**Performance**

**Report**

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| Name: | Resthaven Incorporated |
| Commission ID: | 600495 |
| Address: | 6 Bartley Crescent, Wayville, South Australia, 5034 |
| Activity type: | Quality Audit |
| Activity date: | 22 July 2024 to 26 July 2024 |
| Performance report date: | 4 September 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1411 Resthaven Inc  
Service: 18559 Northern Community Services  
Service: 18549 Resthaven Limestone Coast Community Services  
Service: 18556 Resthaven Manningham Community Services  
Service: 18531 Resthaven Marion Community Services  
Service: 18546 Resthaven Murray Bridge Community Services  
Service: 18530 Resthaven Onkaparinga Community Services  
Service: 18567 Resthaven Paradise and Eastern Community Services  
Service: 18573 Resthaven Riverland Community Services  
Service: 19398 Resthaven Western Community Service

Short Term Restorative Care (**STRC**) included.

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7510 Resthaven Incorporated  
Service: 24081 Resthaven Incorporated - Care Relationships and Carer Support  
Service: 24079 Resthaven Incorporated - Community and Home Support

**This performance report**

This performance report has been prepared by D.Soich, 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 services it operates, 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; 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) and Short-term Restorative Care Programme (STRC)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumers described their interactions with staff as dignified and respectful. Staff demonstrated their knowledge about consumers’ identity, culture and diverse backgrounds and described receiving training accordingly. The provider’s client management system documented each consumer’s personal circumstances, what is important to them and their cultural background and goals including a copy of the Charter of Aged Care Rights. Management advised consumers and/or representatives are encouraged to provide ongoing feedback on issues and make suggestions in areas where improvements can be made.

Care planning documentation showed what was important to consumers relating to their culture and beliefs were contained therein. Training registers evidenced staff had completed culturally sensitive training and the organisation’s policies, procedures and supporting documentation was displayed around the service. Management confirmed the employment of a cultural diversity officer to provide monthly updates to staff on cultural and that staff participate in various cultural celebrations to gain a better appreciation. Staff advised they continue to receive training in regard to cultural awareness and to support the delivery of services to diverse consumers.

Consumers, staff and management confirmed consumers’ needs, preferences and goals were all discussed during the care planning process. They also provided examples of how consumers are supported to exercise choice, such as nominating which activities consumers would like to do when they enter the service. Consumers who were interviewed said they’re very involved in their own care, and the service always keeps them updated and is accommodating of their wishes. Staff advised they check in regularly with the consumers so as not to assume the consumer wants to continue the same activities over and over.

Management confirmed that all staff were trained to ensure consumer choice was paramount and this was evident in discussions with staff, as they were aware of procedures that required them to discuss potentially risky behaviours or action with the consumer and their representative to ensure potential risk and harm are known. Consumers who were interviewed were provided with dignity of risk letters that outline potential risks and discussions around said risks.

Information packs provided to consumers on commencement were found to be current, accurate and easy to understand. It included information to guide consumers on how to access services and obtain information about service provision. Staff confirmed they work closely with family, friends and representatives to ensure consumers were supported to understand information available to them. Management said it is important that consumers are provided with the support needed to understand the communique. All consumers who were interviewed confirmed their satisfaction with the information provided and could clearly understand it.

Consumers and representatives who were interviewed felt their privacy was respected and that their personal information is only shared with other organisations with express consent. One consumer described the fact that care staff would draw blinds and close the door when they were in a state of undress. Care staff advised they do not carry physical copies of consumer information and management confirmed that when consumer information is shared, it is password protected to maintain privacy.

Based on the information summarised above, I find the provider, in relation to all services, compliant with all requirements in Standard 1.

# 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. | Compliant | 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

Care planning documentation evidenced assessment at commencement of services, and planning was undertaken with consumers and/or representatives including completing relevant risk assessments such as home safety assessments in conjunction with ongoing assessments based on needs. Consumers and/or representatives interviewed provided positive feedback regarding the assessment and care planning processes. They confirmed they received in-home assessments prior to the commencement of services as well as at regular intervals. Management advised in-home safety assessments are conducted during the onboarding meeting prior to delivering services to consumers along with a comprehensive assessment form that identifies any potential risks.

Care planning documents reviewed by the Assessment Team showed that consumers’ needs, goals and preferences have been discussed and documented including Advance Health Directives if applicable. Staff interviewed confirmed that care plans have a section that identifies how the support workers will assist the consumer. The consumer’s care plan is provided to the worker through a mobile ‘app’ which also contains notes and provides directions specific to that consumer. Consumers who were interviewed advised the care and services they are currently receiving from the service are in line with their needs, preferences and goals.

