Accreditation Decision

**Decision not to revoke accreditation following review audit**

**Decision to vary period of accreditation following review audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Bupa Tugun |
| **RACS ID:** | 5380 |
| **Name of approved provider:** | Bupa Aged Care Australia Pty Ltd |
| **Address details:** | 6 Croft Court TUGUN QLD 4224 |
| **Date of review audit:** | 17 September 2019 to 21 September 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 29 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report. | |
| **Decision:** | Not to revoke the accreditation of the service under section 77 of the Rules.  To vary the period of accreditation under section 77(4)(a) of the Rules. | |
| **Varied period of accreditation:** | 29 October 2019 to 29 October 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Not Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Not Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Not Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Not Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 13 January 2020 | |
| **Revised plan for continuous improvement due:** | By 13 November 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 80 of the Rules.**

Review Audit Performance   
Assessment Report

The Commission makes the decision taking into account this review audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this review audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Bupa Tugun (the Service) conducted from 17 September 2019 to 21 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 27 |
| Care staff | 16 |
| Catering staff | 6 |
| Registered staff | 9 |
| Representatives | 15 |
| Lifestyle staff | 2 |
| General Manager | 1 |
| Laundry staff | 2 |
| Maintenance staff | 1 |
| Physiotherapist | 1 |
| Cleaning staff | 4 |
| Registered staff | 4 |
| Catering staff | 1 |
| Clinical Care Managers | 3 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

#### The Assessment Team found that the service met four of the six requirements under Standard 1.

Whilst the service demonstrates consumers’ personal information is kept confidential, it does not, however, ensure staff respect each consumers privacy as evidenced by feedback from consumers and observation of staff entering consumers rooms without knocking or waiting for permission to enter.

The service does not demonstrate staff treat consumers with dignity and respect as evidenced by consumers reporting staff are rushed in their interactions with them. Our observations of staff engagement with consumers identified examples of disrespectful practices such as not ensuring call bells are left within reach and do not always respect consumer choices.

Consumers confirmed they are able to exercise choice and are encouraged to be independent. Consumers reported they are able to make decisions about their lifestyle even when it involves risk. Staff could discuss various ways they support consumers to make choices by providing them with information to inform their choices.

#### Requirements:

##### Standard 1 Requirement 3(a) Not Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Not Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

#### The Assessment Team found that four of five requirements in relation to Standard 2 were met.

The majority of consumers and representatives are satisfied the service was meeting their healthcare needs. Consumers confirmed they are involved in the assessment process and care planning ensures they receive the care and services they need. Consumers reported feeling safe, confirmed they are consulted about their preferences and that they are referred to other professionals to get the care and services they need.

Consumers confirmed discussions regarding end of life planning are part of the care planning process. Documentation including advanced health directives and end of life plans are available in consumer files.

Consumers reported their care and services are regularly reviewed in consultation with their representative.

Whilst the service discusses the care and services plan with the consumer on a regular basis, the updated information is not consistently recorded in care and service plans. This was evidenced by inconsistencies between various documents accessed by the workforce.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

#### The Assessment Team found that six of seven requirements in relation to Standard 3 were met.

Consumers reported the service generally meets their healthcare needs and gave various examples of how staff provide care that is right for them. This included regularly asking them about their care and by referring them to other providers when required.

Staff could describe the care they provide to individual consumers and demonstrated an understanding of the needs of consumers nearing the end of their life. Staff confirmed they are provided with training and demonstrated an understanding of infection control practices.

The service demonstrates information is shared within the organisation and with others outside the organisation and that the policies and procedures underpinning the delivery of care are reviewed regularly.

The Assessment Team was not satisfied the service consistently recognises and escalates changes or deterioration in consumers’ health. This was evidenced by consumers’ reporting the service’s failure to respond to changes in their health in a timely manner.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the service met six of the seven requirements under this Standard.

Consumers interviewed said they were not satisfied with the services they receive especially in relation to food at the service. Consumers interviewed raised concerns with the variety, quality and quantity of the meals provided. While some consumers advised their individual food preferences are catered for, others advised they are sometimes given food they dislike.

While consumers, expressed dissatisfaction with the food, they confirmed the service provides leisure interests, emotional and psychological support that mostly meets their needs. Staff demonstrated how consumers are supported to do things of interest to them consumers who prefer individual to group activities. Consumers confirmed they interact in the broader community by participating in outings to places of interest including the local shopping centre. Consumers confirmed the service supports them to create or maintain friendships and relationships that enhance their quality of life.

The service could demonstrate how it supports consumers to connect with other supports and people outside the service. Consumers expressed satisfaction with the how they are supported and enabled to live their daily life as they choose including having their emotional and spiritual needs and preferences respected. The service could demonstrate how information regarding consumers’ needs and preferences is communicated in a timely and appropriate manner. Staff could provide examples of how information about consumers is collected and shared, where relevant. Staff also demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes and independence.

