Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Estia Health Nambour |
| Service address: | 27 Glenbrook Drive Nambour QLD 4560 |
| Commission ID: | 5645 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 5 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 Nambour (**the service**) has been prepared by K Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers said the service valued their identity, culture and diversity. Staff were respectful in their interactions with consumers, and they used preferred names, acknowledged their choices, and delivered care respectfully. Staff knew the cultural background of consumers and how to tailor care and services to each consumer. The services’ polices and care planning documents supported consumers’ cultural needs.

Consumers said they felt comfortable and safe, and that staff understood their needs and preferences. Consumers said staff made visitors to the service feel welcome. The service had policies and processes to foster culturally safe care, and it trained staff to deliver culturally safe care. Staff identified consumers’ preferences around diet, cultural events, religion, and in other areas, and then delivered care according to those preferences. The service had systems to gather consumer feedback and use it to improve the cultural safety of its care.

Consumers said the organisation supported them to make and communicate decisions about their care. Staff knew how to help consumers make day-to-day decisions, including how to support them to communicate their decisions. Care files contained records of consumers’ decisions, and information about their representatives. Where the service wasn’t able to deliver care according to a consumer’s first choice or when a consumer’s choice affected others, the service worked with the consumer to achieve a suitable outcome.

The service’s processes were consumer-oriented, and focussed on consumers’ rights, values, goals and preferences. Consumers said staff supported them to understand the benefits and risks tied to their decisions, and that staff helped them solve problems related to their decisions. The service had policies and procedures that governed how staff should help consumers to manage risks and the policies covered staff members’ legal obligations in various circumstances, such as when consumers refused care.

Consumers said staff provided them with clear, accurate and timely information that helped them make informed choices and understand their rights. Consumers could access translation services and the service involved them in discussions and meetings about their care. The service encouraged consumers to ask questions and provide feedback. The service’s training records showed it had trained staff in how to communicate with consumers and their representatives.

Consumers said the service protected their privacy and that staff gave them space and privacy when others visited. Training records showed the service trained its staff to protect consumers’ privacy and the service’s policies outlined how it maintained and respected consumers’ privacy. The service had processes to support staff to manage requests for information and the service’s systems were secure and password protected.

# 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

Consumers said staff consulted them during care planning, including in resolving how to minimise risks and meet their needs, goals and preferences. Staff knew the assessment and care planning process and used validated assessment and planning tools to develop safe and effective care plans, including using inputs from qualified practitioners. Staff knew consumers’ preferences and could describe individual consumers’ needs and the strategies they used to support them. The service’s care management system contained strategies, policies and procedures to support consumer-centred care planning.

Consumers said the service discussed their care needs, goals and preferences with them, including advance-care planning where appropriate. Consumer care plans contained records of proactive consumer-centred care and the service’s governance systems supported consumer-centred care. Staff knew the service’s care planning process.

Consumers said they were actively involved in the assessment, planning and review of their care. They said staff coordinated their care with other providers and that their providers delivered appropriate care. Staff knew how to work with consumers and representatives during the assessment and review process. The service tailored its care plans to individual consumers, and frequently updated the plans to ensure they continued to meet consumers’ needs.

Consumers said staff included them in the care planning process and that staff regularly updated them about their care. Staff helped to achieve consistency of care through collaborative care planning and clear communication with consumers, each other, and with other providers. Consumer care plans were clearly written, and they contained information about consumers’ needs, goals and preferences.

Consumers said the service communicated with them about their care, sought feedback, and made changes to meet their needs, goals and preferences. They said staff updated their care plans when something went wrong, or when circumstances changed. The service had policies and procedures governing when staff should update care plans, including procedures for regular reviews, reviews in response to incidents, and a suite of assessments and charting procedures. Staff knew the service’s reviews procedures.

# 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

Consumers said the service delivered care that was safe and right for them. They said their care was consistent with their needs and preferences and that it supported their health and wellbeing. The service had policies, procedures and systems to drive safe and effective care and it trained its staff to deliver personal and clinical care that was best practice and met consumers’ needs. Staff communicated care directions between themselves and with other providers, and they regularly reviewed the care they delivered.

