**Performance**

**Report**

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| Name: | New England Community Care |
| Commission ID: | 200169 |
| Address: | Cnr Tribe Street and Manilla Road, TAMWORTH, New South Wales, 2340 |
| Activity type: | Quality Audit |
| Activity date: | 24 October 2023 to 25 October 2023 |
| Performance report date: | 11 January 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  
Service: 17738 St Andrew's Retirement Village CACP Service  
Service: 17829 UnitingCare Ageing New England - St Andrew's Retirement Village - EACHD  
Service: 17830 UnitingCare Ageing New England - St Andrew's Retirement Village EACH  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8359 UNITING (NSW.ACT)  
Service: 25089 UNITING (NSW.ACT) - Care Relationships and Carer Support  
Service: 25090 UNITING (NSW.ACT) - Community and Home Support

**This performance report**

This performance report for New England Community Care (**the service**) has been prepared by N Eastwood, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 12 December 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2**

* Requirement 2(3)(b) individualise and ensure completion of relevant assessment documentation to include details of assessed consumer needs, religion, lifestyle and activities of daily living considerations.

**Standard 7**

* Requirement 7(3)(e) complete and imbed an annual performance review process and reconciliation of contracted services against rosters.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed consumers are treated with dignity and respect with time take to listen to and understand personal preferences and experiences. A copy of the Charter of Aged Care Rights is provided to consumers and the service demonstrated how consumers are listened to and understood and can make complaints free from reprisal. The workforce demonstrated they have a good understanding of consumer backgrounds including what is important to them.

The organisation identified and is progressing toward additional training for workers in cultural sensitivity specifically designed to speak to Aboriginal & Torres Strait Islander issues. The Assessment team noted cultural sensitivity training was also included on the Plan for Continuous Improvement (PCI).

Consumers and representatives confirmed they receive information through their preferred method of communication. This was supported by consumer accounts reflecting the service has implemented methods of communication to accommodate sensory impairment and specific requests. The Assessment team observed the organisation’s ‘Neighbourhood Model’ describing a partnership approach to assessment and planning. There was evidence of consideration of risk and strategies implemented to support enablement and continued independence.

Consumers confirmed they are enabled to make choices related to the inclusions in their Home Care Package (HCP) and the supports in place when moving from different package arrangements. Support workers provided examples of how they maintain consumer privacy and their understanding that consumers receiving personal care may feel vulnerable.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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. | Not Compliant | Not 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 | 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 | 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 | Compliant |

Findings

The Assessment Team recommended that Requirement 2(3)(a) was non-compliant however with consideration to the available information and Approved Provider response I am satisfied that the service complies with the Requirement 2(3)(a). I am not satisfied that service complies with Requirement 2(3)(b) as outlined in the table above and as a result does not comply with this Standard.

Requirement 2(3)(a):

The Assessment Team noted that care planning documentation contained inconsistent information where alerts were identified. This was evident in a number of examples where consumers who experienced sensory impairments, mobility risks or changed behaviours care plans did not include complete information relevant to the entirety of consumer conditions. Management acknowledged the limitations of the care plans adding an action to the PCI as an area for improvement and advising that care planning and assessment training had been scheduled for completion.

The Approved Provider submitted a response to the Assessment Team report including a copy of the PCI. The response provides further context, additional supporting material and information related to updates to consumer care plans and training attended subsequent to the Assessment Teams attendance. The response further acknowledges the Assessment Teams observations and the services commitment to ensure care planning and assessments are completed accurately with relevant detail to inform consumer care requirements.

With consideration to the additional information and response I am reassured that the service has addressed the identified concerns and this requirement is compliant.

Requirement 2(3)(b):

Care plans were noted to be generic in nature with similarly documented goals recorded across consumers. Care plans did not consistently specify the details of assessed consumer needs, religion, lifestyle or activities of daily living considerations. My Health and Wellbeing profiles relied on to capture consumer stories were not completed for the majority of reviewed care documentation.

The Approved Provider response recognised the area for improvement related to this Requirement, noting the addition of actions to the PCI and ongoing review of consumer care plans and staff training.

I acknowledge the services actions and commitment to improvement. Given these actions are still in progress and the actions identified require additional time to sustain in practice I consider further time is required to ensure improvements are implemented and evaluated. As a result, this Requirement is non-compliant.

Compliance with remaining requirements:

Consumers and representatives interviewed confirmed that the service involved them in the assessment and planning process. Staff demonstrated the inclusion of other care providers relating to the care of consumers.

