Performance

Report

**1800 951 822**

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| Name of service: | Regis Macleod |
| Service address: | 118 Somers Avenue MACLEOD VIC 3085 |
| Commission ID: | 4077 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 12 April 2023 to 14 April 2023 |
| Performance report date: | 26 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Regis Macleod (**the service**) has been prepared by G.Hope‑Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 11 May 2023.
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Non-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.

* Requirement 8(3)(c) – The Approved Provider ensures all legislated requirements for the use of environmental restrictive practices are complied with and evidence of this is documented.

# 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

Consumers said staff treated them with dignity and respect, and that staff valued their identity, culture, and diversity. Staff knew how to tailor care to consumers’ individual backgrounds and identities, and they were observed to treat consumers with dignity and respect. The service provided consumers with a ‘consumer handbook’ on admission, which contained details about consumer rights, freedom of choice, dignity of risk, and their right to have a home-like environment.

Consumers said the service provided culturally safe care and that staff valued their culture and diversity. Care planning documents contained information about consumers’ cultural needs and preferences, including who was important to them, information about their life journey, cultural backgrounds, and their spiritual and personal preferences. Care plans contained evidence showing that staff updated consumers’ preferences over time.

Consumers said they felt supported to make choices regarding their care, including how they receive it and who was involved in it. Care planning documents included nominated contact information for the consumer’s representative, Enduring Power of Attorney (EPOA), family and friends, and their preferred contact method. The service’s policies, procedures, and training records reinforced consumers’ rights to choose how they lived their lives.

Consumers said the service supported them to take risks and live the best life they could. Staff knew which consumers took risks and supported them to do so by conducting assessments for them, conveying the benefits and possible harms in taking risks, and accompanying them at appropriate times, such as if a consumer went outside to smoke. Care planning documents contained information about consumers’ risks, as well as strategies to mitigate them and ensure consumer safety.

Consumers said staff gave them up-to-date information about activities, meals, COVID-19, and events at the service. Staff communicated with consumers and their representatives by email, phone, during meetings, and through hard copy information available throughout the service. The service had access to translation supports, to assist it to communicate with consumers as required.

Consumers said staff respected their privacy, and they were confident staff kept their personal information confidential. Staff maintained consumers’ privacy by keeping computers locked and password-protected, knocking on bedroom doors and waiting before entering, and closing doors when providing care. During the Site Audit, all nurses’ stations were secured with keypad locks, and only staff had access to them.

# 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

Consumers said the service involved them in developing their care plans and that the service delivered care tailored to their needs, preferences, and goals. The service has a range of clinical policies and procedures stored on its intranet, including policies on how to complete clinical documentation. Staff knew the service’s assessment and care planning process, including their obligations to consider risks for individual consumers. Assessment related to use of environmental restrictive practices were not identified, however this deficit is considered in Standard 8 where it is most relevant.

Consumers said staff regularly consulted with them as part of the assessment and care planning process, and that the process addressed their current needs, preferences, and goals, including for end-of-life care. Staff knew consumers’ needs and preferences, and their information aligned with that contained within care documents. The service had advance care plans for multiple consumers and these had been tailored to individual consumer’s preferences.

Consumers said the service partnered with them to deliver their care, and that it involved a range of practitioners including internal staff and external allied health and specialist providers. Care documents contained evidence showing the service had involved various allied health professionals in consumers’ care. During the Site Audit, allied health personnel and medical officers administered care records and attended to consumers.

Consumers said the service offered them a copy of their care plans, and as part of its regular care review process. They said the service regularly communicated with them about their assessments and care plans, including in relation to changes to their care, referrals to external providers, and to seek consumers’ decisions about aspects of their care. Staff knew how to access consumers’ care plans on consumers’ behalf, should the consumer request to do so.

Consumers said the service regularly reviews their care, and that staff requested feedback regarding suggested care and service changes during the review process. Staff knew the service’s processes for reviewing consumers’ care plans, which included reviews every 3 months, and reviews in response to incidents or deterioration. Care documents showed evidence of regular reviews, including evidence of communication between staff about additional reviews as clinically indicated.