The Assessment Team found that the service’s assessment and planning 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. Care planning documents confirmed that consumers and/or representatives, health professionals or external providers when required, were involved in the planning of the consumer’s services where applicable. In addition, interviews with consumers, staff and management confirmed the same.

The service’s outcomes of assessments 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. HCP consumers confirmed they understood their care plans and had their own copies to refer to when needed. Staff and management also confirmed their understanding of this requirement by advising consumers and representatives are consulted in the development of care plans.

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Staff confirmed care plans are reviewed regularly for consumers including higher-risk consumers at least annually. If circumstances or conditions change, assessments are conducted at that point and care plans updated as appropriate. Consumers advised that they felt confident the service would notice changes to their circumstances and provided examples, such as when a consumer returns from hospital.

Based on the information summarised above, I find the provider, in relation to both services, compliant with all requirements in Standard 2.

# 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

Consumers expressed satisfaction with the care and services they receive. The service demonstrated consumers receive care and services that are delivered to meet their needs to optimise their health and well-being. Staff demonstrated an understanding of consumer’ service needs and preferences. Clinical governance framework, and other organisational policies and procedures in relation to consumers receiving best practise and tailored clinical care was examined to determine compliance.

Consumers and/or representatives described how they receive care and services to maintain their wellbeing and independence. Staff and management described processes for the management of consumers’ identified risks. For consumers sampled, care planning documentation reflected key high impact and high prevalent risks were identified and addressed. The service has processes in place for the monitoring and oversight of the provision of care and services for consumers including access to virtual wound clinics, incident registers and these are reviewed and discussed effectively.

Staff and management described how consumers’ palliation and end of life wishes are discussed with consumers and/or their representatives and care and services are implemented to ensure comfort care as per the consumers’ wishes. Staff members were able to describe the consumer’s care needs, and provided examples of they were able to maximise comfort and maintain the consumer’s dignity.

Consumers and/or representatives sampled felt confident that staff would notice if their health changed and would respond appropriately. Staff and management described processes to report and respond to changes related to consumers. Care plans showed progress notes documenting deterioration had been reported and actioned with results also documented and monitored.

Consumers and/or representatives confirmed consumer care is consistent, they have continuity of care and they do not need to repeat their needs and preferences to multiple people. Staff and management described communication processes within and outside the service and confirmed relevant progress notes about the consumer’s care and services are effectively communicated and care planning sighted confirms same.

Staff and management explained the process for referring consumers to other health professionals and all care plans evidenced supported collaboration with other organisations where appropriate.

Consumers and/or representatives felt the service and staff keep them safe through the use of personal protective equipment (PPE) whilst also cleaning and screening questions. The service has policies, procedures, training and monitoring processes that are in place to prevent and control the risk of infections. Consumers expressed their satisfaction of the precautionary measures implemented by staff whilst in their homes performing services.

Based on the information summarised above, I find the provider, in relation to all services, compliant with all requirements in Standard 3.

# 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

Staff confirmed their understanding of the needs of individual consumers and how they provide optimal care. One consumer has noticed an improvement in their mobility and has gained more independence as a result.

Staff demonstrated an understanding of the individual consumer’s needs such as providing support to consumers who are feeling low or overwhelmed. An example of this was staff working with consumers to devise a ‘my life history form’ which encourages them to create a plan to address any special needs the consumer may have.

Evidence analysed by the Assessment Team showed the service supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment fostering interaction with others and engagement in activities of interest. For example, support staff accompany consumers to preferred destinations without any constrain. Staff interviewed demonstrated flexibility in providing social support whilst tailoring activities based on the preferences of their consumers.

Relevant information about consumers’ services is documented and communicated effectively through the organisation so management and staff can deliver safe and effective care and services in line with consumer’s needs, goals and preferences.

Staff confirmed that if they identify an additional need for the consumer they refer the consumer to referral partners such as allied health practitioners and this is tracked through a register. Consumers also detailed that when their needs changed, the service would refer them appropriately, one such example was a consumer joining a community group.

The meals that are being provided are varied and of suitable quality and quantity. Consumers described their satisfaction with the flexibility of the meal options. Consumer documentation also confirms likes, dislikes and allergies are recorded and whilst the team were on-site, consumers were observed enjoying the diversity of food available along with the drink options.

Equipment provided by the service is safe, suitable, clean and well maintained. Management and staff confirmed equipment needs are assessed by allied health professionals and supplied as per their recommendations. They also described the cleaning and maintenance processes relevant to equipment when it was provided. Documentation confirms the service refers consumers appropriately and maintains regular communication to providers to ensure the equipment is provided in a timely manner. All equipment in the clinical setting was also tagged and tested.