Management explained that after assessment, care plans were sent to consumers or representatives to sign and date. A copy of the care plan is added to a folder in consumer’s homes and staff are able to access care plans and progress notes through the electronic consumer management system. The service’s client intake, assessment and planning procedure indicated that reassessments were conducted every 12 months, as needs changed, after hospital admission and changes to services. The Assessment Team noted some care plans were overdue for review, following feedback from management added this as an action for improvement in the PCI.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers receiving personal care were satisfied with the care they received indicting staff were competent and knew what to do. Support workers described specific care needs and preferences of consumers. There was documented evidence of clinical review and attendance as well as consultation with consumers and representatives and inclusion of general practitioners.

There was evidence of adequate risk identification recorded on the electronic consumer management system. Meeting minutes of the service’s weekly risk meeting included discussion of high-risk consumers and incidents requiring further risk rating. Where risks were identified there was evidence of involvement of specialist services to assist with specific strategies and interventions for consumers.

The service demonstrated various resources available to the clinical team including a palliative care clinical nurse consultant and connections to the local hospitals. Staff described that when providing palliative care, they focused on providing comfort care and following clinical instructions. There was an advanced care planning policy and procedure to guide staff with discussing and documenting end of life preferences.

Staff described their actions in circumstances of consumer deterioration or changes to health, including contact with emergency services and escalating to neighbourhood coordinators. There was evidence that care plans were updated when needs changed and completion of incident reporting.

The Assessment Team reviewed consumer records which demonstrated regular communication with external service providers such as allied health, hospital staff, local dementia day centre and social work. Clinical assessments were completed promptly and accessible to staff to inform care delivery. There was evidence of referral processes utilisation of specialty Occupation Therapy skills and individual referral of consumers where required.

The service demonstrated that processes had been implemented to reduce infection related risk and the appropriate provision and use of Personal Protective Equipment (PPE) and related information.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team recommended that Requirement 4(3)(b) was non-compliant however with consideration to the available information and Approved Provider response I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 4(3)(b):

Information related to consumer individualised needs and wellbeing was not available to support incorporation in care planning documentation. The service demonstrated that staff could identify, provide, and access strategies to maintain consumer well-being however these aspects were not documented in consumer care plans. ‘My Health and wellbeing profiles’ relied upon to inform consumer religious and spiritual beliefs were incomplete for most consumers. There is a spiritual and pastoral support policy, however the service did not identify and consumers who had been offered support.

The Approved Provider submitted a response to the Assessment Team report including a copy of the PCI. The response provides additional information and evidence of proposed and completed actions which address the lack of individualised information contained in care planning documentation.

I note the response which requests specific consideration to this requirement asserting that there is adequate identification of risk within the service. As indicated in Requirement 2(3)(b) the incomplete records and lack of detail surrounding consumer individualised needs and wellbeing informed the Assessment Teams recommendations. I am reassured by the services PCI that there are actions to ensure assessments include adequate detail to reflect the intention of this requirement and consumer stories are considered and included to support emotional, spiritual and psychological care.

Compliance with remaining requirements:

Management explained that the service undertakes a number of measures to ensure goals and preferences are identified, and that consumer independence and quality of life is maintained. This was confirmed by consumer accounts reflecting changes to care needs were considered and adjusted as required to enable continued independence.

A review of care plans demonstrated that the service assists consumers to participate in the community. There was evidence of assisted outings and facilitation of respite arrangements. The Assessment Team noted transition to a neighbourhood model of care in CHSP and HCP client intake, assessment, and planning procedures.

Where care was shared there was evidence of information sharing between the service and external providers. Consumer information is accessible through the mobile telephone application and additional communication is shared through care plan updates, consumer profiles, telephone contact, progress notes and email distribution. Timely referrals were evident for a variety of external services including allied health and palliative care, dementia support units, discharge planning and meal services.

The service does not provide equipment to consumers, however where equipment has been identified as a result of an assessment by an occupational therapist, the service will purchase for consumers from an authorised external provider.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Not Assessed | Not Assessed |
| 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. | Not Assessed | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed | Not Assessed |

Findings

This Quality Standard for the Home Care Package service was not assessed as all the specific requirements have been assessed as not applicable.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they feel safe to give feedback and make complaints. Most consumers confirmed they were engaged in the feedback process with appropriate action taken. Workforce orientation and training records demonstrated how the workforce is supported to handle feedback and complaints. There was evidence of training provided to staff through annual mandatory training requirements and management demonstrated a knowledge of local advocacy services in the region to assist consumers with communication and vulnerability barriers.

The Assessment Team noted most consumers were satisfied with outcomes following the submission of complaints. Where there was dissatisfaction, the service demonstrated multiple strategies to attempt to facilitate requests and ensure a mutually agreeable outcome was met. Management identified trends in complaints data related to how the service communicated changes to rosters and response times to consumer enquiries, they advised and the Assessment team reviewed an action plan to address the concerns raised.

