**Performance**

**Report**

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| Name: | South Gippsland Hospital Community Services |
| Commission ID: | 300688 |
| Address: | 87 Station Road, FOSTER, Victoria, 3960 |
| Activity type: | Quality Audit |
| Activity date: | 10 April 2024 to 12 April 2024 |
| Performance report date: | 3 May 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8907 South Gippsland Hospital  
Service: 26911 South Gippsland Hospital  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8567 South Gippsland Hospital  
Service: 27815 South Gippsland Hospital - Care Relationships and Carer Support  
Service: 25615 South Gippsland Hospital - Community and Home Support

**This performance report**

This performance report for South Gippsland Hospital Community Services (**the service**) has been prepared by M Nicholas, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 30 April 2024.
  + The service’s quality improvement plan was provided to the Commission and detailed that the outstanding staff performance appraisal and mandatory training modules have been completed.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 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)

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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 | | 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives confirmed they are treated with respect and staff value their culture, diversity, and identity. Staff described how they are respectful of consumer cultural identifies during provision of care and services and use assessment processes to inform culturally safe care. This was consistent with care documentation. The service has training, policies, procedures, and a diversity action plan which detail diversity and inclusion.

Staff provided examples of how they support consumers to exercise choice and maintain independence. Care documentation included consumer needs, preferences, and relationships of significance. The Assessment Team noted that information for external advocacy services, individual choices and the Charter of Aged Care Rights were available to consumers.

Management and staff described how they support consumer understanding of possible harm as they pertain to risks and seek solutions to mitigate risk. Documentation reflected that risk assessments, discussions regarding individual consumer risk, and dignity of risk were completed where applicable. The Assessment Team noted the service’s Plan for Continuous Improvement (PCI) referenced consulting with a consumer advisory representative to review and finalise options for a dignity of risk agreement form.

Case managers discussed the frequency and method of contacting consumers to disseminate information, discuss feedback and changes. Consumers and representatives confirmed they receive timely and clear information from the service through various communication methods. This was consistent with documentation reviewed by the Assessment Team.

Consumers and representatives were satisfied that the privacy and confidentiality of their information is maintained. A review of consumer documentation demonstrated signed consent forms to share consumer information with documentation in place where consent had been withdrawn. Staff discussed the ways they protect consumer privacy and management explained how consumer information is stored. Confidentiality and privacy were noted to be covered during orientation with staff required to sign a confidentiality form.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives confirmed their care is well planned and supports them to live safely in their own homes. Healthcare workers and clinicians demonstrated an understanding of individual consumer needs, associated risks, and validated risk assessment tools. Management discussed a new risk assessment tool implemented and described systematic assessment and care planning processes undertaken to assess risk in consultation with health professionals. Consumer documentation detailed care and services provided and high-impact or high-prevalence risks.

Consumers and representatives confirmed their care and services plan meet their current needs. Most consumers and representatives said they were asked about an Advanced Care Directive (ACD) during their initial assessment. Case managers explained while the advance care planning process is discussed with consumers, consumers are also referred to general practitioners for further discussions and the service does not keep consumer ACDs on file. Management discussed the service’s continuous improvement action to increase the completion of ACDs and how the service supports consumers requiring end of life care.

Case managers and clinicians described how they regularly communicate with consumers to ensure assessment and care planning is proactive and collaborative. This was consistent with feedback from consumers and representatives. Management discussed strategies to support person centred care and collaboration with consumers including during care planning. Care documentation reflected consumer wishes regarding their care and services and communication between others involved in consumer care including allied health professionals.

Consumers and representatives confirmed that changes to care and services which occur prior to their annual care plan review are only verbally communicated. This was consistent with care documentation which demonstrated that plans are annotated following changes being discussed, however, are not provided to consumers. In response to feedback, management provided the Assessment Team a copy of the proposed summary care template and updated PCI which included the improvement action.

Consumers and representatives confirmed their care and services are reviewed annually, or when incidents or changed circumstances impact on their needs, goals, and preferences. Case managers and clinical staff discussed factors which would trigger a review of consumer care needs including clinical deterioration or functional decline. The service has a policy to guide the review of assessment and care planning.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives confirmed they receive exemplary and individualised clinical and personal care. Staff demonstrated care delivered is consistent with consumer care plans, individual preferences and best practice guidelines and tools. Clinical staff explained assessment, charting and documentation completed to facilitate a consistent approach and evaluate care. Management discussed policies and procedures which govern the delivery of clinical and personal care.