Based on the information summarised above, I find the provider, in relation to all services, compliant with all requirements in Standard 4.

# 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. | Compliant | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers were observed feeling comfortable and welcomed in the spaces. All service locations observed consisted of wheelchair accessible toilets.

The layout of the service environment promotes free movement, indoors and outdoors, with consideration given to consumers with limited mobility. Processes are in place to ensure the environment remained clean and well-maintained, with identified issues reported promptly to minimise hazard and potential risk. For example, staff were observed cleaning and maintaining community spaces periodically via a schedule.

Consumer, staff and management observations confirmed the furniture, fixtures and equipment are cleaned regularly, well-maintained and are suitable for consumers. Staff and management described the processes in place to ensure the space remains suitable for consumers with routine maintenance performed and any concerns reported through the use of a maintenance logging system.

Based on the information summarised above, I find the provider, in relation to all services, compliant with all requirements in Standard 5.

# 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

Consumers and representatives knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raised issues or concerns. Management advised there are policies and procedures in place and staff can raise concerns.

The service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. Documentation which includes information about external complaints and advocacy services.

Consumers and/or representatives provided positive feedback on their experience of the complaints management process. Staff demonstrated their understanding of the complaints management system and how they would respond to complaints from consumers including the use of open disclosure. For example, a representative interviewed by the Assessment Team was unhappy that a sub-contracted service was still charged for despite the fact the consumer had passed away the same day of the service. Management called the sub-contracted service and ensured a refund was issued due to the passing of the consumer. The representative was satisfied with management’s response.

Management confirmed complaints are discussed at monthly meetings, quality meetings and continuous improvements are discussed. Trending analysis is conducted by management to mitigate risks moving forward.

Based on the information summarised above, I find the provider, in relation to both services, compliant with all requirements in Standard 6.

# 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. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied with the number of staff to deliver the consumer’s services and felt that staff didn’t need to rush. Workforce planning is routinely monitored by management.

Consumers and representatives stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Management confirmed they routinely conduct a consumer experience survey to ensure these interactions remain positive.

Management advised that selection criteria included qualifications and knowledge needed for each role and these requirements guided their recruitment. The service described having a recruitment process and an initial onboarding and monitoring process to ensure that the workforce is competent to perform their roles. Consumers confirmed they felt staff were competent and skilled in the roles they performed.

Staff advised they receive ongoing training and guidance whilst feeling supported to undertake their duties safely and efficiently. Additional ongoing training is provided to staff members and regular performance meetings are held to ensure staff feel adequately supported.

A performance development process was noted to be sufficient. For example, any performance issues that are identified are escalated to management and human resources to investigate. In addition, staff confirmed being involved in regular performance management meetings with their supervisors. All new staff are subject to a 6-month probationary period to determine suitability. Performance is also reviewed periodically.

Based on the information summarised above, I find the provider, in relation to all services, compliant with all requirements in Standard 7.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumer satisfaction surveys that were sampled showed examples of how the service is delivered to meet their diverse needs. One area of improvement was identified from the consumer surveys around call response times, the service is addressing this as part of their continuous improvement program by implementing key deliverables including callbacks within 24 hours as a measure of staff performance.

Management described, and provided documentation, regarding the processes and procedures they have, and the meetings held at organisational level to monitor they are delivering safe, inclusive, and quality care and services. Risk assessments and process improvement is driven through regular meetings, spot checks and reviewing of processes. The governance framework details how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and is consistent with the Charter of Aged Care Rights. The provider’s executive management conduct regular meetings to review incidents and identify trends, review outcomes of internal and external audits and update policies and procedures as needed. In addition, the service has an established Continuous Improvement Plan process in place to ensure the continuation of safe and effective care and services that also adopts clear policies and outlines best practises.

An incident management policy and register is in place that is overseen by management and outlines the recording, escalation to management and tracking of action. An example of an incident was provided, and actions undertaken to address the issue were discussed. Staff at the service are aware of advocacy agencies such as the Commission and demonstrated their understanding of how to source support if they needed. Consumers provided examples of how the service helped them live their best life by stating their appreciation of the staff’s understanding of their needs, including receiving assistance to mobilise where they once had difficulties.

The organisation’s clinical governance framework guides staff in relation to education and training, internal clinical audits, clinical effectiveness, research and development, open disclosure, restrictive practices, and risk management. Clinical services such as nursing and allied health are provided through subcontracted service providers.

Based on the information summarised above, I find the provider, in relation to all services, compliant with all requirements in Standard 8.

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