Performance

Report

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| Name: | Mandurah Coast Care Community |
| Commission ID: | 7902 |
| Address: | 83 Boundary Road, MANDURAH, Western Australia, 6210 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
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| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 4907 Mandurah Coast Care Community |

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 Mandurah Coast Care Community (**the service**) has been prepared by Patricia Golledge, 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 staff, consumers, representatives, and others.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff respect their individual identity and treat them with dignity and respect. Staff demonstrated knowledge of the consumers’ life journey and cultural backgrounds. Care planning documentation and organisational values reflected a commitment to person-centred care, respect for diversity, and providing a meaningful life for consumers. Interactions between staff and consumers were observed to be dignified and respectful.

Staff could describe the backgrounds of consumers which aligned with their care and services plan. Consumers considered staff were aware of their cultural backgrounds, religious beliefs and delivered appropriate care, and supported celebration of customs and traditions. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ cultural background, religious beliefs, and preferences.

Consumers said they were supported to maintain friendships and receive care according to their choices and preferences. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with. The service has policies and procedures which provide guidance to staff around consumer choice and independence which outlines strategies for fostering choice and independence for consumers.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Consumers said information was provided in a timely and easy to understand manner which helped to make decisions about care and services including lifestyle calendars, menus, newsletters, and information shared at consumer meetings. Staff described the different ways and/or formats in which information is provided to consumers including communication techniques employed for consumers with vision and hearing impairments. Care planning documentation incorporated a sensory assessment and outlined the specific support needed for consumers with vision or hearing impairment to guide staff in facilitating decision-making for consumers. Information was observed to be available to consumers including lifestyle calendars and menus.

Consumers reported their personal privacy was respected by staff. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained. Policies and procedures were in place to support consumer privacy and confidentiality of personal information. Staff were observed knocking, closing consumers doors and curtains when attending to personal care, and discussed consumers personal information in closed staff rooms.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers reported their satisfaction with the assessment and planning processes. Staff interviewed were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Clinical assessment tools were available on the electronic care management system (ECMS) and the service had clinical guidelines for staff to access and utilise in assessment and care planning processes. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to pain and falls.

Consumers described what was important to them in terms of how their care is delivered and confirmed end-of-life discussions occurred. Staff described how the service ensures that assessment and planning reflect each consumer’s current preferences and how they approach conversations around end-of-life care planning. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate.

Consumers, representatives, and staff said, and documentation evidenced, that assessment and planning were completed in partnership with consumers, representatives, and others. Staff explained that care and service plans were developed in consultation with consumers and their nominated representatives and other health professionals. Care planning documentation reflected that organisations, individuals, and providers of other care and services were involved in the care of the consumer.

Review of care planning documents and progress notes identified assessment and planning was communicated to consumers and representatives and a copy of consumers care and services plan was available to consumers and their representatives. Consumers were satisfied outcomes of assessment and planning are communicated to them and were aware a copy of their care and services plan is available. Staff described how consumers and representatives are involved in the assessment and care planning process through a range of ways including case conferences and during regular review processes and a copy of consumers care and services plan was available in consumers rooms.

Representatives said they are satisfied changes to care are made following any concerns or incidents. Staff advised care and services are reviewed regularly for effectiveness, including via the monthly resident of the day process, the service’s 4 monthly review policy, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur or when circumstances change.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to behaviour support, skin integrity, and pain management.

Consumers reported known risks to consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls, changed behaviours, and weight loss. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Consumers receiving palliative care said they were kept comfortable, and staff were supportive and caring. Staff described how the delivery of care and services changed for consumers nearing end-of-life, and documentation evidenced end-of-life care was delivered in a way to support consumers’ comfort. Palliative and end-of-life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Management said they were alerted to any changes in a consumer’s condition and ensure there is a timely response via daily reviews of progress notes, scheduled reviews of care plans, incident reports, clinical charting, and feedback about consumers’ conditions. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Consumers and representatives were satisfied consumers’ needs and preferences are accurately communicated between staff. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes, meetings, and documentation practices such as alerts on the ECMS. Care documentation including progress notes reflected information about consumers was documented and shared with others as appropriate.

Representatives considered referrals were completed in a timely and appropriate manner and consumers had access to relevant health professionals such as allied health staff and palliative care specialists. Management and clinical staff described other providers of care available to consumers, including but not limited to a range of health professionals and specialists. Documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives.

Consumers and representatives reported that staff at the service take precautions to minimise infection risks, including practicing hand hygiene and wearing personal protective equipment. The service implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management, and for the management of a COVID-19 outbreak. Staff received training in infection minimisation strategies, and the service had an appointed Infection Prevention and Control Lead. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Practices demonstrated that the service has planned and was prepared for a potential outbreak.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Staff said they consulted consumers and representatives during assessment and planning processes to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Needs, goals, and preferences were captured in care planning documentation.

Consumers reported their emotional well-being, religious and spiritual practices were supported. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support and spending one-to one time with consumers. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus trips, happy hour and supporting consumers to continue affiliations with community groups. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities.