# 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

Consumers said the service’s care met their needs and preferences, that it was safe, and that it enabled them to live their best lives. Staff knew individual consumers’ needs and their information aligned with the information in consumers’ care plans. The service has policies and procedures to guide staff in delivering best practice care that optimised consumers’ well-being.

Consumers said the service managed high impact, and high prevalence risks effectively. Staff knew which consumers had high impact, high prevalence risks and they knew the relevant mitigation strategies to support these consumers. Care documents contained information about high impact, high prevalence risks, related to key domains such as behaviour, pain, medication, weight loss management, pressure injuries and falls prevention.

Consumers said the service had discussed various aspects of their care with them, including their needs, goals, and preferences, and end-of-life wishes. Care documents showed a range of information pertaining to the service’s palliative care protocols, including that staff responded to consumers’ care needs promptly, that the service involved consumers and their representatives in palliative care planning, that staff controlled palliative care symptoms well, and that the service had engaged external palliative care providers. The service has policies and procedures to guide staff through delivering care during consumer deterioration, and through the palliative care phase.

Consumers said the service identified and responded to changes or deterioration in their health promptly. Staff knew how to respond to changes or deteriorations in a consumers’ health, including how to document such changes and escalate them for appropriate clinical oversight. The service had registered nurses on site 24 hours a day, and staff had access to an out-of-hours senior clinical team member and locum medical officer. The service had policies and procedures to guide staff in responding to consumer deterioration.

Consumers said staff understood their care needs, goals and preferences. Clinical handover sheets and other care documents showed staff relayed up-to-date information to each other about consumers’ health status and care changes. During the Site Audit, staff communicated about consumers’ conditions during handovers, which included notifying each other of changes and which consumers should be monitored on the next shift.

Consumers said they could access the service’s medical officer and that staff collaborated with the consumer, the medical officer, and with external practitioners when making care referrals. Care files showed evidence of referrals to a range of external providers including physiotherapists, dietitians, nurse practitioners, palliative care specialists, and geriatricians. Staff knew the service’s referrals process.

The service had policies and processes to ensure staff minimised infection-related risks, including policies on antimicrobial stewardship, COVID-19, and outbreak management. Consumers said they were happy with how the service managed COVID-19 and other outbreaks. Staff had been trained on infection prevention, including training in donning and doffing personal protective equipment, COVID-19 management, and other infection prevention practices.

# 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

Consumers said the service supported them to do things of interest to them, including activities that optimised their health, wellbeing and quality of life. Staff engaged consumers about the service’s activities schedule through various channels, including through feedback forms, resident and relatives’ meetings, direct face to face contact, and other means. Care planning documents showed that staff accurately identified consumers’ needs and preferences.

Consumers said they felt supported to maintain important social, emotional, and spiritual connections. Staff knew the consumers they cared for well and if a consumer experienced a change of mood, they were able to provide necessary emotional support. Care plans contained information about consumers’ spiritual preferences.

Consumers said the service supported them to engage in various activities related to daily living, including activities within and outside the service, and activities tied to maintaining their relationships. The service had a wide variety of daily living supports available for consumers, and staff adapted supports to consumers’ specific needs. Care planning documents contained information about the people important to the relevant consumer, and information about the consumer’s interests and preferred activities.

Consumers said staff communicated information about their care effectively, both among themselves and with the consumer and their representatives They said staff understood their care needs. Staff engaged consumers’ representatives about any changes that emerged over the course of the consumers’ care. Care planning documents contained accurate information about consumers’ conditions, needs and preferences.

Care planning documents evidence that staff made timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers said staff made referrals promptly, and that they could access other providers as needed. Staff knew the service’s referrals process and they knew the providers that made up the service’s external network, enabling them to make quick referrals to appropriate specialists.

