Performance

Report

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| Name of service: | Warralily Gardens |
| Service address: | 2-28 Freda Road ARMSTRONG CREEK VIC 3217 |
| Commission ID: | 4578 |
| Approved provider: | Western Residential Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 21 April 2023 |
| Performance report date: | 30 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 Warralily Gardens (**the service**) has been prepared by G. Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives stated consumers are treated with dignity and respect, staff know and value their identity and cultural background and encourage their diversity. Staff described how they respect consumers by using their preferred names and embracing consumers’ identity and culture. Policies and procedures reflected a strong organisational focus on dignity and respect.

Consumers and representatives confirmed the service recognises and respects their cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and described how they tailor care that meets their specific cultural needs and preferences. Care planning documentation identified the service collaborates with consumers and representatives to accurately reflect their cultural preferences to ensure care and services meet their needs.

Consumers said they are supported to choose who they wish to involve in their care and how they would like their care and services delivered; they are encouraged to make connections with others and are supported to maintain relationships, including intimate relationships. Staff confirmed family and friends of consumers are permitted to visit at any time if entry requirements, such as COVID-19 testing, are met; staff identified those consumers who meet with family regularly.

The service is guided by policies and procedures for risk management and informed consent. Risk assessments are carried out by qualified health professionals and dignity of risk forms are signed by the medical doctor and consumers. Staff said consumers had dignity of risk plans in place and clinical staff identified what risks had been identified and strategies planned. Care planning documentation demonstrated risks are identified using risk assessments and appropriate measures are taken to ensure consumers are provided with the knowledge and information to make informed decisions.

Representatives said they are kept informed about changes in care and events in the service, through regular emails and phone calls. Consumers confirmed they are provided with timely and accurate information either verbally, through notices on their television or by receiving a paper-based notification. The Assessment Team observed daily menu plans and activities lists on display in consumer rooms and in communal areas. The Assessment Team also observed the previous month’s Resident Meeting minutes located in multiple places for consumers to take and read.

Consumers said their privacy is respected and personal information is kept confidential. Staff said consumer information and their files are stored in the locked nurses’ station in closed cupboards, clinical handover is done in a private area and computers are locked with passcodes. The service has privacy protocols in place to protect consumer privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Staff said assessment outcomes are documented in care plans and used to guide staff practice in care of consumers and a consumer admission process guides registered staff in the assessment of consumers on entry to the service. Consumers and representatives said they are satisfied with the care they receive, and risks are identified and managed to promote their independence and safe care. Care planning documentation identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and changed behaviours.

Consumers and representatives said they have been provided the opportunity to discuss their current care needs, goals and preferences, including advance care planning and end of life care. Assessments including, but not limited to, sleep, personal hygiene and communication contained individualised preferences and goals of care. Care planning documentation reflected end of life care wishes and advance care directives. Staff advised consumers are encouraged to discuss their preferences on entry to the service if they wish to and information regarding advance care directives are provided in the consumer admission pack.

Consumers and representatives said assessments and planning are based on partnership with them and include others they choose to involve in their care. Staff described the process of referring consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Care planning documentation identified that consumers and representatives are consulted in assessments and care planning, and includes input from multidisciplinary team members, such as medical officers, physiotherapists, dieticians, and podiatrists.

Care planning documentation evidenced frequent updates relevant to consumer’s needs, goals, and preferences including for mobility, nutrition/hydration, pain, behaviour management, sleep, and communication preferences. Staff explained how they access care plans on the electronic care management system and communicate assessment outcomes to consumers by talking to them and allowing time for them to ask questions, they involve representatives to explain information to consumers who have difficulties communicating. Staff said they rely on verbal and nonverbal cues during assessments, such as monitoring for pain.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, the development of pressure injuries, incidents that fall under the serious incident reporting scheme and medication incidents. Staff demonstrated familiarity with reporting and recording incidents in the electronic system and updating care plans. Management advised clinical incidents are reviewed monthly to identify strategies to minimise risk of reoccurrence and to identify improvements. The service is guided by policies and procedures for recording and reporting incidents, and care plans are updated when circumstances change and on a four-monthly basis.

# Standard 3

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

Findings

Consumers and representatives said care delivered is tailored to consumer needs and optimises their health and well-being. Staff demonstrated they understand the individualised personal and clinical needs of consumers and said staffing levels had improved recently and they have time to attend to consumers’ care needs. Care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has policies and procedures in place to support the delivery of care provided, such as wound management, restraint practices, falls prevention, skin integrity, and pressure injury prevention.

Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Staff described of how they provide strategies in managing and preventing consumer falls. Care planning documentation identified effective strategies to manage key risks, these were recorded in assessment tools, care plans and progress notes.