The service demonstrated consumers are supported by equipment, which is safe, suitable, clean and well maintained by staff at the service or external contractors. Management could demonstrate the services and support for daily living provided at the service are monitored, reviewed and any improvements are made, where needed.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Not Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met one of the three requirements under this Standard.

The service environment is welcoming with a reception desk and seating on the ground floor. The service is located over four levels with keypad access to lifts and communal areas. Consumers are accommodated in single or shared rooms with ensuite bathroom facilities. Air-conditioners in consumers rooms support individual comfort preferences. The Assessment Team observed consumers have decorated their rooms with personal items.

Not all areas of the service environment are safe, clean, well maintained and comfortable. Although reactive and preventative maintenance programs support the safety and comfort of the service environment for staff, consumers and representatives, audit processes have not identified deficiencies in cleaning and maintenance.

Consumers are able to move freely indoors and outdoors. A garden is located on the ground level with shade, pathways and seating. A verandah with potted plants is located next to the secure dementia unit dining room.

Staff confirmed the service is cleaned by rostered cleaning staff and staff also demonstrated an understanding of how to raise a maintenance request. However, the service’s monitoring systems have not identified deficiencies in the cleaning and maintenance systems of the home such as furniture in communal areas was not clean or well maintained. In addition, an air-conditioning unit and hot water were not working and repairs have not been addressed in a timely manner.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Not Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service met two of the four requirements under this Standard.

Consumers and representatives report they are aware of feedback and complaints avenues available to them and they feel comfortable to access them if needed. Consumers advised that when they have provided feedback, they are not satisfied with the sustainability of actions implemented in response to that feedback. Consumers also reported the service had not responded to their complaints in accordance with the principles of open disclosure.

Staff demonstrated knowledge of how to assist or enable consumers and representatives to access feedback processes and advocacy services as needed. However, staff were not able to demonstrate how verbal feedback is recorded so that management can address it.

The service provided a log of compliments and complaints; and demonstrated how these feed into the plan for continuous improvement. However, as not all feedback is recorded, management is not able to monitor where improvements in the quality of care, services or supports is required.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Not Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service has met one of five requirements under Standard 7.

The service demonstrated the workforce is recruited to specific roles and generally trained to undertake these roles. Staff are generally satisfied with the orientation of new staff and recruitment is ongoing. However, the organisation failed to demonstrate the number and mix of staff is sufficient to enable safe and quality care and services. For example:

* Consumers and representatives consistently noted staff are busy and the provision of their care is rushed. Staff interviewed are also not satisfied there are enough staff to enable them to provide safe and quality care.

Consumers and representatives report staff are kind and caring. However, the service did not demonstrate the workforce is respectful of consumers as evidenced by consumer feedback and observations of staff interactions with consumers.

Although staff have appropriate qualifications, they do not consistently demonstrate they have the skills and knowledge to effectively perform their roles. This was evidenced by deficiencies in staff practices and performance.

Although the service undertakes annual performance appraisals with staff, it did not demonstrate ongoing monitoring of staff performance on a day to day basis as evidenced by the services failure to identify deficiencies in staff practices and performance which has impacted on the care and services consumers receive.

#### Requirements:

##### Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Not Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Not Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the service met three of the five requirements in relation to Standard 8.

The organisation demonstrated consumers are engaged in the development, delivery and evaluation of care and services. Consumers said their feedback and input to service delivery is sought by staff and management. Documentation to support this include minutes of meetings, feedback forms and resident agreements.

Staff were observed using appropriate and respectful terms to address consumers. Staff said they know how to raise issues with management for themselves, on behalf of consumers and representatives. The Assessment Team observed posters in the staff room supporting a culture of safety and the delivery of quality care and services.

The organisation demonstrated they have organisation wide governance systems in relation to continuous improvement, financial governance, regulatory compliance and feedback and complaints, however, they failed to demonstrate appropriate monitoring and review of information management and workforce governance. For example:

* A review of documentation demonstrated complex health care plans do not reflect guidelines in medication charts.
* Representatives interviewed said information discussed with staff is not consistently handed over to the next shift.
* Orientation and induction programs do not ensure staff are aware of their roles and responsibilities.

The organisation has risk management systems and practices to identify consumers at risk such as falls assessments, restraint authorisations and smoking assessments. Staff said they have sufficient information to undertake their duties safely and are aware of their responsibilities in relation to incident reporting.

The organisation demonstrated they have a clinical governance framework in relation to antimicrobial stewardship and minimising the use of restraint, however, they failed to demonstrate an understanding and application of open disclosure. For example:

* Although the organisation could demonstrate appropriate action is taken in response to complaints, the organisation could not demonstrate education provided to clinical management in relation to open disclosure has been effective.
* A review of documentation and interviews demonstrated management do not have a shared understanding of this requirement.
* Representatives interviewed said the organisation did not apologise after incidents and did not always explain to them what happened or what actions they would take to prevent the incident recurring.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Not Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure