Accreditation Decision

**Decision to re-accredit service following a site audit**

**Reconsideration Decision on the further period for which a residential service is to be accredited**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Yaralla Place |
| **RACS ID:** | 5438 |
| **Name of approved provider:** | The Presbyterian Church of Queensland t/a PresCare |
| **Address details:** | 2 Winston Noble Drive MARYBOROUGH QLD 4650 |
| **Date of site audit:** | 19 August 2019 to 23 August 2019 |

**Summary of decision**

**DECISION TO RE-ACCREDIT SERVICE FOLLOWING A SITE AUDIT**

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| --- | --- | --- |
| **Decision made on:** | 01 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 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 24 October 2019 to 24 April 2021 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | 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 | | Not Met |
| Requirement 2(3)(a) | | Not Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | 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) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | 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 | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 07 January 2020 | |
| **Revised plan for continuous improvement due:** | By 24 October 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

**RECONSIDERATION DECISION ON THE FURTHER PERIOD FOR WHICH A RESIDENTIAL SERVICE IS TO BE ACCREDITED**

|  |  |
| --- | --- |
| **Decision made on:** | 7 November 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 reconsider a reviewable decision under Part 7 of the Aged Care Quality and Safety Commission Rules 2018 (Rules). |
| **Decision:** | The delegate decided to vary the decision made on 1 October 2019 to re-accredit the service for a further period of 18 months.  The delegate decided tore-accredit the service for a further period of two years. |
| **Further period of accreditation:** | 24 October 2019 to 23 October 2021 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 104 of the Rules.**

Site Audit Performance   
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Yaralla Place (the Service) conducted from 19 August 2019 to 23 August 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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 | 25 |
| Consumer representatives | 6 |
| Management | 2 |
| Clinical staff | 4 |
| Care staff | 9 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 1 |
| External contractors | 2 |
| Visiting service providers such as allied health professionals | 0 |
| Other | 2 |

## 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 Met

#### Consumer outcome:

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:

The organisation:

1. has a culture of inclusion and respect for consumers; and
2. supports consumers to exercise choice and independence; and
3. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the service meets all requirements under this standard.

Consumers and/or their representatives interviewed said they are generally satisfied they are treated with dignity and respect and can live the life they choose. They are encouraged to do as much as possible for themselves and staff generally explain things. Consumers described the ways their personal and social connections are supported both within and outside the service.

The service demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and were able to identify consumer’s individual preferences and interests. The service promotes the values of culture and diversity in a wide range of activities it offers consumers and in the delivery of personal care.

The service utilises consumer surveys, regular meetings, feedback and complaints mechanisms to monitor if consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose.

The service’s plan for continuous improvement and other records indicates management monitor the service’s performance in this standard and recent improvements have been implemented.

#### Requirements:

Standard 1 Requirement 3(a) 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:

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.

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) 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 Met

#### Consumer outcome:

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:

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 the service does not meet all requirements under this standard.

Consumers and/or their representatives interviewed are generally satisfied they receive care and services which meets the consumer’s clinical and personal care. Some consumers and/or their representatives interviewed described a lack of partnership in ongoing assessment, planning and review of the consumer’s needs and preferences. Consumers and/or their representatives interviewed were not satisfied with their involvement in case conferencing and that outcomes of the consumer’s planning are not effectively communicated to them. Consumer and/or representatives interviewed are satisfied providers of other care and services are involved in the consumer’s care as required or requested by the consumer.

The service did not adequately demonstrate how the initial or ongoing assessment, planning or review of care and services is undertaken in partnership with the consumer or their representative. They could not demonstrate that outcomes of the consumer’s planning are effectively communicated to the consumer and/or their representative. The service did not adequately demonstrate case conferences are occurring. The service could demonstrate that the other providers of care and services are involved in assessment, planning and review of consumer care.

While the service’s plan for continuous improvement and other records such as audits indicates management monitor the service’s performance in this standard, actions have not been taken to address the above issues. Actions taken to meet the requirements of the Quality Standards have not been effective.

#### Requirements:

Standard 2 Requirement 3(a) Not 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) Not 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) Not Met

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.

Standard 2 Requirement 3(d) Not 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:

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

#### Organisation statement:

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 the service does not meet one of the requirements under this standard.

Consumers and/or their representatives interviewed are generally satisfied the consumer is receiving safe and effective personal and clinical care which meets the consumer’s needs and preferences. Consumers and/or their representatives are confident a deterioration and change in the consumer’s health situation will be identified by staff and responded to in a timely and appropriate manner. Consumers and/or their representatives described how staff are respectful of their privacy and dignity, meet their comfort needs and practice good hand hygiene.

The service did not adequately demonstrate effective management of high impact or high prevalence risk associated with the care of each consumer. The service could not demonstrate how it ensures all staff are trained in risk management which produces best outcomes for consumers. The service is not meeting its responsibilities under the Quality of Care (Minimising the Use of Restraints) Policy (April 2019) in relation to the use of physical and chemical restraint.

While the service’s plan for continuous improvement and other records such as audits indicates management monitor the service’s performance in this standard, actions have not been taken to address the above issues. Actions taken to meet the requirements of the Quality Standards have not been effective.

#### 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:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

Standard 3 Requirement 3(b) Not Met

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

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

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:

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 meets all requirements under this standard.

