Performance

Report

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| Name of service: | RFBI Lake Haven Masonic Village |
| Service address: | 16 Christopher Crescent LAKE HAVEN NSW 2263 |
| Commission ID: | 0440 |
| Approved provider: | Royal Freemasons’ Benevolent Institution |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 22 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 RFBI Lake Haven Masonic Village (**the service**) has been prepared by G-M. Cain, 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.
* 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 | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said they were treated with dignity and respect, and their cultural needs and preferences were supported. Staff respectfully spoke about consumers, were familiar with their life experiences, and described how they adapted the care and services for each consumer, such as using cue cards to converse in a consumer's preferred language. Care documentation detailed consumers' identity, culture, and diversity information.

Consumers said they felt safe at the service, and staff respected any culture and religion they identified with. Staff knew consumers from culturally diverse backgrounds and explained how they provided care aligned with the consumers' care plan. Observations showed that the service supported consumers to engage in cultural practices with scheduled visits from religious volunteers and quiet spaces available.

Consumers said they were supported to exercise choice and independence when making decisions about their care and who is involved. They were encouraged to connect with and maintain relationships with those important to them. One consumer spoke of their preference for having a shower in the evening before bed and confirmed that staff support this. Staff provided examples of how they supported consumers to make choices, such as consumers who preferred to partake in their own activities of daily living.

Consumers were supported to take risks that enabled them to live their best lives. The service completed dignity of risk assessments, which supported consumers in making informed decisions and ensured the implementation of strategies to minimise the risk. The service's consumer handbook provided information on dignity of risk, and 'The Charter of Aged Care Rights' was observed to be on display throughout the service.

Consumers and representatives said they were provided with timely information that was accurate, easy to understand and enabled them to exercise choice. Staff described how information was provided to consumers, including via newsletters, emails, phone and verbal communication. Schedules of upcoming activities were observed on noticeboards throughout the service.

Consumers said their privacy and confidentiality were respected and described staff practices such as knocking on doors before entering and closing the door while providing personal care. Staff were observed maintaining consumers' dignity, conducting handover privately and storing consumers' confidential information securely. The service had policies and procedures to guide staff in ensuring the confidentiality and privacy of consumers' personal information.

# 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 and representatives said consumers received the care and services needed and spoke of being 'partners in the care planning process'. Staff described the service’s care planning process and how it informed the delivery of care and services. Care documentation demonstrated the involvement of health professionals in assessing consumer risks and strategies documentation to minimise these risks. The service had evidence-based assessment tools available in the electronic care documentation system, such as skin, changed behaviour, continence and falls assessments.

Consumers and representatives advised that the assessment and planning processes included considering the consumer's needs, goals and preferences. They confirmed that they had had discussions about the consumers' end-of-life wishes, which had been documented in advance care plans.

Consumers and representatives said staff talked to them, provided them with information and explanations about the consumers' care and services, and said they had access to a copy of the care and service plan. Staff described how shift handovers and the 'daily catch-up' supported the communication of information on consumers' needs and preferences.

Consumers and representatives said they are notified when consumers' circumstances change or when incidents occur, such as falls, injuries or incidents related to changed behaviours. Staff said they report and record incidents according to their delegations in the electronic care documentation system.

Clinical incidents are reviewed monthly at a service and organisational level to identify strategies to minimise the risk of reoccurrence and to identify improvements that can be implemented to improve consumer outcomes. The service maintains policies and procedures, and staff have received training to ensure incidents are reported accurately and lead to care reviews when circumstances change, such as health or risk.

# 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

The performance report dated 23 December 2021 found the service non-compliant with Requirement 3(3)(a) and Requirement 3(3)(d). Deficiencies related to consumers not receiving safe and effective care, including consumers subject to chemical restrictive practices and management of pain and wounds; the service did not effectively recognise or respond to consumers whose condition had changed.

*In relation to Requirement 3(3)(a)*

Consumers and representatives expressed satisfaction that consumers' care needs are met and their health and well-being optimised. Staff demonstrated an understanding of individual consumers' personal and clinical care needs. Care documentation evidenced that care is safe, effective and individualised to each consumer. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place. The Site Audit report provided evidence that the service has acted to improve its performance under this requirement. Actions included:

* Increased registered staff to ensure clinical oversight and employment of a medical officer and Nurse Practitioner who regularly visit the service to review and assess consumers' clinical care needs.
* The organisation's Nurse Practitioner also supports consumers' needs relating to wound care, pain management and other complex and/or specialised needs.
* Implementation of an internal auditing schedule to enable self-identification of deficits in care.

The service demonstrated that risks for each consumer are effectively managed, including infections, pressure injuries, hydration and nutrition, medication, pain, and restrictive practices. Consumers and representatives were satisfied that consumers' high impact or high prevalence risks were effectively managed. Care documentation reflected the identification of risks, and strategies to manage these were recorded in assessment tools, care plans, and progress notes.