Consumers said staff know their preferences including personal needs, activities they wish to engage in and dietary preferences. Staff explained the processes in place to communicate information about consumers within and outside the organisation, such as handover processes and information contained in consumers care and services plan. Staff demonstrated knowledge of consumers needs and preferences. Care planning documentation demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated to those involved in their care.

Staff described how they completed appropriate referrals for other individuals and other providers of care and services to support consumers’ current and emerging needs for example, volunteer services. Care planning documentation identified appropriate referrals to other organisations and services such as volunteer organisations.

Overall consumers and representatives expressed their satisfaction with the meals provided and their requests for alternative meals was accommodated. Feedback in relation to meals is provided by consumers to the service through direct and indirect feedback mechanisms including food focus meetings. The seasonal rotating menu had been developed by a Dietician with input from consumers. The dining room was observed to be peaceful with soft music playing, consumers interacting with one another, some consumers reading newspapers and table settings included place mats and condiments.

Consumers considered equipment used for lifestyle activities and their mobility equipment was safe, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers reflected they felt at home at the service and found the service environment easy to navigate. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms and described how they assisted consumers to move freely around the service. The service environment was observed to reflect dementia enabling principles of design such as clear wayfinding signage, light coloured walls, contrasting doors, ample lighting, and handrails to support consumer movement and interaction.

Consumers advised their rooms were regularly cleaned and were able to access indoor and outdoor areas. Staff described the processes in place to maintain the service environment. Documentation demonstrated preventative and reactive maintenance was up to date and the service environment was observed to be clean. Staff described the cleaning schedule and processes in place to maintain the safety and cleanliness of the service environment, such as cleaning high touch point areas, common areas, and consumer rooms.

Consumers said furniture and fittings and their mobility aids were clean, safe and well maintained. Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were aware of how to raise complaints and feel comfortable discussing them with staff. Staff described procedures for handling consumer feedback, and escalating concerns in line with the service’s feedback and complaint policy. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. Feedback forms, posters, and collection boxes were available to support consumers and others in providing feedback and complaints.

Representatives said they were aware of external bodies available to raise complaints. Brochures, newsletters, posters for external complaints, advocacy, and translation services were observed to be displayed throughout the service. Management described external complaints resolution pathways available for consumers and others, such as advocates and language services.

Consumers said they were satisfied how the service responds to concerns raised. Management and staff demonstrated their awareness of complaints management and open disclosure processes. Review of the service’s feedback and complaints register identified complaints were resolved in an appropriate and responsive manner and open disclosure was practiced.

Consumers reported improvements were made as a result of their feedback, for example, the purchase of hot boxes to keep consumer meals at an adequate temperature. Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Review of documentation such as consumer meeting minutes and the service’s Continuous Improvement Plan demonstrated activities were created to improve care and services.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers reported there were enough staff at the service to meet consumers’ needs, and staff responded promptly to consumers requests for assistance. Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and having contingencies to account for unplanned leave. The service has a Registered nurse on each shift providing 24 hour coverage, and staff said they had enough time to complete their duties. Call bell response times are monitored, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

Consumers advised staff interacted in a kind and caring manner and respected their cultural background, needs and preferences. Management has established a set of documented policies and procedures to guide staff practice. These policies cover areas such as assessment and care planning, dignity and respect, diversity, and privacy. This framework provides clear guidelines for staff to support consumers' identity, culture, and diversity. Staff were observed interacting with consumers in a kind, and respectful manner.

Representatives considered staff to be well skilled and competent. Position descriptions for staff were established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Management reported at the organisational level, current registration requirements, criminal history checks, and the Aged Care Banning Order Register are monitored. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Consumers reported staff were well trained and supportive and they were able to deliver care and services which meet their needs and preferences. The service provides training to staff to deliver the outcomes required within these standards. Staff considered they are appropriately trained, supported, and equipped to perform their roles and confirmed they can request additional training. Management described various training and development opportunities provided to staff including orientation and buddy shifts, face to face training access to online training modules. Mandatory training records evidenced training is provided on a range of topics with high completion rates and all training was recorded and monitored.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management described the various assessment, monitoring and review processes including a probationary period for each staff member of 6 months, annual appraisals, competency assessments, informal and formal reviews following incidents and daily walk arounds to observe staff practices.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers advised they had input in the development, delivery, and evaluation of care and services. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as consumer and representative meetings, food focus meetings, surveys and the recently formed consumer advisory committee.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care. Management said the governing body was involved, and accountable for the delivery of safe, quality care and services through monthly Board Meetings and various subcommittee meetings including a clinical governance committee.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. In relation to workforce governance management described the actions in place to ensure a regular and sustainable workforce for the service using various recruitment avenues such as general advertising, partnerships with local training organisations, sponsorship of overseas trainees and trained staff, supporting existing staff to upskill through paid study leave and scholarships.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, including review of the service’s incident register, internal audits and monthly quality indicator data reports are analysed and shared with clinical staff, the governing body and the clinical governance committee and used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, open disclosure, and all restrictive practices are documented in a register which is reported to the Board and overseen by the clinical governance committee. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restrictive practices and open disclosure was implemented within their daily tasks.

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)