Consumers nearing the end of life receive appropriate care, consumers and representatives are satisfied that care delivered is tailored to their needs, goals, and preferences. Consumers and representatives confirmed staff had spoken to them about advance care planning and end of life preferences. Staff said they attend to mouth care, skin care and pain management and involve families during palliation of the consumer. Care planning documentation details consumers’ advance care planning information, including choices and end of life preferences.

Consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to, including early detection of coronavirus (COVID-19). Staff said clinical management are responsive when any changes to consumers’ conditions are reported. Care planning documentation, progress notes and charting demonstrated that deterioration in a consumer’s health, capacity and function are recognised and responded to.

Consumers and representatives said the service communicates information effectively including the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care needs are communicated through verbal handover, meetings, accessing care plans, task reports or messages through electronic notifications. Care planning documentation identified adequate and accurate information is recorded and is specific to each consumer, such as falls risks, pain, skin care, mobility changes, dietary changes, and appointments.

Consumers and representatives said they are satisfied with the delivery of care, including referral processes. Staff described the process for referring consumers to health professionals and allied health services. Care planning documentation included input from other services such as medical officers, podiatry services, physiotherapists, geriatricians, and dieticians. The service is guided by organisational procedures regarding referral processes to health professionals within and outside of the service.

All consumers and representatives interviewed said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff said they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. Consumer infections are registered on the electronic care management system and analysed at a service and organisational level; data is used to inform improvements for consumers in relation to infection prevention. The service has policies and procedures relating to antimicrobial stewardship, infection control guidelines and handwashing.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said there are services and supports for daily living which meets consumers’ needs, goals, and preferences and maintain their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Assessments and care planning documentation captured the consumers’ life story and identified consumers’ choices, lifestyle likes and dislikes, social affiliations, and spiritual and religious needs.

Consumers and representatives said there are services and supports to promote their emotional and spiritual well-being. Staff described how they support consumers’ well-being such as by spending one-on-one time with consumers who don’t wish to participate in group activities. Care planning documentation outlined consumers’ emotional and spiritual needs, with strategies in place to support and promote these needs being met.

Consumers and representatives said they are supported to participate in their community within and outside the service environment as they choose. Staff said the activity program includes bus outings to various destinations and shopping trips, a men’s group, daily exercises with the physiotherapist, happy hour and music therapy. Care planning documentation identified activities of interest for consumers, and how they are supported to participate in these activities and in the wider community. The monthly activity program was displayed in all communal areas.

Consumers and representatives said staff know them, and they don’t have to repeat their preferences to multiple staff members. The service utilises an electronic care management system and a handover process between shifts to ensure that consumer information is shared where care is provided. Access to the care management system is available for all staff, and for external organisations where services and supports for daily living is shared, such as allied health professionals.

Care planning documentation evidenced the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. Consumers said where the service has been unable to provide a suitable service or support, they have been referred to appropriate individuals, organisations, or providers to meet their changing needs. Consumers said referrals happen promptly when their needs, goals, or preferences change.

Consumers and representatives said food provided is good quality, varied and there is plenty of food provided at mealtimes and between meals. The consumer dining experience was observed to be comfortable, not rushed and consumers who needed assistance were receiving appropriate assistance in a dignified and timely manner. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences, including meal size, dietary or cultural needs, and any support they needed.

Consumers and representatives said they felt safe when they are using equipment and knew how to report any concerns they had. Consumers were comfortable raising any concerns with staff and confirmed that the maintenance staff attend to issues quickly and efficiently. Equipment to assist consumers with their independence and mobility such as wheelchairs and walkers was accessible, and appeared safe, clean, well maintained and sufficient to meet consumer needs.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service is welcoming and optimises their independence, interaction, and function. Consumers said they can furnish their room and surroundings with their personal items which makes the service feel like a home. Representatives said they feel welcomed when they visit their family members and can utilise common areas such as the outdoor areas to have lunch, coffee, or a chat with their loved ones. Staff said they respect that the service is the consumers’ home and enjoy assisting consumers in maintaining their surroundings.

Consumers and representatives said the service is clean, well maintained, and comfortable to live in, consumers described how their personal rooms and common areas are cleaned and maintained, maintenance requests are attended to quickly and fixtures and fittings are functional and safe. Consumers and representatives said they can move freely in and outside of the service as they choose and can access both levels of the service by using the lifts. Consumers were observed using the courtyards for a daily walk or coffee with friends and family members at the cafe. The service environment was observed to be clean and well maintained, the temperature was comfortable and there was adequate lighting and clear signage.

