Performance

Report

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| Name of service: | Estia Health Blakehurst |
| Service address: | 394 Princess Highway BLAKEHURST NSW 2221 |
| Commission ID: | 1094 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 16 April 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 Estia Health Blakehurst (**the service**) has been prepared by E Blance 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 5 April 2023.
* other information held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

I find this Standard compliant.

Consumers and representatives said they felt respected, that their individual identity and diversity was valued, and that they were living with dignity. Staff provide care and services with respect for the dignity and diversity of consumers. Activities, events and celebrations acknowledge cultural diversity and enabled participation by consumers with diverse abilities.

Consumers and representatives confirmed the service recognises and respects their cultural traditions and preferences. Care plans confirmed the consumer’s cultural needs are identified, and staff have implemented initiatives to fulfill them. The approved provider has access to interpreter services and uses communication strategies, such as use cue cards, to ensure non-English speaking consumers are welcomed and accommodated at the service. The hospitality menu includes food and events reflective of different cultures.

Consumers said they make decisions about the people involved in their care and the way care and services are delivered and they are supported to maintain relationships. Staff described strategies for supporting consumers to exercise choice and independence in care planning and on a day-to-day basis. Staff offered choices to consumers prior to providing care and services.

Staff demonstrated their knowledge and awareness regarding consumers who choose to take risks to enhance their lifestyle and support necessary to make informed choices to maintain independence and well-being. Care planning documentation demonstrates that risks are assessed, benefits and potential hazards associated with risks, and the risk mitigation processes. The Charter of Aged Care Rights is displayed within the service.

Consumers said they received information in a way they understand. Consumers said they are involved in meetings and are encouraged to ask questions about their care, they can make choices and get information about risks. Staff described different ways information is communicated to ensure it’s easy to understand and accessible to consumers including strategies to communicate with consumers with poor cognition or those who need visual aids or hearing assistance.

Consumers say the approved provider protects the privacy and confidentiality of their information and they are satisfied that care and services are undertaken in a way that respects their privacy. Staff can describe how they support consumers to communicate their preferences for privacy and can give examples of how they maintain the privacy of individuals. Consumer information is kept in the electronic care management system that requires a password to access. The approved provider has a privacy policy that outlines how the service maintains and respect the privacy of personal and health information.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers were satisfied their care is well planned and meets their care needs. The approved provider has policies and processes in place to guide staff practice for assessment and planning. A suite of assessment forms is integrated into the electronic care planning system. Care and service plans demonstrate effective, comprehensive assessment and care planning that identifies the needs, goals, and preferences of consumers, including risks.

Care plans identify consumers’ goals and preferences including clinical and personal care, nutrition, dietary, lifestyle and end of life preferences. Consumers say they are supported to complete advance care planning. Staff described the approved providers approach to support consumers in planning for the end of life.

Consumers say they are actively involved in assessment, planning and review of their care and services. Staff described partnering with consumers and representatives to assess, plan and review care and services. Documentation evidenced assessment and planning that included other organisations including for the assessment of restrictive practice, dietary needs, palliative care and oxygen management.

Consumers and representatives said staff consult them about their care plan. Case conferences are held with consumers, representative external health providers such as medical officers and allied health. Documentation demonstrates that the service offers consumers and representatives a copy of the care plan. The care plan was observed to be provided in a language that is appropriate for consumers to understand.

Consumers and representatives said the service regularly communicates with them about their care and services and make changes to meet current needs, goals, and preferences. The approved provider has policies and procedures that guide care and regular review. Staff described, and care plans reflected regular review processes by registered staff, medical officers and allied health.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers say they are confident they receive care that is safe and right for them, their care is consistent with their needs and preferences, and supports their health and well-being. The approved provider has policies and procedures to support safe and effective care. The site audit report details the management of consumers who are at risk of, diabetes, wounds, pressure injuries and pneumonia. Staff were able to describe monitoring processes tailored to consumers for the management of their conditions. Care planning documents demonstrate the service captured risks for consumers.

Consumers said that risks to their well-being such as falls, pressure areas, weight loss and infections and wounds are assessed, explained, and managed to reduce risk. Staff can describe how they identify, assess, and manage high-impact or high-prevalence risks to safety, health and well-being of each consumer. Quality indicators analyse the trend of high impact and prevalence risks. The approved provider has policies, procedures to guide staff in the management of high-impact or high prevalence risks. The service monitors and reports performance and uses results to inform continuous improvement. The approved provider was able to demonstrate restrictive practices for consumers was aligned to best practice, with documented behaviour support plans, tailored non-pharmacological strategies and documented consent. Representatives said they were involved in case conferences with management, clinical staff and medical officers when determining the appropriateness of restrictive practice. Consumers said their pain and chronic conditions are managed well, their preferences for care are known, and staff know what to do.

Advance care plans are in place where a consumer chooses to have one. Management advised and provided evidence that where reviews are completed in case conferences and admission to the service , the advance care plans are reviewed. Care and services plans reflect the consumer’s end of life care needs, goals and preferences.

