Performance

Report

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| Name: | Rivulet |
| Commission ID: | 8051 |
| Address: | 14 Gore Street, SOUTH HOBART, Tasmania, 7004 |
| Activity type: | Site Audit |
| Activity date: | 28 November 2023 to 30 November 2023 |
| Performance report date: | 11 January 2024 |
| Service included in this assessment: | Provider: 163 Southern Cross Care (Tas) Inc  Service: 5024 Rivulet |

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 Rivulet (**the service**) has been prepared by L Glass, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 were being treated with dignity and respect, and provided examples of how their identity, diversity, or culture was recognised. Staff described consumers' histories and what is significant to their identity, as well as the people who are important to them, including their preferences and choices. Care planning documents detailed consumers consent, history stories, specific preferences, and the individuals who are important to them. Policies include relevance to respect, dignity, culture, spirituality, and diversity. The Assessment Team sighted a diversity and inclusion policy that outlines what it means to treat consumers with dignity and respect and the responsibilities of each staff member. The Charter of Aged Care Rights was displayed at various locations throughout the service. The Assessment Team observed staff engaging in courteous interactions with consumers.

Consumers consider care, and services are culturally safe, and their cultural backgrounds and preferences are respected. Staff complete cultural safety and diversity training as part of their onboarding and mandatory annual training. Staff were aware of culturally diverse consumers and care planning documents reflected diversity where relevant. The Assessment Team sighted information about consumers’ cultural identities in care planning documentation and cultural awareness, common phrases, days of cultural significance and culinary traditions throughout the service.

Consumers can exercise choice in the planning and delivery of their care and services. Consumers said they can make decisions about their care and are supported to make connections with other consumers and maintain relationships with family and friends. Staff described how they support consumers to make decisions and maintain relationships. Care planning documents detail how consumers have a say in how their care is delivered.

Consumers are supported to take risks and live the best life they can. Staff undertake consumer risk assessments to identify the risks involved in activities, and the assessments are used to facilitate consumers to make informed decisions. Management demonstrated processes to support consumers’ independence and choices. The service has policies to guide staff in supporting consumers in their choices and decision making. The Assessment Team reviewed risk assessment and care planning documentation outlining support for consumers to engage in activities that may have an associated risk by collaborating, negotiating, and co-designing a plan of action with consumers and representatives.

Consumers receive up-to-date and timely information, such as menu and activity selections, which allows them to make informed decisions. Staff identified several methods for presenting information to consumers who have cognitive, sensory, or communication challenges. The service provides consumers with an activity calendar and menu schedule for that week.

Consumer’s privacy is respected, with personal information being kept confidential. Staff provided examples of how they maintain the privacy of individuals in the delivery of care and services and safeguard consumer information confidentially. The service’s privacy policy is included in the mandatory training provided to staff.

# 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 were confident the assessment and care planning process identified risks to consumers’ health and well-being. Care documentation shows relevant assessments and identification of risks. Staff demonstrated knowledge of consumers’ risks to ensure safe and effective care. The Assessment Team reviewed consumer care files and associated documentation with a range of risks identified including consumers weight loss, skin integrity, falls, restrictive practice, changed behaviour, and other complex care needs. Where risks were identified, individual strategies to minimise risks were documented in the consumer’s care plan. The organisation has policies and procedures to guide staff in assessment, care planning and risk management.

The service demonstrated it identifies what is important to consumers. Most consumers’ assessments and care plans reviewed include individual goals, current needs, and preferences. Care documentation shows advanced care plans are developed with consumers and representatives and are respectful of consumer’s expressed wishes. The service has an end-of-life policy and palliative care policy to guide staff in discussing advanced care planning with consumers and representatives upon entry to the service and routinely. Staff were able to describe what is important to consumers in terms of how consumers’ care is delivered.

Consumers and representatives participate in the planning and review of consumers’ care. Care planning documents evidence the input from other care providers and the consultation that occurs between staff and others involved in consumers’ care. Staff collaborate with consumers, representatives, and other health professionals to ensure an ongoing partnership to meet consumers’ needs and preferences.