Staff demonstrated an understanding of individual consumer risk and explained how risks are assessed, managed, and monitored including for vulnerable or high-risk consumers. This was consistent with documentation reviewed by the Assessment Team. Management explained actions implemented to address the high-impact and high-prevalence risks of falls and pressure injuries. The service has policies to guide staff practice on risk management and prevention, falls prevention, and pressure injuries.

The service did not have any consumers receiving end of life care, however, clinical staff explained how they would collaborate with palliative care services and use assessment tools to support consumer preferences and needs. Case managers discussed maintaining close communication with palliative consumers to ensure holistic end of life care is provided.

Staff explained the process of reporting concerns or incidents using communication protocols and in accordance with their role. Consumers and representatives were confident that staff providing care and services would recognise changes in their condition and respond in a timely manner. The service has policies and procedures to guide staff in recognising and responding to acute clinical deterioration.

Case managers demonstrated how care plans and healthcare worker task lists are used to ensure consistent communication about consumer needs. Staff explained the information management and sharing processes including how changes in consumer needs, preferences and condition are documented and communicated within the organisation. Care documentation demonstrated that allied health professional reports were available and consumer consent to share information with others responsible for their care was provided.

Consumers and representatives confirmed that referrals are promptly completed when their goals, needs or preferences change. Staff described the referral process and how they engage with other services to provide effective care for consumers. The service has a documented referral process with clearly defined response timelines. Care documentation included referrals to clinical and allied health professionals in accordance with individual consumer needs.

Management explained the service has well developed infection control processes including provision of personal protective equipment to staff, staff and consumer vaccination programs and staff training. This was consistent with staff, consumer, and representative reports. The service has an infection prevention and control lead who undertakes audits of infection prevention practices with training on antimicrobial stewardship also provided to staff.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

A review of consumer documentation demonstrated that staff collaborate with consumers to implement strategies which optimise their independence and quality of life. Staff demonstrated an understanding of individual consumer goals and described how the assessment process supports consumers to receive services that align with their goals. This was consistent with feedback from consumers and representatives.

Staff described how they recognise and respond to individual consumer social, emotional, and spiritual needs. This was consistent with care documentation and consumer and representative feedback which indicated services received enhance consumer psychological, social, and spiritual well-being.

Consumers and representatives confirmed the service understands what is important to them and helps them overcome barries to participate in activities. Staff discussed how they access a range of services to support consumer engagement in the community. Management advised how consumer satisfaction with services is evaluated. Care documentation demonstrated that case managers arrange services to support consumer participation in the community.

Staff discussed the information management and sharing processes in place to support the delivery of effective and individualised care including following changes to consumer needs, preferences, or condition. Management discussed how they have introduced a working group to enhance communication between case managers and healthcare workers. Consumers and representatives confirmed the service effectively coordinates their services and supports and staff know individual needs.

Staff described the referral process and how they engage with other services including external organisations, community, and support groups to provide effective resources for consumers. The service has a documented referral process with clearly defined timelines. A review of care documentation reflected referrals to other organisations and providers of care and services.

The service provides lunch, morning and afternoon tea to consumers attending day respite, social supports and groups with the menus reviewed by a dietitian. Staff described how they ensure consumers have access to meals that meet nutritional standards and individual requirements. This was consistent with care documentation which also demonstrated that consumer dietary requirements are communicated within the organisation. The service’s complaints register, and quality improvement plan included planned actions in response to consumer complaints.

Consumers and representatives who receive equipment stated the equipment was appropriate, safe for use and were confident staff would assist them in accessing repair and maintenance, if required. Staff demonstrated an understanding of how to report faulty equipment and explained they only use equipment approved by the occupational therapist. This was consistent with care documentation.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

The service provides onsite day respite, social and exercise support groups. All consumers and representatives described the environment as welcoming and supportive of their social engagement, physical function, and well-being. Staff described how they organise the service environment to maximise consumer interaction and well-being. This was consistent with observations by the Assessment Team.

The Assessment Team noted the service environment was clean with safety signs and equipment available. Consumers were able to move freely throughout the service environment. Staff described preventative maintenance processes in place and how they would respond to a safety incident or hazard in the service environment. Documentation demonstrated regular audits of the environment, occupational health and safety and maintenance. Management demonstrated documentation processes in place to maintain the safety, cleanliness, and comfort of the service environment.

