**Performance**

**Report**

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| Name: | Sue's Home Care Nursing |
| Commission ID: | 201336 |
| Address: | 1 Canrobert Street, MOSMAN, New South Wales, 2088 |
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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: 9011 Sue's Home Care Nursing Service Pty Limited  
Service: 26860 Sue's Home Care Nursing

**This performance report**

This performance report for Sue's Home Care Nursing (**the service**) has been prepared by Gill Jones, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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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 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 |
| 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

All consumers and/or their representatives interviewed said they are treated with dignity and respect by support staff and the service management team. Staff demonstrated a thorough understanding of their assigned consumers’ needs, backgrounds, preferences, choices, and the people important to them. A review of care planning documents confirmed details of consumers’ individual preferences, needs, and those people important to them are recorded, and are updated accordingly when circumstances change. The service has current policies on respect and dignity, and culture and diversity, including a consumer handbook which contains information about consumer rights.

All consumers and/or their representatives interviewed said staff know their backgrounds and what is important to them. Staff could identify consumers from various cultural backgrounds and how this could influence their approach to care. Care planning documents evidence consumers’ cultural backgrounds, interests, and preferences.

All consumers and/or their representatives said they can exercise choice and make decisions about their care and services and are supported by the service to maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships, including intimate relationships. Care planning documents detail how consumers wish their care to be delivered and who will be involved in this.

All consumers and/or their representatives interviewed said they are supported by staff to take risks and to live the best life they can. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are used to facilitate consumers to make informed decisions. Policies guide staff in supporting consumers in choice and decision making and maintaining their independence.

Interviewed consumers and/or their representatives confirmed they receive current and timely information that enables them to exercise choice, such as any changes made to their HCP budget, legislative changes which impact their HCP and any alterations to support workers and shift changes. They all indicated they receive monthly statements which are clearly articulated. They said any questions they have about the monthly statements are promptly followed up by the service management team.

All consumers and/or their representatives interviewed stated they are satisfied their privacy is respected by staff and their information is kept confidential. Staff were able to demonstrate how they maintain consumer privacy. The service has policies regarding the confidentiality of information. The service’s information management system is accessible to support workers on their remote devices, but is password protected.

Based on the information in Assessment Team’s report I find six of the six requirements in Standard 1 compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 commencement of Home Care Package (HCP) services, a thorough assessment of the consumer care needs is completed, including the use of validated tools. Risk assessments include environmental, falls risk and skin assessments, when applicable. When risks are identified, management review the risks, and develop risk mitigation strategies in consultation with the consumer and their representatives. Consumers interviewed and documentation sighted confirmed this is occurring.

The initial assessment captures information about the needs of the consumers, and ongoing communication with support workers and the management team ensures that individual consumer preferences are kept up to date in care planning documentation. Advanced care planning is addressed during the initial assessment visit and when support plans are reviewed. Consumers are provided with information on advanced care planning.

Support plans include other services that are involved in the consumer's care, if applicable. Management liaise with representatives and other individuals to ensure the assessment and the planning of the services meet the requirements of each consumer.

Outcomes of assessment and planning are communicated to the consumer at the time of assessment and available in the support plan. Regular support plan reviews are completed by management with consumer/their representative and they are offered a copy of the support plan following initial assessment and on review. This is at least annually or when changes occur. Evidence available demonstrated the support plan had been shared with the consumer to communicate updated information. Support workers receive emails and texts when information is updated.

Care is reviewed at least annually and also when circumstances change, including following incidents. Staff and consumers were all able to describe how they communicate with the management team when changes occur impacting needs of the consumer.

Based on the information in Assessment Team’s report I find five of the five requirements in Standard 2 compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The consumers and representatives interviewed found the services they receive are safe and effective. Services were tailored to the consumers’ needs and optimised their health and well-being and follow evidence based practice guidelines.

While the level of nursing assistance to meet clinical care needs for the consumers of this service is low, risks such as deterioration, dementia related behaviours, falls, pain, hearing loss and skin tears are managed effectively. Risks are identified within the care plan with mitigating strategies outlined for each risk. All consumers with behaviours related to dementia and mental health conditions have a behaviour support plan to address their needs.