Most consumers and representatives consider communication about assessment and planning outcomes for consumers’ care is effective. Two consumers raised concerns about care plan consultation. Documentation evidenced communication with consumers and representatives about relevant care outcomes. Staff communicate care outcomes to consumers and representatives and access electronic care files for care plan information. Most files reviewed evidenced through progress notes that care consultations have occurred on a regular basis and as care needs changed. However, examples of formalised care consultation are limited. A review of the care plan partnership records and formalised consultation is underway and no negative impact on consumer care was identified.

# 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

Overall consumers and representatives were satisfied, and confident clinical care was managed competently. Consumers and representatives said consumers receive effective personal care in line with consumer preferences. Care documentation reflects consumers’ clinical care is monitored and reviewed. Staff interviews reflect best practice principles are implemented and followed in relation to skin integrity, pain, restrictive practices, and complex care needs to optimise consumers health and wellbeing.

The service provides safe and effective care for consumers with complex care needs. Care planning documentation evidenced consumers’ high-impact and high-prevalence risks are effectively managed in relation to wounds and pressure injuries, falls, changing behaviours and unexplained weight loss. Consumers and representatives interviewed said staff managed complex care needs well. Management and staff described the high-impact and high-prevalence risks to consumers at the service and how risk is minimised to ensure safe care.

The service has a range of clinical policies and procedures to guide staff practice in areas such as the management of falls, pressure injuries, diabetes, changed behaviours and other complex nursing care.

Consumers and representatives said end of life wishes had been discussed and documented. The service has policies and procedures to inform the delivery of care related to consumers end of life wishes and palliative care. Care documentation reflects the goals, needs and preferences of consumers when nearing the end of life and are recorded in consumers’ advance care directives and most end-of-life care plans. Staff described the end-of-life pathway to maximise consumer comfort and the resources available to them to support consumers nearing their end of life.

Consumers and representatives expressed satisfaction regarding staff response to consumers declining health. The service demonstrated how deterioration or change in the consumer’s condition is recognised and responded to in a timely manner. Care documentation reflects appropriate actions taken in response to deterioration or change in a consumer’s health. Clinical staff described how deterioration or changes are identified, actioned, and communicated.

Consumers and representatives interviewed confirmed satisfaction with information regarding consumer care being communicated to others providing care. All of the consumer files reviewed, reflect information regarding the consumer’s health status and how information has been shared. Progress notes, care planning documentation and handover sheets reflect current information about consumers’ conditions, needs and preferences. Staff receive updated information at handover and demonstrated how information is shared with external services involved in care as required.

Consumers and representatives were satisfied with the input and referrals from medical officers and allied health professionals when required. Care planning documents reflect timely referrals to providers of other care and services and recommendations are documented. Management and nursing staff described the service’s referral processes and provided examples of referrals completed.

Consumers said they were satisfied infections are managed effectively and they observe staff wearing personal protective equipment (PPE), sanitising, and washing their hands. There are policies and procedures to guide staff practices in relation to infection prevention, outbreak management and minimising the use of antibiotics. The service maintains a COVID-19 outbreak management plan which provides guidance and resources for the service to support their response to a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 and representatives interviewed were satisfied consumers receive safe and effective supports and services to optimise independence, health, wellbeing, and quality of life. Lifestyle staff tailor the lifestyle program to individual consumers, ensuring a variety of activities are available for consumers with varying cognitive and physical abilities. Consumers care plans include a ‘leisure and lifestyle’ section which details consumers individual needs, goals and preferences including cultural diversity, social life, and relationships, as well as spiritual and emotional wellbeing.

The service provides support for the emotional, spiritual, and psychological well-being consumers. Staff members demonstrated knowledge of individual consumers’ needs and preferences and described how they support consumers. Care planning documentation included information related to the consumers’ emotional, spiritual, and psychological well-being. The services and supports for daily living assist consumers to participate in the community, have social and personal relationships, and do things that interest them. Staff demonstrated their understanding of individuals’ needs, goals, and preferences. Care plans include information about individual consumers’ interests and the people and relationships that are important to them. Consumers were observed walking outside, spending time with their families, and participating in service activities.

