**Performance**

**Report**

**1800 951 822**

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| Name: | Regal Health Home Services |
| Commission ID: | 201501 |
| Address: | Level 19 St Martins Tower, Sydney, New South Wales, 2000 |
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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: 9823 Regal Health Pty Limited  
Service: 28194 Regal Health Pty Ltd

**This performance report**

This performance report for Regal Health Home Services (**the service**) has been prepared by Dean Saunders, 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

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

Findings

Consumers/representatives interviewed said staff treat consumers with dignity and respect and support their cultural diversity by ensuring their care needs are met and respectfully interacting with consumers. Staff demonstrated knowledge of consumers’ cultural backgrounds and management described how they ensure interactions with consumers and staff remain respectful through monthly consumer surveys and feedback from consumers and representatives.

Consumers/representatives confirmed that staff understand their needs and preferences and feel safe and respected when services are being delivered. The service has policies that provide staff with information about the service’s expectations and how it appreciates and respects the unique cultural background of its consumers.

Consumers/representatives say they are supported to make their own decisions about the services the consumer receives. Management and staff evidenced knowledge, awareness, and understanding of consumers’ choices and preferences and described how each consumer is supported to make informed decisions about the care and services they receive.

Consumers/representatives provided examples of risks consumers take to live the life they choose, and feel they would be supported by the service to take any potential risks. The service has a variety of processes to determine potential risks to consumers and strategies to help mitigate these risks, where required. Vulnerability assessments are conducted on all consumers upon commencement with the service and are updated as required. The assessment identifies risk factors including whether consumers live alone, live in rural or remote locations, are socially isolated, have a cognitive impairment, limited mobility, or are highly dependent. Where risk factors are identified, strategies are implemented to mitigate these risks and support consumers.

Consumers/representatives confirmed that the information they receive is current, accurate, and timely. Consumers said they can make choices about their care and services and are actively involved in discussions with the service. The workforce described strategies used to help communicate with consumers who may experience communication barriers. Management described how the service ensures consumers understand information related to their care and services. All sampled consumers/representatives said the service provides them with information relating to their care and services in a timely manner. Consumers/ representatives said they receive their statements monthly and they are easy to understand.

Consumers/representatives said consumers’ privacy is respected and confidentiality of consumers’ personal information is maintained. Staff described various ways they ensure a consumer’s privacy and confidentiality are upheld. Staff said they respect consumers’ privacy during personal care and by not discussing their personal information with other consumers or family and respecting what the consumer tells staff. A review of service documentation and consumer care documents reflected the service’s policy in the way consumers are consulted with and consent is sought for how a consumer’s personal information is collected and used.

For these reasons I find this standard compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

Assessment and planning for consumers are completed by management and staff who are registered nurses (RN). The RN maintains oversight of assessment and planning in consultation with relevant staff when consumers enter the service and when changes occur. A review of documentation demonstrates that assessments consider specific risks impacting individuals, such as falls, wounds and complex care needs. Care planning documentation provides sufficient detail to guide staff on how to deliver care and services that are safe. Consumers/representatives confirm being involved in the assessment process.

Consumers/representatives report the care and services consumers receive to meet their needs, goals, and preferences. Advance care planning and end of life planning is discussed with consumers/representatives when they commence with the service. Where consumers have documented their end of life wishes and/or appointed an enduring power of attorney, this information is included in care planning documents. Care and service plans describe the care and services the consumer has requested in sufficient detail to inform staff practice.

Consumers/representatives confirmed they are involved in the planning and review of the services consumers receive. Staff explained how care and service provision are flexible to enable consumers to attend appointments or do things of interest to them. Staff described how they work with the consumer and other organisations to meet the needs of the consumer. Documentation reviewed included input from consumers/representatives in the planning of services.

The service documents the outcomes of assessment and planning in an electronic care planning system and hard copy files are kept in the consumer’s home. Consumers/representatives confirmed consumers receive a care and services plan and a roster of the services scheduled. Consumers/representatives report the frequency of planned care and services are explained to them on commencement and when changes occur. Support workers confirm they have access to the care and services plans via a mobile phone application.