While the service does not currently or regularly manage consumers end of life care needs, the service communicates with the consumers and their representatives around their needs, goals and preferences regarding end-of-life care. The service has policies and procedures around care and support planning, care of consumers of different faiths, expected and unexpected death of a consumer, and an essential guide for high quality end of life care. Policies and procedures promote discussion about end-of-life goals and preferences upon commencement of services. Advanced care directives and plans are discussed and information is provided to the consumer and their representatives. This is revisited at each care plan review to encourage consumers to have plans that will meet their goals and preferences when the time comes. Depending on the needs of the consumer, discussions involve options for care such as palliative care and residential care where higher care needs are supported.

The service has provided education to support workers in recognising and managing deterioration. Changes observed by support workers and the consumer’s family are documented and escalated to the management team. Weekly management meetings, involving clinical and support staff, review consumer changes and deterioration to assist with further care and support planning.

Support workers have access to specific details of the service the consumer requires, to ensure the needs and preference of the consumer can be met. Staff report that they have clear direction on the tasks that they are to complete at each visit. New staff receive a handover of the care needs and preferences of the consumer by a regular support worker. The management team hold weekly meetings to discuss care needs and ensure appropriate escalation when issues occur, including clinical risks and incidents. The organisations wider clinical team are available to provide advice when acute clinical changes occur. Support workers write in progress notes for each visit so that future staff have up to date information.

The service has policies and procedures for infection control and to minimise the spread of infections, including COVID-19. Staff were able to describe how they implement strategies to prevent the spread of infection, including screening for COVID 19, recognising signs and symptoms and escalation to the managing director, operations manager and clinical manager, when screening is positive. Staff will escalate consumer changes including possible infections to the management team if detected. Consumers are encouraged to visit their medical officer for advice on treatment. Alternatively, there are clinical staff available within the organisation to give advice to staff and consumers of the appropriate action if an infection is suspected.

Based on the information in Assessment Team’s report I find seven of the seven requirements in Standard 3 compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 all said that they receive a variety of effective services and supports, such as social support, domestic cleaning, and personal grooming. Consumers and representatives also said that these services are very effective for the consumer to maintain their independence and other services, such as social support and transport, have been invaluable in managing the consumers’ mental health and their overall sense of purpose. Support workers interviewed were knowledgeable about their consumers and their needs and preferences. Care plans reviewed contained details about consumers’ goals, needs and preferences, such as meal and beverage choice, and times to wake up and go to bed.

Consumers and representatives interviewed said that the service is ‘very good’ or ‘fantastic’ or ‘critical’ in ensuring that consumers’ emotional, spiritual and psychological needs are being met. Support workers demonstrated a general understanding of the importance of these needs being met and understood consumers’ needs in this respect. Care plans reviewed contained details about various emotional and spiritual needs of consumers, such as consumers’ religious faiths.

Consumers and their representatives all stated that the service allows them to continue to do things that interest them and to also maintain their social connections within their community. Support workers displayed an understanding about the importance of activities for the wellbeing of the consumer. Care plans contained details about the activities and services provided to consumers that allow them to engage socially in their community and do things that interest them.

Consumers and representatives were all satisfied with the way support workers communicated with each other during shifts and at handovers. Support workers interviewed explained how they write live progress notes during shifts, and these are uploaded onto the service’s information and client management application. Support workers explained that they are able to read previous workers’ progress notes relating to a consumer and this assists them in preparing for a shift and understanding any changes to the consumer.

Consumers and representatives interviewed said that the service is very quick in making referrals for services, such as hairdressing, and that they have no issues with requesting extra services and ascertaining whether or not they are covered by their package. Management said that the service is an ‘all in one service’ and that it aims to provide a well-rounded suite of services to consumers.

The service does not prepare food offsite or organise for third party delivery of food, but support workers will assist with the preparation of food in the consumers’ homes. Consumers and representatives interviewed said that they were satisfied with the quality of the meals prepared by care workers. Care plans for consumers who have meals prepared for them contained details about the consumers’ preferred food and beverages with instructions for how the support worker should prepare meals.

