleaning was completed in a timely manner to ensure the service environment, furniture, fittings, and equipment were safe and clean for consumers.

Staff explained they were trained to use equipment to ensure it was safe for consumers and underwent mandatory manual handling training conducted by the physiotherapist. Staff were observed cleaning equipment between use and checking for damage before using equipment.

# Standard 6

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

Findings

The Service was found non-compliant in Standard 6 in relation to Requirement 6(3)(c) following a site audit in April 2021. Evidence in the site audit report dated 1 to 3 November 2022 supports the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers said they were encouraged to provide feedback and complaints, and knew how to do so, through options such as: submitting a written form, sending an email, or providing direct feedback to staff. Consumers and representatives confirmed they received information about feedback and complaints processes, advocacy and language services on admission to the service and in resident meetings.

Documentation and observations demonstrated consumers were supported to understand their feedback and complaints rights and options through various informational material available throughout the service environment, such as posters, flyers, brochures, and the resident handbook. Staff explained how they supported consumers with communication and language barriers to provide feedback and complaints, for example contacting translator services.

Staff demonstrated knowledge of the open disclosure process to address feedback and complaints, when things went wrong. Consumers and representatives said, and complaints documentation confirmed, staff responded to complaints in an appropriate manner, using an open disclosure process.

Management said the service trended and analysed feedback and complaints from consumers and representatives to improve the quality of care and services, as evidenced in resident meeting minutes, and the service’s continuous improvement register. Staff provided examples of improvements to care and services following consumer and representative feedback, and in response to incidents, such as additional training with Dementia Support Australia, and greater diversity in meal options.

# Standard 7

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

Findings

The Service was found non-compliant in Standard 7 in relation to Requirements 7(3)(a), 7(3)(c), 7(3)(d) following a site audit in April 2021. Evidence in the site audit report dated 1 to 3 November 2022 supports the Service has implemented improvements to address the non-compliance and is now compliant with all Requirements.

Consumers reflected they received quality care and services from people who are knowledgeable, capable and caring. Management feedback and staff rosters demonstrated the workforce was appropriately planned to meet the diverse needs of consumes, and enabled the delivery of safe, quality care and services. Consumers said, and call bell reports confirmed staff responded to consumers’ call bells in a timely manner, indicating the workforce was staffed to meet consumers’ needs.

Consumers said they were confident staff were well trained, and treated them in a kind, caring manner respectful of their identity, culture and diversity. Staff demonstrated knowledge of consumers’ cultural and personal backgrounds and described ways they supported consumers to provide respectful care and services, consistent with information and strategies outlined in care plans. Observations confirmed staff treated consumers with care and respect and took the time out to speak and interact with consumers.

Management explained they ensured the workforce was competent and had the right qualifications and knowledge to effectively perform their role through documented structures and processes, such as: pairing new staff with an experienced staff member, a probation period, training and on the job feedback.

The service’s recruitment processes ensured staff the appropriate qualifications and knowledge to perform their role, through clear position descriptions outlining key responsibilities, and a up to date qualification and registration system.

Management and staff feedback, policies and procedures, and training records confirmed staff were supported to deliver outcomes required by these standards. The annual training calendar demonstrated training was scheduled and conducted for topics covering all the Aged Care Quality and Safety Standards, as well as fire safety, manual handling, Serious Incident Response Scheme (SIRS) and elder abuse. Human resource documentation confirmed staff had undertaken mandatory training, including outbreak management conducted by the Infection Prevention Control (IPC) Lead and dementia specific training.

Staff said, and human resource documentation confirmed staff performance was reviewed on an annual basis, and as needed. Management advised they monitored the daily practices of staff and provided direct feedback, to ensure the delivery of safe, effective care and services.

# Standard 8

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

Findings

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(d) following a site audit in April 2021. Evidence in the site audit report dated 1 to 3 November 2022 supports the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives confirmed they were regularly engaged in processes to evaluate care and services, through surveys, care plan reviews, direct feedback to staff, and resident meetings. Management said, and the continuous improvement register confirmed feedback and suggestions made by consumers and representatives were reviewed and used to inform changes to care and services.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services through: documented clear reporting lines and areas of responsibility, internal audits, reviewing and sharing reports, and tracking clinical indicators and consumer survey results. The board demonstrated it clearly communicated with and maintained oversight over service through monthly meetings and visits.

Staff interviews, policies and procedures, registers, and reports demonstrated the service had effective organisation wide governance systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The risk management framework included policies outlining how high impact, or high prevalence risks associated with the care of the consumers were managed. Staff explained a risk management tool identified high impact, high prevalence risks for consumers, and was used to ensure the right mix and ratio of staff was planned for each area, trained and supported to deliver the requirements required by these Standards. Staff explained how they identified and responded to risk consistent with policies, and provided examples relating to abuse and neglect, falls management, infections, managing challenging behaviours, and restrictive practices. The SIRS register, care plans, feedback and complaints documentation, demonstrated staff applied risk management policies into daily practice, indicative of an effective risk management framework. Observations demonstrated consumers were supported to live their best life through consultation, risk assessment, referrals, and staff training.

Consumer and representative feedback, care plans, progress notes, incident reports, and policies demonstrated the service had an effective clinical governance framework to ensure safe, quality clinical care, including but not limited to: antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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