**Performance**

**Report**

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| Name of service: | Southern Cross Care (WA) - Tony Quinlan Respite Centre |
| Service address: | 84 Collick Street HILTON WA 6163 |
| Commission ID: | 500018 |
| Home Service Provider: | Southern Cross Care (WA) Inc |
| Activity type: | Quality Audit |
| Activity date: | 4 April 2023 to 11 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 Southern Cross Care (WA) - Tony Quinlan Respite Centre (**the service**) has been prepared by M Franco, 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.

# Services included in this assessment

**Home Care:**

* Southern Cross Community Care Services CACP (South West Metro), 19243, 84 Collick Street, HILTON WA 6163

**CHSP:**

* Care Relationships and Carer Support, 25196, 84 Collick Street, HILTON WA 6163
* Community and Home Support, 27139, 84 Collick Street, HILTON WA 6163

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.

# 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 | | CHSP |
| 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

At the time of the performance report decision, the service is:

• demonstrating that consumers are treated with dignity and respect, and that services are delivered in a culturally safe manner.

• using dignity of risk approach to support consumers to take risk to enable them to live the best life they can.

• providing information to each consumer that is current, accurate and timely and which consumers and representatives find easy to understand and enables them to exercise choice; and

• respecting a consumer’s privacy and has processes to protect the consumers personal information.

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers and representatives said support workers are respectful and consult them about their care to the way in which they prefer their services to be delivered. Management and support workers interviewed consistently spoke of consumers in a respectful way and were able to describe what was important to consumers they individually support and what it meant to treat consumers with dignity and respect.

The service was able to demonstrate that care and services are culturally safe. Consumers and representatives described what is important to them and how their services are delivered to accommodate this. Support workers demonstrated an understanding of consumers’ backgrounds and described how they deliver a culturally safe service.

The service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and representatives confirmed that the service involves them in making decisions about the care and services they receive. Support workers described how they support consumers and their representatives to exercise choice and make decisions about their services.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and support workers respect the decisions they make. Support workers described how they support consumers to take risks and to do things that are important to them.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. The service demonstrated they have effective systems in place to protect consumers’ privacy and personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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

At the time of the performance report decision, the service is:

• following the organisations assessment and support planning process to ensure staff can deliver safe and effective care and services.

• able to demonstrate outcomes of assessment and support planning are communicated to consumers and representatives and documented in their support plans to guide staff to effectively deliver care and services.

• recording consumer goals to guide care and services delivered. Advanced care planning is discussed and documented as appropriate.

• documenting support plan and assessment information consistently demonstrating regular and/or episodic review to reflect the changes to the care and services implemented following a change in the consumer circumstances including in response to an incident.

The service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care in partnership with the consumer and their representative. The information outlined in the support plan guides staff in the provision of safe and effective care. The service considers the risk for consumers when completing assessments with strategies to reduce the risk to the consumer recorded in the respite services support plan.

The service demonstrated it involves the consumer and carer/representative, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers sharing consumer’s goals and preferences in accordance with their obligations relating to privacy of information.

The service demonstrated processes are in place to ensure support plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference.

# Standard 3

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| Personal care and clinical care | | 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 |
| 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

At the time of the performance report decision, the service is:

• able to demonstrate consumers and their representatives are satisfied they are provided with timely personal and clinical care that is safe and provided in the manner that meets their preferences.

• identifying and recording high impact and high-risk issues for consumers through assessments using validated best practice tools.

• ensuring staff understand their care needs and where required there is timely referrals made to support their existing or changed care and service needs.

• demonstrating timely and appropriate referrals to individuals, other organisations and providers of other care and services are consistently completed.

• able to demonstrate policies and processes are available to guide staff in the use of standard and transmission-based precautions to reduce the risk of infections and to promote appropriate antibiotic prescribing.

The service demonstrated personal and clinical care is tailored to the needs and preferences of each consumer and/or representative based on assessment of the consumer’s needs, goals and preferences. All consumers and representatives interviewed reported satisfaction with the care they receive. The staff refer to nursing and allied heath staff seeking assessments and recommendations for the provision of best practice strategies. Policies and procedures are available to staff who confirmed the optimisation of consumers health and well-being is the focus of the services provided ensuring care is tailored to the needs and preferences of each consumer.

• Representatives interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being.

The service was able to demonstrate that it effectively manages high impact and high prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist support workers manage risk, and to ensure clear instructions are provided to them to minimise the effect and number of risks for consumers.

For example:

• The home care clinical coordinator provided an example of documentation and stated risks such as falls, weight loss, changed behaviours, wounds, and pressure injuries are all recorded in the clinical assessment. If staff identify issues, they will report to the respite centre coordinator for follow up. The home care clinical coordinator advised she is allocated one hour per day for three days a week to follow up issues at the respite centre and will liaise with the consumers’ representative, package coordinator, or medical practitioner for ongoing management of issues as required.

The service demonstrated that consumers are provided an opportunity to share their needs, goals and preferences nearing the end of their life maintaining each consumers’ dignity and comfort and with respect to their cultural preferences.