The service demonstrated that equipment provided is safe, suitable, clean and well maintained. Consumers and representatives interviewed said that they ordered various items through their packages, such as chairs, cushions, walkers and slip mats and that these have improved their quality of life, safety and mobility. Support workers interviewed said that the equipment used in the provision of care is safe and well maintained.

Based on the information in Assessment Team’s report I find seven of the seven requirements in Standard 4 compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

All consumers/and or their representatives interviewed expressed satisfaction that they are encouraged and supported to provide feedback and make complaints. Staff described how they support consumers to provide feedback and make complaints. Management stated that consumer feedback is a valuable indicator of current performance and informs its process of continuous improvement. The consumer handbook, provided to all consumers upon entry to the service, contains information pertaining to how to make internal or external complaints and provide feedback about the care and services delivered to them.

The service has advocacy and language service information in the consumer’s handbook, provided to them when a consumer enters into an initial service agreement. Most consumers and/or their representatives interviewed confirmed they are aware of how to access external advocacy services, although they indicated they feel comfortable providing feedback directly to the service management team, as they are very responsive to consumer feedback. Staff described how they provide information on advocacy and complaints services to consumers if requested, but indicated most consumers in their care have representatives who provide a strong advocacy role for them. Their first action would be to contact management about any issue.

Most consumers and/or their representatives sampled expressed satisfaction that actions have been taken to resolve any issues. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints. Most consumers and/or their representatives consistently reported that issues they raised with staff or management were satisfactorily resolved within an appropriate timeframe. A review of the service’s complaints/feedback information evidenced the active use of open disclosure principles when managing and resolving issues relating to care and services.

Feedback received by the Assessment Team from consumers and/or their representatives indicates the service reviews their feedback and complaints to improve the quality of care and services. Management described how the service’s complaints process is used to inform its plan for continuous improvement. Feedback and complaints documentation reviewed by the Assessment Team identified that appropriate action was taken to resolve complaints, and that systemic improvements were being made to the service as a result.

Based on the information in Assessment Team’s report I find four of the four requirements in Standard 6 compliant.

# Standard 7

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| Human resources | | HCP |
| 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

Consumers and representatives interviewed all said that they were satisfied with the quality of services provided and that the support workers were competent. Support workers interviewed were highly knowledgeable about their consumers and said that they never felt rushed or pressured when delivering their services. The rostering manager said that there have been no unfilled shifts in the past 3 months and rostering is done almost a year in advance to ensure that every shift is adequately filled.

All consumers and representatives interviewed spoke highly of the service’s support workers and said that interactions are respectful and courteous. Support workers interviewed were highly knowledgeable about their consumers’ diverse identities and culture and were able to explain how this influenced the care they provided to the consumers.

All consumers and representatives interviewed said they believed that the service’s support workers are competent and that they are happy with the quality of services provided. Support workers interviewed displayed satisfactory knowledge about relevant issues such as the Serious Incident Response Scheme (SIRS) reporting responsibilities, open disclosure principles, the code of conduct, dignity of risk, and restrictive practices. Support workers interviewed said that they felt confident to deliver quality services and that they completed relevant practical training for their role, such as manual handling and medication management.

Support workers interviewed said they went through a comprehensive induction process, which included relevant training, such as manual handling and medication management, and they received relevant materials such as a staff handbook and a human resources manual. Support workers also said that they regularly do online training that they believe is relevant to their role and they also said that they feel supported by management and can raise any issues through the WhatsApp messenger thread. The service’s ‘New Staff Induction Check List’ document lists the various tasks completed by management when onboarding new staff. Management also provided examples of how they provide ongoing training and support for the workforce, as when the need arises.

The service generally demonstrated that regular assessment, monitoring and review of the performance of members of the workforce occurs. While only some support workers said they have official performance reviews, all support workers said that management regularly monitors and reviews their performance. Management said that they have a current plan to undertake annual performance assessments for all staff going forward. Furthermore, management said that due to their regular monitoring of the workforce, there have been instances of disciplinary action take on staff due to unsatisfactory performance or behavioural issues.