Consumers/representatives said management regularly communicates with them and implements changes to meet the consumer’s current needs. Management reported consumer files are reviewed 6 and 12 monthly or more frequently when changes occur. Care and support plans are individualised and contain sufficient information to guide staff. Support workers described care and services consistent with consumers’ needs, goals and preferences. A review of care planning documentation confirmed care plans are reviewed regularly by a RN.

For these reasons I find this standard compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

The service demonstrates that consumers requiring clinical care receive care that is safe and effective and meets their assessed needs. Consumers/representatives report the care consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Consumers’ needs, goals and preferences are described in sufficient detail to guide staff in the delivery of care and services. Support workers demonstrated knowledge of individual consumer’s needs, goals and preferences and described how care is tailored to the consumer’s needs. Care planning documentation is consistent with information provided by consumers/representatives.

Risk assessments are undertaken to identify consumers with high-impact and high-prevalence risks, such as falls, wound management, skin integrity and catheter management. Comprehensive falls risk assessments are completed by the RN who refers the consumer to appropriate allied health services as required. Management confirmed a falls risk assessment is completed following an incident. Strategies to minimise risks are documented in the consumer’s care planning documentation. Management advised support workers have received training on how to report an incident. Support workers confirmed they refer to information provided on a mobile phone application or contact the care coordinator if they require support to manage consumers’ risks. Support workers described strategies to minimise the impact of identified risks for consumers.

The service documents consumers’ needs, goals and preferences in relation to end of life care. The service coordinates palliative care services to visit the consumer at home or in hospital to provide care and support. Consumers/representatives report they discuss advance care planning and end of life wishes on entry to the service. The service has established relationships with hospitals, palliative care teams and allied health services to support consumers’ needs and end of life wishes.

The service demonstrates that deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner. Management advised they provide consistent staffing and support workers who have received training on how to identify deterioration or change in a consumer. Consumers/representatives confirmed that the service provides consistent support workers. Staff provided examples of change or deterioration in a consumer’s condition and what actions they took, including escalating their concerns to the care coordinator. A review of consumer care planning documentation confirmed the service responds in a timely manner when deterioration in a consumer’s capacity is identified.

Consumers/representatives are satisfied with the quality of care and services provided. A hard copy of the care and service plan is available in the consumer’s home. Support workers confirmed they receive information in relation to the consumer’s condition, needs and preferences via a mobile phone application. Consumers/representatives report staff know the consumer’s needs and they generally have the same support worker or brokered service providing care and services. A review of documentation demonstrates care and service plans provide adequate information to support the delivery of safe and effective care.

Consumers/representatives are satisfied with referrals to other organisations, including allied health services that provide podiatry, physiotherapy and occupational therapy. Management confirmed that where a need is identified, the service refers consumers to other organisations to provide care and services that address the consumers’ assessed needs. Where input from other organisations and providers of care is sought, their recommendations are incorporated into consumers’ care planning documentation. A review of care planning documentation confirms referrals are undertaken following consultation with consumers/representatives.

Management and support workers understand practical ways to minimise the transmission of infections including the risks associated with influenza and COVID-19. Support workers report they have received infection control training and have access to sufficient supplies of personal protective equipment (PPE). Although the service does not have a policy specific to the use of antibiotics, the RN monitors the use of consumer medications including antibiotics. The service has policies relevant to outbreak management and maintains records of staff vaccination status. Consumers/representatives confirm that support workers follow standard infection control protocols, including handwashing and the appropriate use of PPE as required.

For these reasons I find this standard compliant.

# Standard 4

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

Findings

Consumers/representatives reported consumers are satisfied with the services and supports consumers receive to help them maintain their quality of life and independence. Support workers said social and community activities are tailored to support the individual consumer. Services and supports for daily living are documented in consumer care planning documentation. Consumers/representatives said the service is flexible and accommodates consumers’ needs and preferences where possible.