Consumers said furniture and equipment is suitable, clean, well-maintained, and safe, their personalised equipment is not shared with other consumers and is maintained and cleaned by the service. Consumers and representatives said the furnishings such as lounge chairs and dining room tables and chairs, are comfortable, safe, and well maintained. Consumers were observed using the various lounges for activities and socialising, suitable furniture was observed in common areas and lounge rooms had tables for consumers to play games. Preventative and reactive maintenance programs were in place.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they know how to give feedback or make a complaint through various avenues such as consumer meetings, verbal feedback, consumer and representative surveys and using the locked suggestion boxes. Feedback forms and locked boxes were observed around the service and documentation from consumer/representative meetings noted feedback from consumers along with outcomes from feedback.

Consumers and representatives said they are aware of advocacy services available to them and felt confident using these services if needed. Management reported they did not currently have any consumers who required any advocacy or interpreter services but information on accessing these was available around the service and included in the consumer handbook. Brochures and posters promoting external support and advocacy organisations were observed throughout the service.

Consumers and representatives said management addresses and resolves concerns following the making of a complaint, or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Management explained how staff are guided by a documented policy on open disclosure and complaints management.

Management described the process of review of the service’s complaints, and incident registers. The plan for continuous improvement register demonstrated how feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement. Minutes of meetings detailed how the continuous improvement plan was created recently and resulted in the service introducing hearing aid education sessions for all care staff.

# Standard 7

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

Findings

Whilst some feedback included concerns of a lack of staff, consumers and representatives confirmed their care needs were met. Consumers and representatives said there had been long waits for call bell responses in previous months but recently call bell response times have improved. Management advised there has been ongoing information technology complications which had affected the call bell system operating effectively resulting in call bells not reaching care staff phones and leading to long waits for call bells to be answered. Management advised the technology issues were rectified in April 2023, and the Assessment Team observed an improvement to the call bell response times in April 2023. Management advised staffing levels to have been impacted by its’ geographical location and the COVID-19 pandemic. Clinical management said numerous strategies have been implemented to retain staff such as offering traineeship programs, and numerous staff had been onboarded as of 1 April 2023.

Consumers and representatives said staff are kind, caring and gentle when delivering care and services, are respectful of their identity and diversity and understand their background and preferences. Staff interactions with consumers were observed to be kind, caring, and respectful of each consumer’s identity, culture, and diversity. Staff are guided by position descriptions, the Aged Care Code of Conduct and the staff handbook regarding interacting with consumers respectfully.

Consumers and representatives said staff are skilled and have the knowledge to provide quality care. Staff said qualifications and competencies are monitored by the service and non-compliance leads to not being rostered for work. Management advised staff are enrolled in the required mandatory training and competencies, either online competencies, learning packages, toolbox training, or face-to-face sessions. A staff competency checklist reflected the service monitors mandatory training completion rates and professional checks.

Consumers and representatives provided positive feedback regarding staff and said staff know what they are doing. Staff said they are well trained and access a range of mandatory and non-mandatory training. The service demonstrated that all staff are up to date regarding mandatory training modules. Management advised that in the event their staff could not complete mandatory training, they are removed from the service until they meet requirements

Management advised staff are performance appraised annually, in line with regulations and the organisations’ clinical management framework. Staff demonstrated knowledge of the performance appraisal process and relevant time frames. Management advised staff performance is monitored and gives staff an opportunity to raise areas for improvement or career progression goals.

# Standard 8

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

Findings

Management described how consumers are engaged to partner in the development, delivery, and evaluation of care and services such as through the consumer support group, consumer experience surveys, feedback mechanisms, and consumer/representative meetings. The continuous improvement log showed care consultations occur to review care and services in partnership with the consumer and representatives. Minutes of the consumer/representative meetings reflected that consumer feedback is a standing agenda item.

Consumers and representatives said the organisation promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. The organisation’s policies and procedures detailed how the governing body promotes a culture of safe, inclusive, and quality care and services, this was evident throughout the documentation detailed in committee reports and consumer engagement information. Management provided examples and evidence of how governing body reports are completed and how information that informs the governing body is filtered down to the service, the staff and the consumers. Management provided feedback on how requests to the governing body are made from the service to support quality care and services.

The service demonstrated effective organisation wide governance systems in relation to feedback and complaints, continuous improvement, regulatory compliance, information management, financial and workforce governance. Consumers and representatives said the service encourages feedback and complaints and uses this information for continuous improvement. Staff described key principles of the organisation-wide governance systems such as feedback and complaints, and regulatory compliance. The service has policies and procedures that detail processes around each governance system to guide staff practice.

The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that had been identified and were being mitigated.

The organisation has a clinical governance framework in place and management and staff apply the principles of the framework when providing clinical care. Policies included clinical governance framework, infection control management and antimicrobial stewardship, restrictive practices and open disclosure. Staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. Documentation such as medication advisory committee meeting minutes reflected discussions on key areas and strategies for implementing this framework.

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