Consumers reported staff act on any concerns about their health. Representatives reported they are comfortable to approach staff if they had concerns about their loved one’s health. The approved provider has policies, procedures, and clinical protocols to guide staff in the management of deterioration and advance care planning. Care plans demonstrated that deterioration for each consumer is responded to quickly, and that plans are in place for when changes occur.

Consumers said those who need information to deliver their care are well informed and trained to deliver that care, and that care is well coordinated. Consumers were confident that their care is consistent and reliable. Staff and other providers of care and services have access to information and clinical systems. Clinical meetings and monthly quality indicators supports the effective sharing of information.

Consumers said referrals are prompt when needed. The approved provider has a network of external other health providers to support consumers in the management of their care needs. Care plans show timely referrals and input form other health care providers.

The approved provider has outbreak management plans (including COVID-19), policies and procedures to guide staff related to antimicrobial stewardship and infection control management strategies. Staff demonstrated knowledge of infection control practices. The approved provider has staff and consumer vaccination programs. Staff were observed practicing infection control methods. Staff described strategies to promote antimicrobial stewardship.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers said they felt supported to do the things they want to do and were able to explain how services and supports for daily living have improved their independence, health, well-being, and quality of life. Care planning documentation reflects strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Activities include a variety of services and supports including, but not limited to, music therapist visits, walking group, morning and afternoon teas, church services, room visits, art and craft, visiting entertainers, bingo, and consumer and representative meetings.

Consumers said they feel safe in the way services and supports are delivered and said that staff support them to continue to do things of interest to them, including at times when there were risks involved. Care plans reflect consumer interests, life, and social history and assists with identifying preferred activities and community involvement to support emotional, spiritual and psychological wellbeing. The service has relationships with other external providers of services including faith based organisations to support consumers’ wellbeing. The service provides celebration of special events such as birthdays and special cultural days.

Consumers said that they have an active social life and can take part in their interests at the service. They say they are supported to maintain personal relationships and can take part in community and social activities that they choose. Staff could describe how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. The approved provider has maintained social supports for consumers and increased opportunities for social interaction.

Consumers said staff are aware of their needs and preferences and they don’t need to repeat their preferences to multiple staff members. Representatives said they receive regular and timely updates when consumer conditions change. Staff advised that information about consumer care and needs is shared regularly at staff meetings and handovers.

The approved provider demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumers’ care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. Consumers and staff provided examples of referrals to external providers of care and services including for hairdressing and massage services.

Most consumers said that they were satisfied with the variety, quantity and quality of meals provided. Alternative meal choices were available to meet individual preferences. Food is available between planned mealtimes. Consumers said their individual needs and preferences were catered to. Staff demonstrated knowledge of consumer’s individual needs and preferences in line with care planning records. Dietary profile information is accessible by catering staff which includes nutrition needs, and preferences.

Consumers said they feel safe when they are using equipment and they know how to report any concerns. Risk and other assessments are completed for the use of equipment. Staff can describe how they would identify any potential risks to the safe use of the equipment and responsibilities they share for the safety, cleanliness, and maintenance of equipment. The approved provider has arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment. Equipment to assist consumers with their independence and mobility such as wheelchairs and walkers was accessible. There is a schedule maintenance program for walking aids and other equipment such as hoists.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

The service has a welcoming environment and consumers were observed to be moving around the service using mobility assistive equipment, including wheeled walkers. Consumers said they could make their way easily around the service and that they felt comfortable and at home. Staff described aspects of the environment that assist consumers, such as directional signage and consumer’s names and familiar images clearly displayed at each door. The service environment includes a mix of small, comfortable sitting areas and larger community rooms with access to books, activities, games, tea and coffee and audio-visual equipment. Outdoor areas are attractive, well-maintained, and easy to move around.

Consumers said the service environment was clean and comfortable. Cleaning schedules ensure efficient and thorough cleaning of private rooms and communal areas. Maintenance schedules and processes for reactionary maintenance ensure servicing and repairs are undertaken where required. The service environment was observed to be safe, clean and well maintained.

A range of furniture and equipment was observed in the service. Consumers said that equipment is well maintained and clean. Staff said that they have access to equipment needed for consumer care. Furniture and equipment are maintained under a scheduled maintenance plan with specialist contractors in place where required.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers said they are encouraged and supported to make complaints and provide feedback and said they would have no concerns talking with staff or management if they want to make a complaint. The approved provider has multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, raising issues at meetings, or speaking directly with management.

Consumers and representatives said they are comfortable raising concerns with management or staff and will escalate their complaint if it is not resolved to their satisfaction. They said they are aware of other avenues for raising a complaint, such as through the Commission or an advocacy service. Staff showed they understood the internal and external complaints and feedback systems and were aware of advocacy and translation services available for consumers and representatives.