Care documentation showed that consumers nearing end-of-life had their dignity preserved and care provided in accordance with their needs and preferences. End-of-life care plans outline consumers' needs, goals and preferences. Staff provided practical examples of maximising consumers' comfort and preserving their dignity.

*In relation to Requirement 3(3)(d)*

Consumers and representatives expressed satisfaction with care delivery, including recognising deterioration or changes in consumers' condition. Staff provided recent examples of when deterioration or change in a consumer's condition was recognised and responded to. Care staff said that the clinical staff are responsive when reporting consumer condition changes. Care documentation confirmed that the service recognised and responded to changes in a consumer's health, capacity and function. The Site Audit report provided evidence that the service has acted to improve its performance under this requirement. Actions included:

* Increased registered staff to ensure clinical oversight and the employment of a Clinical Nurse Educator.
* Workforce education on managing deterioration in consumers.
* A comprehensive review of high-impact and high-prevalence risks for all consumers was undertaken, and a high-impact/high-prevalence risk register is maintained, updated daily and overseen by the Care Manager and registered nurses.

Consumers and representatives were satisfied consumers' needs and preferences were effectively communicated between staff, and consumers received the care they needed. Care documentation provided adequate information to support effective information sharing about consumers' conditions, preferences, and care needs.

Consumers and representatives said referrals were timely, and staff provided examples of referrals to individuals and other organisations and providers of care. Care documentation confirmed the referral to and input of others in consumers' care and services.

Consumers and representatives said the service is kept clean, and they see staff using personal protective equipment and practising hand hygiene. The service had policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and managing a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics. The service had appointed an Infection Prevention Control Lead to oversee infection control.

# 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 were satisfied with receiving safe and effective support and daily living services that met their needs, goals and preferences. Staff were familiar with consumers' needs and preferred activities; for example, for consumers with difficulty communicating, staff spoke of 'taking time' to listen carefully to the consumer and not rushing when assisting. Lifestyle staff described the lifestyle assessment process and spoke of partnering with consumers to understand individual preferences, likes, dislikes and interests; and social, emotional, cultural, or spiritual needs and traditions.

Consumers said their emotional, spiritual, and psychological needs were supported, and they chatted with the staff for comfort and emotional support. Staff provided examples of supporting consumers' emotional and psychological well-being in line with care documentation, including information on emotional support strategies.

Consumers and representatives said they were supported to participate in activities within and outside the service, maintain relationships of choice and do things of interest. Staff identified specific consumers who engaged in activities outside the service. Care planning documentation reflected consumers' continued involvement in their community and how they maintained personal and social relationships.

Consumers and representatives said information was communicated within the service and with others where care responsibilities were shared. Staff described how consumers changing care needs and conditions were communicated through handover and the service's electronic care management system. Care documentation reflected consumers' needs and preferences for daily living activities.

Consumer representatives said other organisations, support services and external providers of care and services supported consumers. Staff described how the service worked with external organisations, such as volunteers to provide individual consumer support. Care documentation evidenced lifestyle strategies implemented following referrals to specialist services and that consumers are supported by various external services such as a visiting hairdresser and therapy dog service.

Consumers said they were happy with the variety, quality and quantity of food. Staff said consumers were offered a meal choice, and if they wanted something different, they could request this. The service was committed to continually reviewing and improving the dining experience of consumers.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well-maintained. Consumers and staff said they had access to equipment to assist consumers with their daily living activities and knew how to report maintenance concerns. Observations in the service's secure living environment showed several areas set up with 'cleaning activities' where dusters, brushes and brooms were displayed for consumers living with dementia to complete domestic duties if they choose. All cleaning tools were observed to be new and safely stored.

# 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 spoke of 'feeling at home' at the service and confirmed that the service environment was open, welcoming and easy to navigate. Consumers said they were supported to personalise their rooms and had access to courtyards and balconies. The service had recently completed building a large outdoor undercover area, with space large enough for consumers to enjoy eating or safely participate in outdoor activities.

Consumers and representatives spoke of the service being safe and clean. The service established maintenance and cleaning processes, and staff confirmed that any maintenance concerns were promptly resolved. Observations showed consumers moving freely indoors and outdoors, and garden areas were well-kept and provided seating and shaded areas for consumers. Management described the dementia-specific design elements the service had implemented, including colour identification elements and large visual displays such as clocks and signage.

Consumers and representatives confirmed that the service and equipment are kept clean and safe for use by consumers. Maintenance staff described the schedules for servicing equipment, preventative maintenance, and mandatory services, including pest control and fire systems. Service documentation confirmed that these were up to date. Observations showed consumers utilising various equipment, including walking frames, wheelchairs, and comfort chairs.

# 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 and representatives said they feel safe and supported to provide feedback or raise concerns with staff and management. Staff knew the process to follow when a consumer or representative raised an issue with them directly. They described the different avenues for consumers to raise concerns, such as consumer and representative meetings, feedback forms or speaking directly with the management team. Service documentation, including consumer meeting minutes, audits and surveys, evidenced that consumers are encouraged to participate and provide feedback. The service's Plan for Continuous Improvement reflected items raised by consumers, staff and via audit and that these had been actioned.