• The home care clinical coordinator advised in general consumers who have life wishes, no longer have the capacity to do so due to the progression of their dementia. However, the staff will work with the consumers representative to identify issues of importance to them and advocate on the consumers behalf.

• The home care clinical coordinator advised should a consumer be identified in the palliative phase of their illness they will work with external palliative care specialist services to support the consumer and representative as appropriate. However, noted this is not a service that is able to be accommodated within the respite service.

The service was able to demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff described processes to refer consumers for allied health services and additional services through the internal referral process or My Aged Care (MAC) for consumers accessing CHSP services or through contact with the consumers home care package coordinator.

The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. A COVID-19 management plan is available to all staff. The service has in place practices to promote appropriate antibiotic prescribing, including assisting consumers with the administration of medication, consulting with the consumers medical practitioner and providing them with information regarding the safe use of medication and information about antibiotic use for aged care consumers.

# Standard 4

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| Services and supports for daily living | | 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 |
| 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

At the time of the performance report decision, the service is:

• able to demonstrate each consumer is provided with safe and effective supports for daily living that are important for their health and wellbeing and that enables them to do the things they want to do.

• promoting each consumer’s emotional, spiritual and psychological well-being.

• supporting consumers to remain connected to their communities and participate in things that interest them maintaining social and personal relationships.

• communicating needs and preferences of consumers within the service and with others where responsibility for care is shared.

• ensuring referrals are made, assessments are completed, and equipment is provided that meets the specific requirements and is fit for purpose for the consumer with hired equipment monitored and maintained.

Consumers and representatives interviewed were satisfied that they receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, well-being, and quality of life. Support workers were able to demonstrate they know the consumer and their preferences.

The service was able to demonstrate it supports consumers to participate in the community and to maintain the relationships that are important to them by gathering information during assessments and reviews about their social and personal relationships and the things that interest them, and then using that information to guide decisions around the services that are delivered.

The service was able to demonstrate, where meals are provided, they are varied and of suitable quality and quantity.

• Consumers interviewed said that support workers at the centre understand their needs, preferences and when they require assistance with their meals. Overall, consumers expressed satisfaction with the variety, quality and quantity of food currently being provided to consumers at the centre.

• Support workers interviewed had knowledge of consumers’ individual meal requirements and preferences, as documented in consumers’ support plan. The support workers said they maintain dietary forms that reflect consumers specific dietary needs and preferences.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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

At the time of the performance report decision, the service is:

• providing consumers with and environment that is welcoming and optimises each consumer’s sense of belonging, independence and interaction.

• ensuring consumers are able to freely move around the centre, both indoors and outdoors with no restrictions.

• able to demonstrate furniture, fittings and equipment at the centre is safe, clean, well-maintained and suitable for use.

The service environment at the centre was safe, clean, well maintained and enable free movement. Outdoor areas have level pathways for access and sitting areas that are well-maintained. Consumers were observed freely moving around the centre and had access to different areas. The service demonstrated fixtures, fittings and equipment are safe, clean and well maintained and suitable for the consumer. Support workers that all maintenance issues were rectified as a matter of priority and support workers were implementing cleaning procedures for furniture and equipment.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

At the time of the performance report decision, the service is:

• encouraging consumers and representatives to provide feedback and make complaints.

• providing information on how to raise feedback, make a complaint and how to contact other external organisations for support should they need to.

• recording feedback and complaints, and actioning any feedback in a timely manner, to the satisfaction of consumers.

• using feedback and complaints to improve services provided to consumers.

The service demonstrated that consumers, representatives are others are supported to provide feedback and make complaints. Support workers are aware of the ways in which they can support consumers to make complaints. Policies, procedures, and systems are in place to encourage feedback from consumers, representatives, and their families, and those involved in delivering services to consumers. The service demonstrated consumers are made aware of and have access to advocates and other methods for resolving complaints. Management said, and provided evidence showing that, information about advocacy services is provided to consumers in the consumer handbook at onboarding. The service demonstrated that it takes appropriate action to resolve complaints quickly and uses an open disclosure approach when things go wrong. Consumers and representatives report being satisfied by the way in which the service responds to complaints. The service demonstrated feedback and complaints are reviewed and are used to improve the quality of care and services. Support workers and management are aware of the processes to respond to complaints and can talk about how complaints are reviewed and used to improve the quality of care. Management can also describe the trends in complaints and steps they have taken to address those complaints.

# Standard 7

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| Human resources | | 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 |
| 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

At the time of the performance report decision, the service is:

• ensuring the workforce is planned to enable the delivery and management of safe and quality services to consumers.

• engaging and training the workforce to interact with consumers in a kind caring and respectful way.

• engaging a competent and skilled workforce to enable the delivery of quality services to consumers.

• providing induction and support to the workforce at commencement and ongoing, regularly review and monitoring of the performance of each member of the workforce.

