Performance

Report

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| Name: | Goodwin Monash |
| Commission ID: | 2916 |
| Address: | 15 Cockcroft Avenue, MONASH, Australian Capital Territory, 2904 |
| Activity type: | Site Audit |
| Activity date: | 8 January 2024 to 11 January 2024 |
| Performance report date: | 9 February 2024 |
| Service included in this assessment: | Provider: 968 Goodwin Aged Care Services Limited  Service: 1203 Goodwin Monash |

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 Goodwin Monash (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email dated 25 January 2024 accepting the Assessment Team’s findings.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect, and their identity and backgrounds were valued. Staff were observed interacting respectfully with consumers and demonstrated knowledge of consumers’ background, identity and specific choices and preferences. The service has policies and procedures to guide staff in delivering person-centred care with dignity and respect and care documentation reflected consumer’s identity, preferences, and diversity.

Consumers and representatives reported the consumer’s unique cultural identities, beliefs and needs were recognised, respected, and supported. Staff reported they had received training in cultural awareness and could describe how they meet the cultural needs of individual consumers such as diet and religious practices and celebrating cultural days of significance. The service had a contemporaneous diversity policy reflecting the service’s commitment to ensure consumers feel safe and welcome and care documentation included guidance for staff to provide culturally appropriate care.

Consumers and representatives advised consumers were supported to be independent, exercise choice about care and services, including maintaining relationships of choice and who they would like to involve in their care. Staff explained how care documentation advises them of people important to consumers, their key decision makers and described how they support consumers to exercise choice, for example by respecting consumer’s hygiene preferences and sleeping patterns. The service had policies and procedures relating to consumers’ rights to makes choices and live life according to their preferences and records demonstrated staff had received training in this.

Consumers advised they were supported to live life on their terms in accordance with their wishes and discussion of risk was reflected in care planning documentation. Staff said they supported consumer’s decisions including their choice to take risk, explaining how they work with consumers to understand potential for harm through risk assessment processes. The service had policies and procedures which outline respecting consumers’ rights to take risk and guidance for staff in risk management processes.

Consumers and representatives said there was sufficient current written and verbal information to inform consumer choices, and this is provided via mediums such as individual discussion, menus, meetings, newsletters, loudspeaker announcements and lifestyle calendars. Staff and management described provision of information to consumers in line with preferences, adapting communication methods to meet needs of consumers with sensory impairment.

Consumers were satisfied with staff actions to respect privacy, with staff explaining they always knock on doors and seek permission before entering rooms. Staff and management described other actions to maintain confidentiality, including securing personal information in password protected electronic systems which were observed to be locked when not in use. The service had a contemporaneous privacy policy, which is provided to consumers via the welcome pack on entering the service.

# Standard 2

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

Findings

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained how assessment and planning processes identified risks to consumers to inform the delivery of safe, effective care and services. Care planning documentation demonstrated consideration of individual risks and tailored mitigating strategies. The Assessment Team reviewed a clinical risk matrix system for consumers utilised by the service as part of the risk assessment and management system.

Consumers and representatives reported they are consulted about consumer’s advance care planning and end of life wishes, and review of care documentation reflected this. Staff described the assessment and planning process including for end-of-life care, and advised this is discussed when a consumer enters the service, during subsequent care reviews or following a change in the consumer’s circumstances. Care planning documentation incorporated consumers’ needs, goals, and preferences.

Consumers and representatives reported they are involved in the assessment and care planning process. Staff described how they partner with consumers, others the consumer wishes to be involved and providers of care and services such as allied health professionals. Care documentation reflected consultation with consumers and others and a suite of assessment and planning policies and procedures guides staff practice.

Consumers and representatives advised the service communicates regularly with them about assessment and planning outcomes and care reviews and they are offered a copy of the care plan. Staff explained the processes for documenting and communicating assessment outcomes to consumers and representatives, including through case conferences and routine care plan reviews, and this was confirmed by review of care documentation.