All feedback and complaints were discussed at weekly risk and governance meetings and discussions include identifying complaint trends in all regions and trends in other regions can and have resulted in implementing improvements in the New England region also. Monthly consumer surveys have recently been implemented with results from discussed at weekly risk and governance meetings.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 7(3)(e) and as a result does not comply with Standard 7.

Requirement 7(3)(e):

The service demonstrated the processes undertaken when staff performance concerns were raised. Issues are discussed with consumers and representatives, the staff member involved, and the organisation’s human resources department. The Assessment Team noted no formal performance review process in place, although there was evidence of regular monitoring staff monitoring. The Assessment Team also noted the service was unable to determine where contracted services had been rostered whether these had taken place.

The Approved Provider submitted a response including a copy of the PCI with proposed and completed actions. The response included supporting evidence reflecting progress toward completion of ‘Continuous Conversations’ consistent with annual performance review requirements.

I acknowledge the services proactive approach and actions commenced immediately following the attendance of the Assessment Team. I encourage the service to continue with the proposed actions to be able to demonstrate completion of the outstanding performance reviews within the specified timeframes and continue to reconcile and monitor contracted service provision to consumers. I consider additional time is required to ensure the completion of these actions and evaluation of systems to monitor provision of contracted services.

Compliance with remaining requirements:

Consumers indicated that while staff have enough time to undertake supports and services, staff were often late as there wasn’t enough time allocated to travel. Management acknowledged that when staff were specifically requested by consumers, they may live or be working some distance away, and travel time could be compromised. The service has introduced new electronic scheduling systems to attempt to address this concern. Information on consumer needs were discussed with the scheduling team with tasks, services and staff skill levels recorded.

Consumers and representatives confirmed the service and staff are caring and respectful. Management reported that it was essential that the right mix of staff are rostered to undertake services and were able to provide examples where preferred staff were rostered to consumers.

Management explained that support workers are not required to have formal qualifications to commence with the service. Support Workers without any qualifications are not rostered to consumers where personal care is required until they have obtained a qualification. Staff confirmed that where information has changed or a new consumer requires supports or services, they receive information from care plans, notes on consume electronic files at commencement of the service, or through phone calls.

The Assessment Team reviewed position descriptions for support workers, neighbourhood coordinators and registered nurses. There was evidence of ongoing mandatory training and where specific tasks are involved in consumer care staff were provided additional internal training.

Contracted and brokered staff from agencies, must sign a service agreement. This stipulates that all insurances are maintained, qualifications are current, staff are monitored, and where supports have not been delivered or changes to the scheduled time are made, the service is contacted.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Monthly surveys of all HCP and CHSP consumers to gauge consumer satisfaction and monitor satisfaction with the service are conducted. Improvements have been identified as a result of the surveys resulting in access to a family portal under the neighbourhood model.

The service forms part of the Uniting organisation based in Sydney. There is a national Board that ensures accountability across all Uniting services. The Board is responsible for reviewing identified high risks, incidents, and complaints. The organisation has a hierarchy of communication from the service to the Board. Information presented at either the local Leadership Team meetings; Risk meetings; or monthly leadership meetings; is reported to the service’s Governance, Quality and Risk meeting.

There is a centralised document management system accessible to the service and staff, with information able to be entered through the mobile telephone application. Incidents are recorded electronically on a risk management system, enabling trends to be identified and added to the risk matrix to assess severity.

The service uses information gathered by surveying consumers, discussions with staff, and analysing trends from complaints, feedback, and incidents to identify areas for continuous improvement. The organisation emphasises to the services, that a continuous improvement plan is a vital means in preventing future issues from arising, and in enhancing quality.

There are effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. Where legislative changes are identified, they are updated centrally in policies and procedure with information provided to the service.

All staff are provided with a job description listing the role, expectations of the role, key accountabilities, reporting channels, key capabilities, qualifications and experience required. Feedback and complaints are discussed at the governance, quality, and risk committee meeting, including identified trends and escalation of risk.

Incidents and accidents are graded by severity on a risk matrix ranging from low risk to extreme. Incidents are entered into a centralised management system, and Board members are immediately notified of extreme risk rated incidents. Each region has a risk meeting where information is shared, and advice and feedback are provided if escalation is needed.

There is a clinical governance framework in place with clinical policies and procedures reviewed by the organisation to ensure compliance and ongoing continuous improvement. The organisation has Clinical Governance in Ageing committee which feeds directly to the Board. There is antimicrobial stewardship training and evidence of management according to the infection prevention and control policy and procedure. Information is provided during induction related to identifying and minimising the use of restraints and there was evidence of open disclosure through the feedback and complaints process.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)