Consumers said the service assessed, explained and managed risks to their well-being, such as falls, pressure areas, weight loss, and infection. Staff identified, assessed and managed high-impact or high-prevalence risks to the safety, health and well-being of each consumer. The service’s policies, procedures, and clinical protocols set out how staff should manage high-impact, high-prevalence risks. Its care management systems included standardised assessment, charting and care-planning tools, and featured an automated reminder function.

The service supported consumers nearing end-of-life using advance care directives and palliative care plans, where appropriate. The service had access to a range of staff trained in providing end-of-life care, including registered nurses, staff with specific palliative care training, and a local palliative care team that supported the service as required.

Consumers said staff know them well and would pick up a change in their condition and respond appropriately. The service had policies, procedures, and clinical protocols to guide staff in managing deterioration. The service’s care planning documents included consumer preferences, advanced health plans, and baseline observations to guide staff in responding to deterioration. The service’s records showed that staff recognised and responded to deterioration quickly. The service collected and analysed data to improve its care, including data pertaining to infection, falls, and hospital transfers.

The service used a digital care management system to store and manage consumer data including personal information, clinical information, care plans, support plans, advance-care plans, and personal information such as the consumers’ circumstances, goals, needs and preferences. Consumers said staff were consistent in how they provided care and that they didn’t have to repeat their story or preferences to multiple staff. The service’s records show it sought consent in accordance with Privacy legislation to release or share consumers’ information.

Consumers said staff referred them to appropriate providers, organisations, or individuals to meet their changing care needs. They said they were satisfied with the external providers’ care and services. Staff knew which other providers they could refer consumers to, and relevant referral criteria for making referrals. Care records showed the service collaborated with other individuals, organisations, and providers to meet consumers’ needs.

Consumers said they were confident staff could manage an infectious outbreak, and that staff had given them information about minimising the spread of infections. The service had policies and procedures to guide staff on antimicrobial stewardship and infection control, including for COVID-19. Staff received training in infection minimisation strategies and knew which interventions to use to control infection and minimise the need for antibiotics. The service had a staff and consumer vaccination program and it maintained records for Influenza and COVID-19 vaccinations.

# 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

Consumers said the service supported them to do what they wanted and that their daily living supports had helped improve their independence, well-being, and quality of life. They said the service delivered safe care and staff modified their supports to help them continue doing things they were interested in. Staff documented consumers’ needs and preferences in their care plans and knew how to access as needed. Care documents contained strategies for staff to use when delivering services and supports for daily living.

Consumers said they felt connected and engaged in meaningful activities that were satisfying to them. They said the service supports them to observe their cultural and religious practices, and that it supports their spiritual, emotional, and psychological well-being. Staff were able to describe how they support the emotional, psychological, and spiritual well-being of consumers and can give examples of cultural awareness in their everyday practice and how they recognise diversity to provide services that are meaningful to the consumer. Consumers are monitored for emotional wellbeing and specialist services and pastoral care are made available to consumers and families.

Consumers said the service supported them to have an active social life and participate in activities that interested them. They said the service supported them to maintain personal relationships and take part in community and social activities. The service worked with other organisations, advocates, community members and groups to help consumers follow their interests and maintain their community connections. The service’s records showed it collaborated with consumers to design supports to meet consumers’ changing needs, goals, and preferences.

Consumers said they don’t have to repeat their decisions to multiple staff and that the organisation coordinates their care well. The service had an effective system to manage information and staff knew when and how to share accurate, up-to-date, and relevant information with each other as consumers moved between care settings. This included through system notifications, progress notes, and handover meetings, among other channels. Consumers’ care and service plans showed evidence of updates, reviews and communication alerts which included information from multiple sources, specialist reports and test results.