Consumers and representatives said management promptly responds and seeks to resolve their concerns after they make a complaint. Staff said if consumers and representatives raise feedback with them directly, they would direct all complaints to management for investigation and follow-up. Staff said that they have received training and demonstrated an understanding of the principles of open disclosure. Complaint documentation evidenced open disclosure processes.

Consumers and representatives said complaints and feedback are used to improve how care and services are provided and were able to describe the changes implemented at the service because of feedback and complaints. There are systems in place to record and trend complaints, feedback, compliments and suggestions. Management was able to demonstrate that all feedback and complaints are reviewed and used to improve the quality of care and services and are linked to the continuous improvement plan. Complaints are trended and evaluated with the data discussed at staff meetings.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers say there are enough staff most of the time, that call bells are answered promptly, and they receive the care they need. Care delivery was observed to be calm, professional and planned. Rosters are developed based on consumer’s needs; and the roster contained a mix of staff, including registered nurses, care staff (AINs), an infection prevention and control (IPC) lead, and hospitality services staff. Allied health staff, including physiotherapists and podiatrists, provide regular planned care for consumers. The approved provider has arrangements with external agencies in the event of unplanned leave.

Consumers said staff are kind and caring and that they respect their identity, culture, heritage and diversity. Staff could demonstrate how they provide care that is respectful to identity, culture and diversity. Interactions were observed to be caring and respectful, with staff taking time to interact with consumers. Care planning documents demonstrate that the consumer’s story, needs and preferences are known. There is a recruitment process that ensures staff are chosen in line with the values of the approved provider.

Consumers said staff are skilled to provide care. Staff said they have the necessary skills to perform their role and are supported by senior staff. The approved provider demonstrated that the workforce is competent, and members of the workforce have the qualifications and knowledge to perform their roles effectively. Professional registrations and qualifications are monitored. Staff confirmed position descriptions align with the specifications for the role.

The approved provider demonstrated that it has implemented appropriate systems and processes to ensure that appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Staff are recruited using a formal recruitment process that includes interviews, referee checks and qualification checks. Management said that ongoing training and development is provided for all staff and their participation in the training programs is logged and recorded. Management described the approved provider’s training program and relevant processes for identifying staff training needs in line with the Quality Standards.

The approved provider demonstrated a process to assess, monitor, and review the performance of staff at the service. Management said the performance of staff is reviewed annually using a formal performance appraisal process. Staff demonstrated an awareness of the approved provider’s performance development processes. Documentation identifies performance appraisals and competency assessments are scheduled and conducted yearly.

In considering my decision I have placed weight on the information assessed within the site audit report.

# 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

I find this Standard compliant.

Consumers and representatives said they provide ongoing input into how care and services are delivered. They said the approved provider seeks their input in a variety of ways, such as consumer meetings, regular surveys and face-to-face discussions. They said they feel included in the discussions around care planning and management. Management said all feedback or suggestions made by the consumers and representatives are included in the continuous improvement register.

The approved provider demonstrated the governing body promotes a culture of safe and inclusive care. The governance committees use information from consolidated reports to identify compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery. The approved provider drives improvements and innovations using data from internal audits, clinical indicator reports, incidents or near misses, consumer and staff feedback and visits from the Commission.

The approved provider has various governance committees and information, feedback and data is collated, summarised and reported through the governance committees to the governing body. Governance systems include information management, continuous improvement, financial governance, workforce governance, regulatory compliance as well as feedback and complaints. The approved provider has a controlled documentation system including policies and procedures that are reviewed and updated regularly to ensure best practice guidance. Staff have access to the information they need to deliver care and services. Continuous improvement activities are created from a variety of sources, including feedback and complaints mechanisms, consumer experience survey results, regular analysis of clinical and incident data, and regular internal and external audits. The continuous improvement plan showed evidence of ongoing analysis. Annual budgets are developed to meet the financial needs of delivering care and services to consumers. Workforce governance is supported by human resources supports. Regulatory compliance is monitored with any changes to legislative requirements communicated as required and policies and processes reviewed. The approved provider has a feedback and complaints management system in place and uses this to ensure continuous improvement for consumers and the approved provider.

The approved provider’s risk management framework outlines the approach to managing, monitoring, reporting and reviewing risk. The governing body is supported by committees. Incidents are analysed, and data including quality indicators are used to identify risks to consumers and inform continuous improvement actions. Consumers are supported to live the best lives they can while ensuring risk mitigation strategies are in place. Incident management including identification and reporting of abuse and neglect and serious incident response scheme incidents are managed through an incident management system and escalated as required. All staff complete annual mandatory training on elder abuse, compulsory reporting requirements and incident escalation processes.

The approved provider demonstrated a clinical governance framework which includes but is not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management were able to explain the areas of responsibility for clinical leadership; how they collect and use data to inform safety and quality; and the approved provider’s approach to clinical audits and data. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework in relation to antimicrobial stewardship, the use of restrictive practices, and the open disclosure process.

In considering my decision I have placed weight on the information assessed within the site audit report.

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)