The Assessment Team observed that furniture, fittings, and equipment in the service environment were clean, well maintained, and suitable for consumer use. Staff reported that allied health professionals assess all equipment prior to consumer use with equipment cleaned following use. Consumers confirmed they have access to safe and good quality equipment that meets their needs including under supervision by allied health professionals. The service has policies and procedures detailing the cleaning of furniture, fittings, and equipment.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives confirmed they feel encouraged and supported to provide feedback, make complaints, and raise issues. Case managers described opportunities available for consumers to provide feedback and complaints with this information provided during the initial assessment process. This was consistent with management’s feedback and consumer onboarding information. The service has a complaints policy and register with consumer documentation demonstrating that most consumers participated in a monthly clinical indicator survey with their case manager.

Advocacy support information is included in the consumer welcome pack and is discussed by case managers during the assessment process. This was consistent with representative reports and documentation reviewed. Consumers and representatives discussed the service supports them if they require an advocate, language service or alternative method for resolving a complaint.

Consumers and representatives confirmed that when feedback is provided, the service responds appropriately, in a timely manner and provides an apology. Staff described the complaint management process including open disclosure. A review of complaints records demonstrated the service uses open disclosure with complaints managed in a timely manner.

Management advised feedback and complaints data are reviewed monthly at committees and provided to the board, as required. Management provided examples of improvements arising from consumer complaints and feedback. This was consistent with reports from consumers and representatives. Committee meeting minutes included feedback and complaints with this information used to identify trends and inform the service’s quality improvement plan.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives were satisfied with staffing levels and the quality of care and services received. Management described the structure of staff directly employed by the service and contracted agreements with brokered providers to meet consumer and representative preferences. A review of the roster demonstrated that the workforce is planned to enable a suitable number and mix of staff with cancelled or unfilled shifts recorded and actioned.

Staff demonstrated an understanding and respect for individual consumers. The Assessment Team observed management and case managers to be respectful, kind, and caring when discussing and communicating with consumers. This was consistent with consumer and representative feedback.

Consumers and representatives confirmed that staff perform their duties well and are confident that staff skills meet their care requirements. Staff described the induction process which was consistent with the staff orientation booklet and feedback provided by management. The Assessment Team reviewed position descriptions, subcontractor records and staff records which detailed qualifications, registrations and checks required. The service has a process of verifying and monitoring staff qualifications and checks.

Management described annual and monthly training scheduled, how staff training needs are identified and how learning preferences are supported. This was consistent with staff feedback. A review of staff mandatory training records demonstrated that multiple modules were not up to date. In response to feedback, management confirmed remedial actions have been commenced and are included in the service’s PCI.

Management described the performance review procedure which includes providing structured feedback, a formalised appraisal, fostering staff self-assessment and identifying professional development and succession planning opportunities. The Assessment Team identified that most performance appraisals were up to date. The service has policies to guide management and staff in performance management and disciplinary procedures.

# Standard 8

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

The service conducts surveys and obtains feedback from consumers. Management described how consumer feedback, suggestions and complaints are used to improve care and services, develop quality improvements, and evaluate current systems. This was consistent with case manager feedback.

Management described the organisational structure which governs the delivery of care and services including organisational sub-committees. Information from sub-committees is included in the development of strategic plans and is regularly provided to the board to enable monitoring and examination of safe care.

The service demonstrated effective organisation wide governance systems, as evidenced by policies. Staff confirmed detailed information is available to them at the point of care including care plans and task lists. Staff confirmed they can contact case managers, clinical staff or management for additional information or support at the point of care, if required.

Management explained they maintain oversight of income and expenditure. Consumers are provided monthly statements, and the service has a process to manage unspent funds.

Opportunities for continuous improvement are informed by incidents, complaints, consumer input and risk identified. The service’s quality improvement plan included actions, outcomes, and completion dates.

The service maintains information regarding the competency and qualifications of staff and subcontractors and monitors their currency in line with work agreements. The quality management framework incorporates governance related to legislative compliance. Legislative and regulatory changes are monitored through subscription to a peak body with systems in place to ensure consistency with policies and procedures. These changes are discussed at meetings and distributed to staff and consumers.

The service demonstrated effective risk management practices, as evidenced by documentation and feedback provided by management. The service assesses and manages consumer risk including high-impact and high-prevalence risks, trains staff on the Serious Incident Response Scheme (SIRS) and maintains an information management system.

The service demonstrated clinical care and services are governed by a clinical governance framework and quality management system. There are organisation policies pertaining to restraint minimisation, open disclosure, and antimicrobial stewardship. The Assessment Team noted that documentation and feedback provided by staff was consistent with policies.

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)