Consumers’ care plans showed the service collaborated with other individuals, organisations, or providers to support consumers’ diverse needs. Staff knew which providers to refer consumers to, and how to make referrals when needed. They obtained consumers’ consent and actively involved them in referrals. The service had an established network of providers, to ensure consumers had access to a range of services and supports. Staff regularly reviewed the individuals, organisations, or providers to whom they refer consumers, to ensure the providers’ services remained safe and effective.

Consumers said the service’s menu featured a range of healthy meals, snacks, and drinks, and that staff served their meals according to their selections. The consumer dining experience was comfortable and unhurried, and staff supported consumers to dine in a dignified manner. Consumers said the service supplied food and drink at any time they requested it. Staff knew consumers’ nutrition and hydration needs, including information such as their preferred meal size, special diet regimens, and their individual or cultural preferences. Staff knew the process to report any changes to a consumer’s appetite or eating habits, or any concerns about weight loss or dehydration. Staff cooked food fresh, and the service engaged consumer to develop its menu. The service ordered, stored and prepared food so as to maintain its freshness and quality.

Consumers said they felt safe when using equipment and that they knew how to report any concerns they had about equipment safety. Before issuing equipment to consumers, the service conducted an assessment to understand whether the equipment was suitable, and what risks might be present. Consumers said the service’s equipment was suitable and met their needs. The service trained its staff to use equipment safely and staff knew how to identify potential equipment risks. Staff were also aware of their responsibilities to keep equipment clean, safe and well-maintained. The service had maintenance and cleaning schedules and suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment. Staff used, stored, and maintained equipment in line with manufacturers’ instructions.

# 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 comprised a large building with several wings adjoined by wide corridors, and spacious internal courtyards where the service held large group activities. Consumers said the service environment was welcoming, easy to navigate and they felt comfortable living there. The service encouraged and supported consumers to be independent and consumers personalised their rooms with their belongings. The service had a number of amenities for consumers, including lounge rooms, sitting areas and indoor and outdoor spaces. Administration staff welcomed visitors to the service and directed them as needed.

During the site audit, the service was clean, well maintained and free from obstructions. Consumers said staff ensured their rooms were clean and that they felt comfortable moving around the service. They said they enjoyed the comforts of the service, including the gardens and outdoor areas. Consumers and representatives said the service was cleaned very well, and that staff completed maintenance quickly. During the site audit, the service was clean and well-maintained. Its records showed the service had been cleaned according to schedule.

The service environment was safe, clean and well maintained. The service’s interior paintwork was undamaged, its walls and floors were clean, and its floor coverings were unmarked. Furnishings were bright, clean, undamaged and fit-for-purpose. The service’s exterior was in good repair and there were no hazards in the general environment. The service had a preventative and reactive maintenance program, which helped ensure it was a safe and well-maintained environment. Staff knew how to request maintenance and repairs. Consumers said that if they needed an item repaired, they told staff, who raised a maintenance request. They said the service’s furniture, fittings and equipment were clean, well-maintained and suitable.

# 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 organisation had a multi-layered system for capturing consumer feedback, including policies, procedures and various feedback channels. Consumers could submit feedback using feedback forms, during meetings, or by speaking with staff face-to-face. Consumers said the service encouraged them to give feedback and make complaints when appropriate, and that they were comfortable doing so. Management could cite recent feedback the service had received, and how it used this feedback to improve care at the service.

To help them to raise complaints, consumers had access to multilingual care staff, translation services and advocacy services. Consumers said they knew about the various language and advocacy services, and how to access them. The service provided information about advocacy services to consumers and representatives on admission, and it displayed this information on flyers and posters around the facility. Staff knew how to assist consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers said management responded to their concerns promptly and that it sought to resolve them quickly. The service trained its staff on complaints handling and staff knew the process to follow when they received complaints, which included escalation to management for investigation and follow-up. Staff said they received training on open disclosure and demonstrated an understanding of the principles of open disclosure.