Consumers/representatives reported the services provide a sense of purpose for consumers. Consumers/representatives said the workforce provide emotional support by listening to the consumer and designing activities to meet consumer needs. Staff demonstrate an understanding of what is important to the consumer and how the delivery of a flexible service promotes the well-being of the consumer.

Consumers/representatives confirmed the organisation is flexible in the delivery of their services, enabling them to maintain their social networks and do the things that are important to them. Management and support workers provided examples of how service delivery is adjusted when situations change, to ensure goals and preferences are still being met. A review of consumer care planning documentation confirms consumers have input to the services they receive.

Consumers/representatives said consumers are satisfied that information about their needs and preferences is shared within the service and with others involved in their care. Support workers described how the service keeps them informed of consumers’ needs, preferences and any changes to the consumer’s condition. Management provided examples of how information is shared within the organisation, including risk alerts on the support workers’ mobile phone application and in the electronic care planning system.

Consumers/representatives are aware they can access additional home supports from other organisations through their HCP. Management maintains contact details for organisations that may be useful for consumers. Recommendations are made by the service as required and consumers have the choice to receive HCP services through brokered service providers.

Consumers/representatives provided positive feedback about the choices consumers have in relation to meal services. Some consumers receive support with preparing meals in their home and others engage the services of pre-prepared meal providers through their HCP.

Where equipment has been sourced for consumers to use in their homes, consumers/representatives report that the equipment is suitable and meets the consumers’ needs. Management advised the service assists consumers to source the necessary equipment which is funded through their HCP. Staff confirmed they have received training on how to use equipment in consumers’ homes. Consumers/representatives are satisfied the equipment provided has made a positive difference to the consumers’ quality of life.

# Standard 6

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

Findings

The service demonstrated that consumers/representatives are encouraged and supported to make complaints and provide feedback. Consumers sampled said they could make complaints and provide feedback and said they would have no concerns talking with staff or management if they wanted to make a complaint. Management advised, and a review of the consumer service agreements confirmed, that consumers/representatives are encouraged to provide feedback and are informed of the various methods in which they can do so. Management also advised they seek additional feedback from consumers/representatives during care plan reviews, through regular check-ins with consumers, and monthly consumer surveys.

Consumers/representatives are made aware of other methods for raising and resolving complaints. Whilst consumers/representatives were aware of the advocacy and interpreting services available, all consumers said they were happy to manage their complaints with the service directly and that they felt safe and comfortable raising their concerns with staff and management. Management described the information around advocacy services available to consumers at the service and information and brochures available in the information pack. The documentation reviewed identified the service is actively promoting advocacy services with the information easily accessible to consumers and representatives.

Consumers/representatives interviewed advised staff and management are responsive when they raise concerns. Staff and management demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process. The service has policies and procedures in place to guide staff in responding to complaints as part of their onboarding process which references open disclosure. Management and staff were able to describe the process for reporting, escalating, investigating, and addressing feedback and complaints from consumers/representatives, including the use of an open disclosure process, where required.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers/representatives who provided feedback to the service said that the service made efforts, or have been able to make changes, to improve care and services after receiving feedback. The service demonstrated that feedback provided by consumers is effectively monitored and actioned where appropriate. Management report to the board and discuss feedback and complaint trends.

I find this standard compliant.

# Standard 7

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| Human resources | | HCP |
| 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

The service demonstrated the workforce is planned to enable the delivery of safe and quality care and services. Consumers said staffing is consistent and Management notifies consumers and or their representatives of any changes to their scheduled care and services. Management has contingency plans in place to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences. Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences. Staff said they work as a team for each consumer to ensure consistency of staff for each consumer. Staff said they never feel rushed or feel that they need to rush a consumer and have more than enough time to undertake their allocated tasks and responsibilities.

Consumers/representatives said staff are kind and caring and are respectful to consumers. Staff were able to describe consumers’ backgrounds, culture, and identity and those important to the consumer. Management demonstrated ways they monitor staff interactions with this requirement.