Consumers and/or representatives interviewed said they are satisfied with the services and supports for daily living and stated the service regularly seeks their feedback and supports them to optimise their independence, health, wellbeing and quality of life. Consumers are generally satisfied with meals and said they have a say in daily activities.

Staff could explain the process for updating care plans, how they are notified of updates and how this enables them to provide care in line with each consumer’s goals, needs and preferences. Staff interviewed demonstrated their knowledge in consumers’ individual needs in social interest and personal relationships. The service seeks advice from consumers about activities of interest to them within and outside of the service. It provides meals of a suitable quality, variety and quantity and provides safe, suitable, clean and well-maintained furniture.

The organisation’s plan for continuous improvement and other records indicates management monitor the service’s performance in this standard. Actions taken to meet the requirements of the Quality Standards have been effective.

#### 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:

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.

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 timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) 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 Met

#### Consumer outcome:

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

#### Organisation statement:

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 meets all requirements under this standard.

Consumers and/or representatives interviewed expressed satisfaction that the service is clean, well maintained and welcoming and supports their way of living. Consumers said they have access to outdoor areas for both activities, meals and that the furnishings support their individual requirements. Consumers said they feel safe at the home.

Observation of the service showed it was clean, tidy and safe to access all consumer areas. Furniture and equipment were clean and arranged to support consumers of varying needs both internally and throughout the external living environment. Consumers moved freely throughout the service and interacted with both staff and fellow consumers freely.

Staff said they have access to provide feedback on the living environment and upkeep on the status of furnishings and equipment.

The service reviews the living environment daily with regular monthly reviews supporting feedback from both consumers and staff to identify risks or concerns. All aspects of the living environment are monitored organisationally at monthly meetings.

The service’s plan for continuous improvement and other records indicates management monitor the service’s performance in this standard. Actions taken to meet the requirements of the Quality Standards have not been effective.

#### 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) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) 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:

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:

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 does not meet all requirements under this standard.

Consumers and/or representatives interviewed said they are encouraged and supported to provide feedback and make complaints and staff follow up when they raise things with them most of the time or always.

The organisation provided evidence of various practices it has implemented to demonstrate how it meets the requirements of this standard. For example:

* A policy and procedure covering complaints and feedback management
* The provision of information about processes to provide feedback or make a complaint.
* The provision of information about external complaints processes.
* The provision of information about language and advocacy services.
* Processes to take actions in response to complaints.
* How complaints are used to improve the quality of care and services.

However, the organisation did not provide evidence of the use of an open disclosure process when things go wrong.

The service’s plan for continuous improvement and other records indicates management monitor the service’s performance in this standard and recent improvements were implemented, however actions taken to date to meet the requirements of the Quality Standards have not been effective.

#### 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) 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:

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

#### Organisation statement:

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 does not meet all requirements under this standard.

Consumers and/or their representatives interviewed said they were generally satisfied with number and mix of members of the workforce. They were reports about staff doing a good job and recent improvements in management and staff. Consumers said they get the care and services they need most of the time or always, staff are kind and caring and the service is well run.

The organisation provided evidence of various practices it has implemented to demonstrate how it meets the requirements of this standard. For example:

* There is a process to manage the allocation of staff levels and staff mix across each shift.
* There are arrangements to manage staff leave.
* Staff are informed of the organisation’s values through information booklets and position descriptions.
* The qualifications of members of the workforce such as registered nurses are monitored.
* New employees attend orientation and induction.
* There are processes to identify staff training needs.
* The training program includes mandatory training delivered by the organisation and by external organisations.
* A performance review framework is in place for each staff member.

However, the organisation did not demonstrate that:

* Staff are trained and supported to ensure the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan.
* Staff are trained in the management of high impact or high prevalence risks.
* Staff are trained in relevant topics such as open disclosure, antimicrobial stewardship and restrictive practices.
* The performance of all members of the workforce is assessed, monitored and reviewed.
* Issues identified during performance review are addressed.

The service’s plan for continuous improvement and other records indicates management monitors the service’s performance in this standard and recent improvements were implemented, however actions taken to date to meet the requirements of the Quality Standards have not been effective.

#### Requirements:

Standard 7 Requirement 3(a) 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) 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) 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) Not 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 is undertaken.

### 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:

1. 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 that the service does not meet all requirements under this standard.

Consumers and/or representatives interviewed are generally satisfied with the delivery of quality care and services. Consumers said the service was generally well run.

The organisation provided evidence of various practices it has implemented to meet the requirements of this standard. including:

* The organisation has developed a strategic plan and governance framework.
* There are processes to enable consumers, consumer representatives and staff to provide feedback.
* There are processes to collect and report relevant data.
* Regular meetings are held at all levels of the organisation.
* There are processes to monitor the service’s performance.
* There are organisation wide governance systems.
* Risk management systems and practices are in place.
* The organisation has a clinical governance framework.

However, not all practices were operating effectively, including:

* Governance systems in relation to information systems, continuous improvement, workforce governance and regulatory compliance were not effective and have not ensured the accountability of the organisation’s governing body.
* The risk management system and practices does not apply to consumers.
* The clinical governance framework was not fully implemented.

The service’s plan for continuous improvement and other records indicates management monitors the service’s performance in this standard and recent improvements were implemented, however actions taken to date to meet the requirements of the Quality Standards have not been effective.

#### 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 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

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:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.