Consumers said the service used complaints and feedback to improve its care. The service had systems and processes to capture and analyse complaints, feedback, compliments and suggestions. Staff reviewed all feedback and complaints and linked them to the service’s continuous improvement plan, to foster improvements to the service’s care.

# 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

Consumers said the service had enough staff, that staff answer call bells promptly, and that staff deliver the care consumers need. Care delivery was calm, professional, and well-planned. The service developed its rosters 4 weeks in advance based on consumer need, and the roster contained a mix of staff, including registered nurses, enrolled nurses, care staff and hospitality services staff. Allied health staff, including physiotherapists, podiatrists, and others, regularly attended the service to deliver planned care. The service offered vacancies on its roster to internal staff before seeking assistance from external agencies.

Consumers said staff were kind and caring and that they respected consumers’ identity, culture and diversity. During the site audit, staff were caring and respectful to consumers. They took their time with consumers and sought to understand individual consumer’s choices. Care planning documents contained information about the relevant consumer’s personal story, needs and preferences. The service had a recruitment process that ensured it recruited staff in line with its organisational values. The service trained its staff to deliver care in accordance with the organisation’s Cultural Diversity and Inclusion Policy.

Consumers said they believe staff were sufficiently skilled to provide their care, and that staff referred them to external providers when appropriate. Staff were confident they had the necessary skills to perform their role. The service had systems to ensure it acted promptly on any workforce shortages, and that staff were qualified and remained skilled for their roles.

Consumers said staff were well-trained and knew how to deliver care. Staff said the service provided the training they needed to do their jobs well. The service’s human resource records showed that its recruitment, selection and onboarding processes were rigorous. The service trained its staff according to their role and the service’s needs.

The service regularly assessed, monitored, and reviewed the performance of its staff. Staff knew the service’s performance development framework, including its performance appraisal process. Management reviewed staff performance annually using the formal performance appraisal process, which included discussions of staff performance and areas for development. The service had a staff performance framework, which set out a requirement for annual performance appraisals and mandatory education. The service’s records show that it conducted performance appraisals and competency assessments once per year.

# 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 engaged consumers to help develop, deliver and evaluate its care. Staff were trained to engage consumers and to help them provide input into the service’s various improvement processes. This included addressing any issues consumers raised and using consumers’ information to plan continuous improvement initiatives, among other activities. Consumers said the service was well run and that it supported their activities of daily life.

The Approved Provider promoted a culture of safe and inclusive care, including through its organisational structure, reporting channels, focus on compliance, improvement initiatives, and other aspects. The Approved Provider’s governance committees used information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions, and monitor care and service delivery. The organisation drove improvement and innovation using data from internal audits, clinical indicator reports, incidents or near misses, consumer and staff feedback and visits from the Aged Care Quality Safety Commission.

The service had effective organisation-wide governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and complaints management. The service used a range of digital systems, such as an electronic care management system, staff intranet and risk management system, to enable the Board, executive team, management and staff to access live information. The Chief Financial Officer managed the annual budget for the service and supported the General Manager in the dispensation of their responsibilities. Staff referred expenditure in excess of the annual budget to the executive leadership team for approval.

The service monitored, reported and reviewed its risks in accordance with the Approved Provider’s Risk Management Framework. The Approved Provider’s structure included various teams and committees that helped manage the service’s risk including the Risk Committee, Clinical Governance Committee, Executive Risk Committee, Quality Improvement Committee, and People and Culture Committee and Governance and Security Committee. These various groups play a role in analysing incident data and the service’s quality indicators, to identify risks and inform its improvement activity.

The service had a well-structured intranet site, accessible management systems, and an online library of documents to support staff in applying its Clinical Governance Framework. The library included policies and procedures, clinical practice guidelines, work instructions, clinical reports, audits, staff training, and consumer information. Clinical leadership staff within the service had discreet areas of responsibility, and they understood how to collect and use data to inform safety and quality initiatives. As part of its consumer engagement activity, the service provided education for consumers about clinical governance through a variety of channels.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

   12491249 [↑](#footnote-ref-1)