Consumers and representatives said that although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff in the first instance. Staff described how they would assist consumers with communication barriers to raise a complaint or provide feedback. Observations showed information about providing feedback, including feedback forms displayed at the service. The lodgement box for feedback forms was located in the foyer near reception, which consumers cannot freely access due to a coded keypad on the door to the reception area. External complaints mechanism information, including advocacy and translation services, is provided to consumers in various formats, such as posters, brochures, and the consumer handbook.

Overall, consumers and representatives said management addresses and resolve their concerns and/or complaints. They confirmed that staff and management provide an apology upon the making of the complaint or when things go wrong.

Staff described the service's feedback and complaints-handling processes and demonstrated an understanding of the principles of open disclosure. Management confirmed that an open disclosure process is applied following an adverse event and as part of the service's complaints management and resolution process. The service had policies and procedures that guide staff through the complaints management and open disclosure process.

Consumers and representatives stated they had seen feedback and complaints used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements, including food services. The service demonstrated feedback ad complaints are trended, analysed and used to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The performance report dated 23 December 2021 found the service non-compliant with Requirement 7(3)(c). Deficiencies related to staff training to ensure they had the knowledge, skills and competence in delivering consumers' clinical care. As a result, consumers were not receiving safe and effective care, including consumers subject to chemical restrictive practices and management of pain and wounds; and the service did not effectively recognise or respond to consumers whose condition had changed.

*In relation to Requirement 7(3)(c)*

Consumers said staff were competent in performing their roles and meeting their care needs. One consumer spoke of 'feeling we are in safe hands'. The service demonstrated systems to ensure staff had the qualifications and knowledge to perform their roles effectively, including an orientation and onboarding process, ongoing workforce competencies and skills assessment and maintaining a register of staff qualifications. Service documentation confirmed the workforce's completion of ongoing competency assessments on personal protective equipment training, medication administration, manual handling, Serious Incident Response Scheme and elder abuse. The Site Audit report provided evidence that the service has acted to improve its performance under this requirement. Actions included:

* Increased registered staff to ensure clinical oversight and the employment of a Clinical Nurse Educator and Quality Officer responsible for monitoring mandatory education and conducting proactive and reactive training.
* Additional care staff (8 hours shift) in the morning as a result of a review of current consumers' care needs.

Overall, consumers said there was sufficient staff to meet their needs, and when they called for assistance, staff were mostly prompt to attend. A review of call bell reports evidenced that response times are within 3 minutes. The workforce was planned to meet the needs of consumers and deliver quality care and services, and the service had systems and processes in place to ensure sufficient staff were rostered across all shifts.

Consumers said they were treated with care, respect, and kindness. The service's recruitment process ensured that staff were chosen in line with the organisation's values. Staff received training and support to deliver care in accordance with the organisation's Cultural Diversity and Inclusion Policy. Observations showed that staff interactions with consumers were kind, gentle, and respectful.

Consumers and representatives said they were confident with staff abilities and practices. Staff described how they received training during orientation and induction and regularly throughout the year. The service had an education program, which included mandatory training, online education modules, toolbox talks, training competency documentation, and an orientation program.

The service had processes to regularly assess, monitor, and review staff performance; however, management advised that not all performance reviews were current. Service documentation evidenced that 92% of staff performance appraisals were completed, and a schedule was developed to ensure that the remaining appraisals would be completed by 16 April 2023. In relation to the incomplete performance appraisals, I am satisfied that the service has taken action to ensure the completion of these. I have placed weight on the positive feedback from consumers and representatives saying they were confident with staff abilities and practices and that the care provided to consumers was safe, effective and individualised to their needs, goals and preferences.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were satisfied with the management of the service and felt involved and supported in their care. The service engaged consumers and representatives in delivering care and services through feedback forms, consumer meetings and care plan reviews. Management provided examples of how they had engaged consumers in developing, delivering, and evaluating care and services. Meeting minutes showed that changes to visitor restrictions in place due to COVID-19, were discussed with consumers and representatives.

The service demonstrated that the governing body has processes to ensure the service is accountable for delivering care and services and promotes a culture of safe, inclusive, and quality care and services. Management described the various committees and leaders at the service report information to the Board. The Board regularly reviews information relating to clinical and incident data, internal audits and consumer and staff feedback. The governing body communicates information through memorandums, emails, and letters.

The organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The organisation demonstrated effective financial governance processes by being responsive to requests for budgetary changes to support the needs of consumers, such as investment in an additional washing machine after consumers had raised feedback about delays in the return of laundry items.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers. Staff demonstrated knowledge of these and described their practical application to their work. Risks are reported, escalated, reviewed, and analysed at a service and organisational level and communicated through organisational meetings. A review of the service’s Serious Incident Response Scheme notifications identified all incidents had been reported in line with legislative requirements.

The organisation had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure. Service management and staff understood and described their accountabilities and responsibilities under the clinical governance framework.

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