Consumers and representatives reported a consumer’s care is reviewed regularly and when circumstances change or an incident. Staff explained care and services were reviewed for effectiveness every 6 months or when incidents or changes occurred. Policies, procedures, and a schedule guide staff when to perform care plan reviews, and care documentation demonstrated regular care reviews were completed, including when incidents occurred, or circumstances changed.

# Standard 3

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

Findings

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives reported consumers received tailored and effective personal and clinical care. Management and staff demonstrated understanding of best practice principles in relation to use sampled areas of restrictive practices, skin integrity, wound care, pain management, and explained personalised strategies developed for individual consumers as reflected within care planning documentation.

Consumers and representatives said risks associated with care of consumers was identified and managed with developed strategies. Staff demonstrated awareness of high impact or high prevalence risks associated with consumer care, detailing care delivery to monitor and minimise incident or harm in line with care planning documentation. A range of policies and procedures relating to managing high impact and high prevalence risks, including complex health clinical care procedures, was available to guide staff delivering care.

Representatives reported consumers receive end of life care in line with their preferences, with staff ensuring consumers were comfortable and free of pain. Management and staff described how they adjusted the delivery of care for consumers nearing end of life, for example, by monitoring and observing consumers to maximise their comfort. In addition, staff said they consulted other providers of care to ensure consumers’ needs were appropriately supported. Care planning documentation for a late consumer evidenced they received end of life care in a way that supported the consumer’s comfort and dignity, with emotional and spiritual support provided.

Consumers and representatives said deterioration or changes were promptly responded to by staff. Management and staff explained how they monitor for and respond to signs of deterioration in consumers and care documentation reflected this occurs in a timely way, including escalating concerns to other providers of care and services.

Consumers and representatives said information about consumers was communicated effectively with them. Staff explained how they shared information within the service and with others responsible for care, such as through staff handover processes, meetings, and the electronic care management system. The Assessment Team reviewed documentation demonstrating effective communication including electronic handover sheets and meeting minutes and observed staff sharing essential consumer information through the handover process. Care planning documentation was readily available to staff and included detailed information about consumers’ condition, needs, and preferences.

Consumers and representatives said consumers had ready access to health professionals and other providers of care when needed. Management and staff described the process for referring consumers to other health professionals, which was overseen by clinical management to ensure referrals are timely and appropriate. Management advised, and review of care documentation confirmed, the service had a network of external health professionals and other services to whom consumers are referred. Care documentation demonstrated referrals were completed in a timely and appropriate manner and a contemporary policy and procedure was available to guide staff.

Consumers and representatives advised they were confident in the infection control processes the service had in place. Staff described how they prevented and controlled infections and promoted appropriate antibiotic prescribing. Staff were observed following infection prevention and control (IPC) protocols, including wearing personal protective equipment and conducting appropriate hand hygiene. The service has an IPC Lead staff member and monitor infections and antibiotic usage via the anti-microbial stewardship (AMS) committee. The Assessment Team reviewed documentation including minutes of AMS meetings, the infection register, IPC training records for staff and policies to guide staff.

# Standard 4

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

Findings

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives reported consumers received effective services and supports for daily living and expressed satisfaction with available services, such as laundry. Staff were knowledgeable about consumers and explained how they consulted with them to understand and support consumers in their daily living and maintain their physical and cognitive function, which was reflected in care documentation. The Assessment Team observed a computer for consumer use with a modified large keyboard.

Consumers reported staff meet their emotional, psychological and spiritual well-being needs, including through supporting them in their religious practices. Management and staff explained strategies to support consumers’ well-being such as spending individual time with them and arranging for volunteers to visit them. Care planning documentation contained individualised strategies to guide staff in promoting consumers’ well-being.

Consumers described how they participated in activities of interest, including outside the service, and maintained relationships with people important to them. Staff reported the ways they supported consumers’ interests, social and personal relationships, and community connections, which aligned with information in care planning documentation. The Assessment Team observed a group activity where staff were engaging with and encouraging consumers to attend and participate.