Consumers said they were satisfied with the service’s food, including the variety, quantity and quality. Care documents contained evidence to show staff had captured consumers’ dietary requirements and preferences, and that the service prepared food accordingly. The service adjusted its menu based on consumer feedback submitted through resident and relative meetings, informal discussions, feedback forms, and the service’s dining experience surveys.

Consumers said the service’s equipment was safe, suitable, clean, and well maintained. During the Site Audit, the service’s equipment was safe, suitable, clean, and well-maintained. The service had preventative and reactive maintenance processes, and its maintenance logs showed it had addressed all maintenance action items.

# 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

Consumers said the service environment was welcoming and that they felt at home in the service. During the Site Audit, consumers moved independently between their rooms, the lounge and dining areas, and the service’s activities spaces. Staff endeavoured to help consumers feel at home by facilitating visits from family, helping them decorate their rooms with personal belongings, and supporting them to engage in activities they enjoy.

Consumers said the service environment was clean, well maintained, and comfortable. The service had cleaning schedules stipulating daily, weekly, monthly, and quarterly cleaning tasks. Cleaners were on-site seven days per week and the service’s cleaning log was updated daily as work is completed. Considerations regarding the service’s use of keypad locks on doors are outlined in Standard 8 where they are most relevant.

Consumers said the service’s equipment was well-maintained, safe and clean. During the Site Audit, furniture and fittings were safe, practical, clean, well-maintained and sturdy. The service assessed equipment to ensure it met consumers’ needs before buying it and it had dedicated preventative and corrective equipment maintenance processes.

# 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

Consumers said they were comfortable raising concerns with management and staff at the service. They said they thought management would listen to their feedback and take action to address any concerns. Staff said management encouraged them to provide feedback, and that they had various methods to support consumers to raise a complaint, including by escalating their concerns directly to management or submitting complaints forms. Meeting minutes and survey records contained evidence of consumer feedback, and the service’s response to it.

Consumers said they knew they could access external complaints services, but that they were comfortable raising their concerns with the service directly. They said staff had provided them with information about how to submit feedback or make a complaint, including through external support services if required. The service had posters and leaflets advertising the Commission and other advocacy services displayed in various locations around the service, including in English and other languages.

Consumers said staff responded promptly and appropriately to incidents, using an open disclosure process. The service trained its staff in applying open disclosure, and its records showed timely responses to incidents and complaints. During interview, staff and management demonstrated they understood open disclosure principles, including the importance of an apology when something went wrong.

The service captured feedback through various channels, including surveys, feedback forms, in response to incidents and other channels. It had an online platform that it used to record complaints and incidents data, aggregate this data, and analyse it at various levels of abstraction to pinpoint improvement opportunities. The service’s continuous improvement plan showed evidence of a strategic process of improvement in response to feedback and incidents. Consumers confirmed the service responded to feedback by improving the quality of its care.

# 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

Consumers said the service had an adequate amount and mix of staff to meet their needs. The service planned its rostering over a 2-week period. To fill vacant shifts, it drew on casual staff, offered extra shifts to permanent staff, used agency staffing solutions, and extended the roles of rostered-on staff to ensure appropriate coverage. The service actively recruited staff on an ongoing basis.

Consumers said staff were respectful, kind, and caring. Staff knew individual consumers’ needs and preferences and staff responses aligned with information in consumers’ care plans. During the Site Audit, staff assisted consumers at mealtimes, engaged in conversations, and supported consumers to participate in lifestyle activities. The service had policies and procedures to guide staff in respecting consumers’ identities, culture and diversity.

Staff files contained information about staff qualifications, experience, and clearances, which was captured through the service’s recruitment processes. The service maintained position description documents that set out standards and expectations for each role within the service, and staff signed these on commencement. Each staff member completed an induction program for their respective roles.

Consumers said staff performed their duties effectively, and that they thought staff had been trained appropriately to meet their care needs. The service required its staff to participate in initial training following their recruitment, and annual mandatory training thereafter, along with training in response to identified needs. The service had systems to deliver online training and manage its training records, which provided data about training completion rates for its employees.