Consumers and representatives interviewed said the service communicates consumer needs and preferences well. Staff are informed of changes to consumers’ needs through numerous methods including written notes, handover sheets, handover meetings and progress notes on the electronic documentation system.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers. Care planning documentation evidenced services that are available for staff to refer consumers to when needed. Management liaises with providers and local organisations to meet the needs of consumers.

Consumers provided mixed feedback in relation to meals. Some consumers expressed satisfaction with the quality, variety and quantity of the meals provided. One consumer was dissatisfied with the temperature of their meals and another consumer with the variety of meals available. Catering management explained the menu is rotated 4 weekly and updated 6 monthly. Documentation within the kitchenette includes consumers meal choice, dietary requirements, and allergies. Consumers were observed eating their meals in shared dining rooms as well as in their rooms.

Consumers expressed satisfaction with the condition and cleanliness of the equipment provided. Care staff explained they disinfect shared equipment in between each consumer. Maintenance records show shared equipment has regular scheduled servicing.

# 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 and representatives said the service is welcoming, easy to navigate and consumers are supported to personalise their rooms. Staff ensure the service feels welcoming for consumers and their visitors. Consumers are encouraged to personalise their rooms and features of the service environment support wayfinding and comfort for consumers. Consumers were observed socialising in common areas of the service environment.

Consumers interviewed were satisfied with the cleanliness of the service environment. One representative expressed dissatisfaction with the cleanliness of a consumer's room. Staff report and manage hazards and other maintenance. The service has reactive and preventative maintenance schedules in place. Most consumers have access to outdoor areas from their bedrooms as well as access to shared outdoor spaces. While the service environment was observed to be unclean specifically in non-consumer areas such as stairwells and staff rooms. the issues identified were considered by management and plans to address the issue were actioned. The positive experiences reported by most sampled consumers and representatives and the responsiveness from service management has been given weight in the assessment of this requirement.

Consumers and representatives interviewed said the furniture, fittings, and equipment are well maintained and clean. Staff confirmed they have access to cleaning equipment and discussed how they would log faulty equipment. Maintenance staff described the preventative maintenance schedule for furniture and equipment provided**.**

# 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 can provide feedback on the care and services they receive by various methods. Staff and management discussed the ways consumers provide feedback and how they respond, and address concerns raised. Management confirmed consumers are supported to provide feedback and said feedback drives continuous improvement. The service has an organisational complaints management procedure and conducts ‘relative and representatives’ meetings’, and food focus meetings where consumers are encouraged to express their views.

Consumers and a representative were aware of advocacy services. If a consumer requires assistance, staff assist in providing an advocate service or interpreter. Consumers with communication barriers are provided access to a Translating Interpreting Service (TIS), which verbally communicates with a representative who speaks the same language using an electronic application to translate, speaking clearly and slowly and writing messages for consumers with hearing loss. The Assessment Team observed documentation evidencing open disclosure, detailing conversations between staff and consumers and representatives when something goes wrong and noting the offer of an apology. The Assessment Team also reviewed the feedback and complaints policy and register.

Consumers and a representative gave examples of when their input improved the quality of care and services. Staff file complaints and comments in the electronic management system and notify management. The service keeps a record of complaints and feedback, then analyses the data to find areas where the standard of care and services can be improved.

# 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

All consumers and representatives interviewed expressed satisfaction with staffing numbers, confirming call bells are answered promptly and staff are available. One consumer said staff are the best you can get and would not want to be looked after by anyone else. Management endeavour to ensure there is enough staff to provide safe and quality care. The service plans its workforce effectively to enable the delivery of safe and quality care and services to consumers. The service utilises agency staff to fill shifts, however, prefers to use casual and full-time staff due to their knowledge and familiarity with the consumers. The Assessment Team observed sufficient staffing levels across the service and call bells being attended to in a timely manner.