Consumers advised information about their daily living needs is effectively shared at the service. Staff explained how information about consumer conditions, needs, and preferences were shared relating to services and supports, for example, how consumers’ dietary changes were communicated with kitchen staff. Information about individual consumer’s food preferences and dietary requirements aligning with care planning documentation was observed to be available in the kitchen area.

Staff described how they engage external services to provide specific support to consumers, for example by referring consumers to a volunteer visitors scheme, with the consumer’s consent. Care planning documentation evidenced referrals were completed in a timely manner and included information about the consumer’s hobbies, personality, and preferences to assist in finding an appropriate volunteer to visit them.

Consumers expressed satisfaction with the meals provided, said their dietary needs are catered to and there is always a choice. The Assessment Team observed staff were respectfully including consumers in the dining experience, and meal choices included a vegetarian option for the main meal. Staff were knowledgeable about consumer’s dietary needs and preferences, and care planning documentation reflected these. Documentation demonstrated management are responsive to consumer feedback about the food and dining experience, such as purchasing hotboxes to ensure meals delivered to consumer’s rooms remained hot for their consumption.

Consumers said equipment to assist them with daily living needs was clean, safe, suitable, and well maintained. Staff said they inspect equipment for safety and described cleaning processes utilised. Equipment was observed to be clean, and documentation demonstrated maintenance was undertaken. Where a consumer requires specific equipment to support their daily living, management advised this is provided.

# Standard 5

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

Findings

This Quality Standard is assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming and easy to navigate, and consumers were supported to personalise their rooms. Sufficient signage and lighting were in place to support independent consumer movement throughout the service, with signage created in association with a specialist organisation to assist consumers living with dementia. Staff described how they ensured walkways were clutter free to facilitate consumer movement and were observed welcoming visitors to the service.

Consumers said they could move freely throughout the service, could leave independently, and were satisfied with the cleanliness, comfort, and maintenance of the service. The security code to operate the front door was clearly displayed and, whilst some consumers are assessed as subject to environmental restraint, staff described how they assist consumers to access outdoor courtyards at the service. Cleaning staff were observed cleaning communal areas and consumers rooms using daily and weekly schedules to guide their work.

Consumers and representatives were satisfied furniture, fittings, and equipment were clean and well maintained and said any required maintenance was attended to promptly. Staff demonstrated knowledge of maintenance request processes and schedules identified both preventative and reactive maintenance was up to date. Furniture within communal areas was observed to be safe, clean, and well-maintained.

# Standard 6

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

Findings

This Quality Standard is assessed as compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives advised they were supported to raise concerns or provide feedback and felt comfortable to do so. Management and staff described the different ways consumers were encouraged to provide feedback and complaints by speaking directly to staff, completing a feedback form and through consumer meetings or surveys. Feedback forms were observed to be available throughout the service and a locked feedback box was located at reception. The consumer and staff handbooks both provided information on the importance and management of feedback and complaints.

Consumers said they were aware of the complaints process and would only explore advocacy or other external processes if their complaint was not resolved by the service. Management and staff described how they would support consumers in accessing advocacy and interpreter services by, for example, using an electronic interpreting application. Information about advocates, language services, and other external complaints services was observed throughout the service environment with some displayed in languages other than English. The service has commenced implementing a consumer advisory committee, with the first meeting scheduled for January 2024.

Consumers said their complaints were responded to promptly, and staff apologised when things went wrong and worked to resolve the concern. Management and staff described how they responded to complaints, including use of an open disclosure process, which was consistent with the service’s feedback policy. Review of the feedback register, and other documentation, identified complaints were acknowledged, an apology provided, investigations completed, and action taken to resolve issues.