The service demonstrated the workforce is competent, and members of the workforce have the qualifications to perform their roles effectively. Staff said they have the necessary skills to perform their role and are supported by management. Consumers/representatives said that staff are well trained and meet the needs of consumers in a friendly and helpful manner. Management was able to demonstrate how they ensure staff have the relevant qualifications and knowledge to complete their roles. Management advised when staff are onboarded, they check relevant qualifications and registrations where required, and these are kept and reviewed regularly. Competency checks regularly occur with management.

The service was able to demonstrate it has processes for the recruitment, induction, and onboarding of staff. The service provides online and face-to-face education for staff, including education about key elements of the Quality Standards, and Serious Incident Response Scheme (SIRS). Staff documentation is kept on the electronic management system, with management regularly reviewing and monitoring staff training. Management advised in addition to face-to-face competency-based training, staff are assigned a number of modules through their electronic learning management system, depending on their position and the requirements of their role and review of documentation confirmed, compliance with completion of mandatory training modules is monitored monthly.

Management and staff demonstrated systems are in place to regularly assess, monitor and review staff performance. Staff confirmed how they are regularly engaged in their professional development including opportunities to request specific training relevant to their role.

I find this standard compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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

Consumers/representatives said they are confident in the way the service is run and their engagement in the development, delivery, and evaluation of care and services. Management described how consumers are supported to be engaged in the development, delivery, and evaluation of care and services through consumer feedback, monthly surveys, and regular contact with management.

The service was able to demonstrate its governing body promotes a culture of safe, inclusive, and quality care and services. The Assessment Team interviewed management, who provided examples of how the governing body monitors the service is compliant with the Quality Standards, and how the governing body ensures it is accountable for the delivery of quality care and services across the organisation.

The service demonstrated appropriate and effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, and regulatory compliance.

The service has a robust privacy policy that ensures consumers are made aware of how their information is collected, stored, and used. Management described ways the service provides consumers information in a way they can understand. Consumers receive appropriate information about proposed services offered, including the figure of funding received and the co-payment required by the consumer (where applicable). Information is communicated in a way that enables consumers to exercise choice regarding their care and services.

All incident reports, feedback, complaints, and other risks are identified through the service’s incident and feedback reporting procedures. Incidents and feedback are then reviewed by management, who take steps to escalate or monitor their management. Feedback and risks are reported to management and fed through to the governing body, from which continuous improvement opportunities can be identified. The service has a CIP that determines the overarching direction of the service and tracks progress against time frames.

The service demonstrated it has effective governance systems related to financial governance, including transparent reporting procedures and structures for the managing director to consider.

To test understanding and application, management was asked how they seek changes to budget or expenditure to support the changing needs of consumers. Management advised the organisation’s senior executive team to prepare and finalise the yearly budget and forecasting which includes workforce review and consideration of capital planning and purchase as well as capability development and quality improvement investments.

The service demonstrated effective governance systems related to workforce governance, including the clear delineation of roles and responsibilities. Management and employees are provided with adequate information to ensure they have a clear understanding of their roles, responsibilities, and accountabilities. Management stated support of the workforce is ongoing, with informal discussions being held at varying intervals depending on the experience of each staff member. Those who require additional support and assistance will attend more regular informal meetings with their manager to discuss feedback, growth, and training opportunities.

Management stated regulatory changes are received and managed by management, who then disseminate them to appropriate parties throughout the service. The service has updated its policies and procedures to reflect regulatory changes, including the introduction of the SIRS to home care services.

The service demonstrated effective governance systems related to complaints and feedback, including using feedback to actively look for ways the service can improve. All feedback received is managed by management, who can escalate or monitor the complaint depending on severity. The Assessment Team found that feedback is used to improve care and services. The managing director is kept informed of all feedback provided to ensure oversight of the quality of care and services is maintained.

The service was able to provide frameworks and policies to manage risk and respond to incidents at the service. The service was able to demonstrate the management of high impact or high prevalence risks and the identification of abuse and neglect of consumers. Staff and management were able to provide examples of these risks and how they are managed within the service.

Management provided the service’s policies in relation to open disclosure, and restrictive practice and evidenced their inclusion within staff orientation and mandatory education. Management and staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint, and open disclosure were implemented on a day-to-day basis.

I find this standard compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)