Based on the information in Assessment Team’s report I find five of the five requirements in Standard 7 compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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

All consumers and representatives said that they feel supported to provide feedback about the delivery of services and several representatives said that the service had recently sent to them a consumer feedback survey. Staff interviewed said that they understood the importance of consumer feedback and would pass any feedback onto management. Management provided the Assessment Team with copies of the completed consumer feedback surveys. Management said that the responses to the survey were mostly positive, with consumers reporting a high level of satisfaction. As the service has less than 5 governing members and provide care to fewer than 40 consumers, the strengthening provider governance requirements do not apply.

The service’s governing body contains 2 members, a managing director and a non-executive director. As the service is small with 31 consumers, the managing director is a member of each consumer’s WhatsApp thread and is therefore directly informed by support workers of consumers’ clinical needs and other issues that arise from time to time. The service has detailed policies and procedures in relation to safe and quality clinical care, such as the ‘Medication Staff Resource’ document and the ‘Policy & Procedure Manual’. The Management Meeting Minutes for December 2023 shows that the management discussed an extensive array of topics, such as review of risks, complaints, client requirements and incidents.

The service has demonstrated that it has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

It is considered that the service’s information management governance is operating effectively because: (i) support workers were knowledgeable about the importance of privacy and confidentiality and verified that they are not able to access documents about consumers for whom they do not have caring responsibilities; (ii) management showed the Assessment Team it’s consumer data management systems and the various access controls, such as the requirement for the administrator to first set up a ’staff profile’ before information can be accessed; (iii) in the recent management meeting minutes, information management was discussed; and (iv) there have been no reported breaches of privacy or confidentiality; (v) Staff said they have access to relevant information from several sources such as progress notes, care plans, emails, meeting minutes, and relevant training, to ensure the safe delivery of care and services to consumers.

It is considered that the service’s continuous improvement governance is operating effectively because its continuous improvement register lists a variety of issues that the service is currently managing or resolved.

It is considered that the service’s financial governance is operating effectively because management has high visibility over any unspent funds and engages in strategies to encourage consumers to spend their allocated funds, such as suggestions and reminders.

It is considered that the service’s workforce governance is operating effectively because the service’s continuous improvement register shows that it is actively identifying staffing issues, such as unsatisfactory performance, as well as the action taken to correct staffing behaviour, such as formal warnings. Support workers were also knowledgeable about their roles and their responsibilities as aged care workers.

It is considered that the service’s regulatory compliance governance is operating effectively because: (i) it has not been the subject of any adverse regulatory findings in the last 12 months; (ii) all staff have completed training and are aware of their responsibilities in relation to SIRS and the Code of Conduct.

It is considered that the service’s feedback and complaints governance is operating effectively because: (i) the complaints register lists the various complaints made and what management has done to address them (ii) staff were able to demonstrate knowledge about reporting feedback and complaints; (iii) complaints were discussed at the recent management meeting in December 2023.

The service has demonstrated that it has effective risk management systems and practices in relation to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

It is considered that the service’s high impact or high prevalence risk management systems are operating effectively because the service’s High Risk Monitoring register contains details of high-risk clinical issues and how management is addressing them.

It is considered that the service’s risk management systems relating to preventing neglect and abuse are operating effectively as staff demonstrated knowledge about this issue and there have been no reported incidents of abuse or neglect.

It is considered that the service’s risk frameworks for support consumer choice and dignity of risk is operating effectively as staff were knowledgeable about this issue and consumers said that they felt supported in making choices for themselves.

It is considered that the service’s incident risk management framework is operating effectively as the service’s incident register outlines incident details and management’s response to them.

The service has demonstrated that it has a clinical governance framework. Clinical care issues are discussed at management meetings as well as any corrective actions to improve the quality of clinical care. Whilst the service does not have a policy on antimicrobial stewardship it has a policy on open disclosure and restrictive practices.

Based on the information in Assessment Team’s report I find five of the five requirements in Standard 8 compliant.

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)