Consumers and representatives confirmed management implement changes resulting from feedback or complaints. Management gave an example of how they investigated a complaint, finding it affected several consumers, identified the source of the issue, took corrective action, and verified improvements with consumers. Review of the complaints register identifies concerns are recorded along with corrective actions taken in response.

# Standard 7

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

Findings

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers provided positive feedback about staffing levels at the service and advised they received the care and support they required in a timely way. Management described mechanisms used to monitor staffing such as call bell reports, clinical indicators, consumer and staff feedback and the strategies to manage staffing levels, including rostering surplus care staff hours to cater for unplanned leave. Staff confirmed management were responsive to their feedback when they required additional support and gave positive feedback about being able to provide the level of care consumers required. Review of rosters identified there were no unfilled shifts in the month prior to the site audit and review of call bell reports by management had led to changes being implemented with staffing hours to reduce average response times for consumers during handover.

Consumers considered their interactions with staff were kind, caring, gentle, and respectful of them and their individual identity. Management described how during recruitment processes they considered how potential staff would fit with the organisation’s values. Staff interactions with consumers were observed to be kind, caring and respectful and staff described the customer service training they had received to support those interactions.

Consumers and representatives reported confidence in the skill levels of staff providing care and services. The organisation’s human resource team oversees the monitoring of employees’ qualifications, police checks, and professional registration. The onboarding process includes a corporate induction program with information about the organisation’s expectations and processes. Documentation, such as position descriptions and a staff handbook, provided clear information to support staff in their roles.

Consumers stated they feel staff are adequately trained to perform their roles. Staff described how they are routinely engaged in development opportunities, through face to face and online learning modalities. New staff are provided with ‘buddy’ shifts from an experienced worker who liaises with management before new staff member are deemed competent to work alone. Review of records demonstrated staff training was up to date and included the Quality Standards, Serious Incident Reporting Scheme (SIRS), infection control, dementia support, and elder abuse.

Consumers and representatives reported feeling comfortable to provide feedback about staff performance. Management and staff described the formal and informal performance review processes in place and documentation confirmed these are completed as scheduled. Staff reported when they identified training or development needs, management were responsive in providing these and documentation confirmed this. Policies and procedures outline how the workforce performance is monitored and evaluated.

# Standard 8

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

Findings

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers reflected they were able to provide feedback about care and services and make suggestions about improvements. Management described how consumers were engaged in providing input such as through meetings and individual conversations. Meeting minutes and the feedback register identified feedback was collected and management ensured consumers were consulted on improvement actions. A consumer advisory committee was being established at the time of the Site Audit.

Consumers and representatives said they felt the service was run well and spoke highly of the organisation’s management team. Comprehensive reports, including clinical and quality indicators, are provided by management to the governing body and sub-committees who monitor performance, identify trends, and act when concerns are identified. The governing body membership has recently been expanded to provide specific skill sets on the Board to meet the organisation’s needs.

Management advised, and documentation demonstrated, that effective organisation wide governance systems were in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Governance systems were supported by policies, procedures, organisational reporting lines, and audit mechanisms.

The service had systems in place to monitor and mitigate high impact and high prevalence risks, including a weekly clinical meeting and a risk journal, overseen by the clinical governance team who share the information with and report to the organisation’s governing body. Policies, procedures, and mandatory training informed staff obligations to identify and respond to abuse and neglect of consumers and SIRS is discussed at consumer meetings. Staff have received training to enable them to support consumers who choose to take risk. Staff were aware of their obligation to report incidents and advised if unsure, they are encouraged to always submit a report. Management explained the electronic incident reporting system facilitated oversight by the governing body, has alerts to notify senior managers and prompts staff should a SIRS report be required.

The service had a clinical governance framework, reviewed by the Board second yearly, which gives a clear line of responsibility for the provision of clinical care. Policies and procedures, training, committees, and reporting requirements relating to clinical governance, such as antimicrobial stewardship, minimising the use of restraint, and application of open disclosure, support the clinical governance framework.

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)