Most consumers and representatives said staff are kind, caring and gentle when providing care to the consumer. Staff demonstrated they are familiar with consumers’ identities and individual needs. The Assessment Team observed staff greeting consumers by their preferred name and being kind, caring and respectful when interacting with consumers. The Assessment Team observed staff engaging with consumers in a kind, caring and respectful manner. Staff were observed assisting consumers to attend activities, assisting them during meal service and talking to them in their rooms or in communal areas of the service. The organisation has policies and guidance materials for staff to follow relating to duty of care and diversity.

Consumers and representatives said staff perform their roles effectively, and are confident staff are skilled to meet consumer care needs. Management said all staff are required to complete mandatory training as well as regular refresher training which is monitored and followed up by management in the service online learning platform. Position descriptions specify roles and responsibilities and staff are required to have relevant qualifications and registrations. The Assessment Team reviewed education documentation which identified most staff have completed their mandatory education for the current year and have the registrations, qualifications, knowledge, and skills to meet consumer needs and preferences.

Consumers and their representatives expressed satisfaction staff are trained and supported to provide quality care and services to meet the consumer’s needs. Management demonstrated policies, and procedures provide guidance to enable the workforce to deliver the care outcomes required by the Aged Care Quality Standards. The Assessment Team reviewed education documentation which identified staff have the had education about the knowledge and skills to meet consumer needs, preferences and organisational processes.

Staff expressed satisfaction about how well they are supported by management and senior clinical staff at the service, both formally and informally. The service demonstrated a scheduled plan for staff appraisal and performance management processes.

# 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

The service demonstrated consumers and representatives are involved in developing, delivering, and evaluating care and services for the consumer. Consumers expressed satisfaction with how they can provide feedback about their care and services and feel supported to do so. Management described how they seek feedback from consumers and representatives through various feedback mechanisms.

Consumers and representatives expressed satisfaction the consumer feels safe and is living in an inclusive environment with the provision of quality care and services. The service promotes safe and inclusive care to guide staff practice. The organisation has a governance structure in place that supports accountability over care and services delivered. This includes a clinical governance committee that provides oversight of the service’s clinical matters.

The Board provides support to the service to ensure the service is adhering to the aged care quality standards and the quality of care being delivered is best practice.

The service demonstrated governance systems are effective and their application in considering the best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to consumer experience. Staff have access to information required to undertake their role and to inform delivery of quality care and services. The service’s Continuous Improvement Plan (CIP) incorporates information obtained from consumer, representative and staff feedback, audits, surveys, incidents, and observations. Workforce governance includes the assignment of clear responsibilities and accountabilities, and the service is supported by an organisational people and culture department. The service is kept up to date on changes to legislation which are distributed and communicated to consumers, representatives and staff as required. Management described the reporting requirements relating to reportable and non-reportable events, and appropriate registers were maintained, which were reviewed by the Assessment Team. The Assessment Team also reviewed documentation, including meeting minutes, the service’s CIP, and the service’s feedback and complaints register, which identified feedback and complaints are documented with acknowledgement, action recorded, and improvements identified.

The service demonstrated there is a risk framework in place for identifying, managing, and reporting high-impact or high-prevalence risks and implementing actions to minimise risks. There are organisational processes in place to ensure action is taken and consumers are supported to live their best lives. The service has an effective incident management system in place to identify, record, manage, resolve, and report all incidents, and to notify all reportable incidents that occur to the Aged Care Quality and Safety Commission, and the police, where there are reasonable grounds. This information is reported in incident registers, feedback and complaints registers and internal audit reports. Staff support consumers to live the best life they can by encouraging them to participate in activities of interest, maintain contact with family and friends and keep them as pain-free as possible to live a comfortable life.

The service demonstrated the clinical governance framework in place provides an overarching monitoring system for effective clinical care of consumers. The service provided a documented clinical governance framework, a policy relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service demonstrated these policies were understood by management and staff.

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)