The service demonstrated that the organisation’s systems allow for regular monitoring and planning of staff, with the result that consumers receive services that are aligned with their assessed needs and preferences. The service has been proactive in identifying ways to ensure that the sector-wide workforce shortages, including those arising from the COVID-19 pandemic, do not adversely affect its ability to provide safe and quality care to their consumers. The service demonstrated that processes and systems are in place to ensure that all members of the workforce, including contracted third-party workers, are competent and have the qualifications and knowledge to effectively perform their roles.

• Consumers and representatives interviewed did not have any complaints about the services provided and said they were satisfied that staff are competent and know what they are doing.

The service demonstrated that it has systems in place to recruit, train, equip and support the workforce to deliver safe and quality care and is constantly reviewing and improving those processes. Each member of the workforce is required to complete mandatory induction and ongoing training which supports how they deliver care and services.

• Support staff provided a summary of topics covered in the induction process including but not limited to the values of the organisation, policies and processes, responsibilities for the role, use of electronic systems, and communication, an overview of feedback and complaints, advocacy, work health and safety and dementia. Staff confirmed they complete medication competency if they are providing personal care services and have completed their certificate III in an appropriate aged care area. The service demonstrated regular monitoring and review of the performance of workforce members. Staff and management advised that processes are in place for performance review as required under the Aged Care Quality Standards. Management advised the annual performance review is also used to identify opportunities for professional development of each staff member.

# Standard 8

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| Organisational governance | | 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 |
| 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

At the time of the performance report decision, the service is:

• accountable for ensuring that the service has effective governance systems to ensure the delivery of safe and effective care and services.

• engaging consumers in the development and improvement of their services and care.

• ensuring that systems and procedures are in place to effectively monitor and manage risk, including the management of high-impact and high-prevalence risks.

• working within a clinical governance framework that addresses antimicrobial stewardship, restrictive practices, and open disclosure.

The service demonstrated that the organisation promotes and is accountable for a culture of safe, inclusive, and quality care and services. The policies and procedures of the service are aligned to the organisation-wide policies and procedures that require all employees, consumers of services and other stakeholders to treat others with respect and awareness of their individuality and cultural preferences.

The service demonstrated that there are effective organisation-wide systems in place across all key areas of business operations and effective communication lines exist to ensure that the service has input into changes to any of the policies or systems implemented by the organisation.

In relation to information management:

• Consumers and representatives have access to relevant information to enable them exercise choice, including support plans, clearly outlined budget statements and avenues to provide feedback and make complaints.

• The organisation has an established records management framework including client privacy and confidentiality policies and procedures related to collecting, sharing, and storing information. All consumer’s information is stored securely, in line with legislative requirements, and electronic data is password protected and accessed with relevance to staff position and role.

In relation to continuous improvement:

• The organisation has an established continuous improvement process including documentation of improvements in the service’s continuous improvement plan which included improvements informed by consumer feedback, policy and processes review, improvements contributed by all area of the organisation.

• An example of a recent improvement includes a review of the home care training matrix with a view to ensuring the training provided represents a healthy mix of in person and online training an enhances safety and service quality. Staff have been provided with the training matrix and are aware of how to access mandatory and additional training as required.

In relation to financial governance:

• Documentation reviewed showed there is monthly reporting to track finances and a report is submitted to the Board. The service has a financial officer who over sees all budgets, grant agreements and purchasing.

In relation to Workforce governance:

• The service was able to demonstrate effective workforce planning recruitment, induction, and performance management to enable delivery and management of safe and quality services to consumers.

• The Assessment Team reviewed documentation showing all roles have job descriptions which detail responsibilities and accountabilities.

• The service has not had any impact of the SCHADS award in terms of service delivery as the staff are rostered regular day, evening, or overnight shifts.

In relation to regulatory compliance:

• Management said they subscribe to alerts on changes to legislation compliance and subscription to various government departments and disseminate information to the Board and leadership team as required. In line with recent Code of Conduct and Serious Incident Response Scheme (SIRS) in home care, the CEO demonstrated how policies and processes have been updated to reflect these changes.

In relation to feedback and complaints:

• The service has an organisational wide system in place which provides monitoring and overview of feedback and complaints. The CEO advised the head of client experience is continuing to explore ways to support consumers provide feedback. Including enhancing the client experience utilising feedback provided in the client survey questionnaires.

• Documentation reviewed showed monthly reporting is completed by the leadership team regarding types and trending of complaints and feedback is provided to the Board for consideration.

The service demonstrated that effective systems and procedures are in place to manage risk. Staff are aware of their responsibilities to report any suspected or observed elder abuse or neglect. The service has policies and processes in place to support consumers to make informed choices and live their best life. The service has an incident management system which was observed to be used and follow up and escalation processes are in place when an incident occurs. Staff demonstrated how they report any concerns and how it is followed up. The service demonstrated it has a clinical framework in place that ensures that consumers receive safe and quality clinical care. The framework includes processes for open disclosure, management of restrictive practices, and antimicrobial stewardship. A clinical governance committee, a subcommittee of the Board, meets quarterly reporting to the Board following the committee meeting.

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