Consumers said they were happy with the quality of staff employed at the service. The service had a performance review system under which it conducted performance reviews following probation and annually thereafter. The service had policies and procedures for workforce management, recruitment, orientation, probation, performance monitoring, and performance management, among others.

# 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Assessment Team found Requirement 8(3)(c) was not met, because the service did not meet regulatory compliance requirements for the use of environmental restrictive practices. Relevant (summarised) evidence brought forward in the site audit report included that the service did not initially consider any consumers were subject to environmental restraint at the service. However, the Assessment Team found that consumers with cognitive impairment who lived throughout the service could not operate the keypad coded doors to outdoor areas. These consumers had access to the codes and were supported to access outdoor areas on request. When raised with management, steps were taken to review the consumer cohort and organisational restrictive practices policy, at which point management identified 11 consumers who they considered subject to environmental restrictive practice. The Assessment Team, on this basis, found the service had not complied with legal requirements for use of restrictive practices, including supporting assessments to identify and monitor risks of their use. Immediate steps were taken by management to obtain consents for representatives for this use of restrictive practices and care plans were being updated for the 11 consumers. Management gave an undertaking to include an improvement action in the service’s plan for continuous improvement (PCI), however this was not provided to the assessment team during the site audit. Other evidence brought forward in the report was not relevant to my assessment and has not been considered.

The approved provider responded on 11 May 2023 and disagreed with the site audit report findings and the assessment team’s ‘not met’ recommendation. Relevant aspects of the response are summarised as follows. The response outlined the organisation’s policy and approach to identifying environmental restrictive practices in services where a keypad lock is utilised and based on a further review, disagreed that 11 consumers were subject to environmental restrictive practices. The response also contained additional context and information about the conduct of the site audit and referred to evidence in the report that contradicted the finding 11 consumers were restricted without relevant legal requirements being met. The response stated that following a further review, only 4 consumers were considered to be environmentally restrained. While the response noted that the service had “continued the restrictive practices authorisation” for these consumers, no further detail was provided to illustrate what this entailed, nor was documentary evidence supplied to show the service had completed the required assessments, behaviour support plans and consents for these consumers.

Having considered these relevant aspects of the response, I find that there is insufficient evidence to determine 11 consumers were restricted without legal requirements being met; but also find the approved provider did not demonstrate the service complied with requirements for the 4 consumers they accept were environmentally restricted. It is not clear that the service had originally followed its own policy to identify consumers who were environmentally restricted, and it is not evident that after the site audit, they completed the relevant assessments required to support the use of the practices, or ensured other legislated requirements were met. For these reasons, based on the evidence before me, I find the service does not comply with Requirement 8(3)(c).

I am satisfied the service is compliant with the remaining requirements of Quality Standard 8.

Consumers said the service engaged them to help develop, deliver and evaluate their care, including through feedback forms, during resident and relative meetings, and through face-to-face discussions. Management could cite recent examples of engagement that had led to changes within the service. Meeting minutes showed the service reacted to consumer feedback in relation to meals, medication management, cleaning, laundry and activities.

Consumers said the service environment was safe and inclusive and that the service communicated with them about changes within the service and to their care. Staff confirmed the service promoted and maintained a culture of safe, inclusive care. The service’s management team was well-equipped and the service had a policy framework designed to maintain a culture of safe and inclusive care.

The service had risk management systems and processes to address high impact, high prevalence risks associated with consumers’ care. Staff identified, reported, and escalated risks, and management reviewed them and used the resulting data to improve the service’s safety protocols. Executive management reviewed risk and incident data at the corporate level through various governance committee meetings.

The service had a clinical governance framework and systems to ensure staff dispensed clinical care according to relevant protocols. This included prioritising anti-microbial stewardship, minimising restrictive practices, and applying open disclosure. The service’s clinical governance framework was consistent with the Approved Provider’s clinical governance policies, and its constituent procedures supported effective clinical governance. Clinical staff said the service's clinical framework functioned effectively and that it enabled them to administer their responsibilities safely.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)