T Performance

Report

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| Name: | Bonney Lodge |
| Commission ID: | 6149 |
| Address: | 24 Hawdon Street, BARMERA, South Australia, 5345 |
| Activity type: | Site Audit |
| Activity date: | 7 May 2024 to 10 May 2024 |
| Performance report date: | 13 June 2024 |
| Service included in this assessment: | Provider: 9692 Riverland Mallee Coorong Local Health Network Incorporated  Service: 4166 Bonney Lodge |

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 Bonney Lodge (**the service**) has been prepared by Katherine Richards, 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 and others.

The Approved Provider submitted an email on 27 May 2024 stating they had nothing further to add in response to the Site Audit report.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers described feeling valued as individuals, and confirmed staff were respectful of their identity, culture and diversity. Care and service plans detailed consumers’ preferences, background and culture. Staff were familiar with consumers’ backgrounds and life story, and described how consumers’ culture and diversity was considered when providing care.

Consumers and representatives advised staff were aware of consumers’ cultural backgrounds and needs. Staff described how consumers’ cultural information was captured through assessment and planning processes, and were knowledgeable of consumers’ backgrounds, cultural celebrations and communication needs. Care planning documentation reflected how consumers’ cultural backgrounds influenced the care and supports they received.

Consumers reported they were supported to exercise choice to make decisions in relation to the care they received. Staff advised they sought consumers choices and consent when delivering care, and confirmed they would provide consumers with relevant information and explanation of care and services to support informed decision making. Care planning documentation reflected who should be involved in the decisions regarding consumers’ care and services, and the supports in place to maintain personal relationships.

Staff demonstrated an understanding of the activities which contained an element of risk that consumers chose to engage with, and described how consumers were informed of the potential risks and benefits regarding their choices. Consumers confirmed they were supported to engage in their chosen activities which contained risk. Care planning documentation demonstrated risks were identified by the use of risk assessments conducted in consultation with consumers and representatives.

Staff advised consumers received current information verbally, during meetings and through newsletters, and the consumers’ communication preferences and abilities were considered. Consumers and representatives confirmed they received current information which enabled consumers to make informed decisions. The activities schedule, menu and newsletter were accessible, displayed in the rooms of consumers and communal areas.

Consumers advised their personal privacy was respected, and staff knocked on their doors prior to entry. Staff described the practical measures to ensure consumers’ privacy and confidentiality was maintained, including by closing doors when providing personal care and disposing of personal information in locked security bins. Staff were observed to knock on consumers’ doors prior to entry and conducting handovers privately.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Staff demonstrated an understanding of the assessment and planning process, including how it was used to identify risks to the consumer’s health and well-being. Care planning documentation evidenced comprehensive assessments were competed to identify risks to consumers and inform their care directives. Clinical guidelines, policies and procedures were in place to guide staff practice to ensure risks were identified and assessed during the consumer’s entry into the service.

Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Consumers and representatives confirmed consumers’ needs, goals and preferences were recognised and addressed, and they were involved in end of life planning conversations with staff. Staff described how they involved consumers and representatives in initial end of life planning discussions, and how their needs goals and preferences were regularly updated.

Consumers and representatives reported they were partnered and involved in the assessment and planning process on an ongoing basis. Staff confirmed the assessment and planning process occurred in partnership with consumers, representatives, allied health professionals and specialist providers. Care and service plans evidenced the involvement of consumers and representatives, and they were kept informed of care planning processes.

Consumers and representatives confirmed they were offered a copy of the consumer’s care and service plan. Staff confirmed they discussed the outcomes of assessment and planning with consumers and representatives through conversations, telephone calls and emails, and their care and service plan was routinely offered. Care planning documentation was accessible to staff, and evidenced care and service plans were offered to consumers and representatives.

Policies and procedures were in place to guide staff practice on the regular review of consumers’ care and services and inform post-incident care management processes. Management advised of the strategies to re-evaluate the effectiveness of the consumer’s care and services through regular 6-monthly reviews, annual case conferences and the Resident of the Day process. Care planning documentation demonstrated regular review, including when incident impacted on care needs of the consumer. Representatives described ongoing consultation and review processes to develop and evaluate care strategies.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a) following an Assessment Contact conducted on 26 March 2024, which indicated the service did not demonstrate care being provided to consumers was best practice or tailored to their needs, goals and preferences. Inconsistent documentation was identified in pain charting, and wound photographs were not conducted in accordance with the applicable policies. Evidence in the Site Audit Report dated 7 to 10 May 2024 supports the service has implemented improvements to address the identified issues and is now compliant with this Requirement. Improvement actions included the implementation of weekly care planning documentation review by management, the review of wound management to ensure photographs were in alignment with policies and the introduction of electronic devices to allow staff to access care planning documentation at point of care.

Consumers and representatives advised consumers received personal and clinical care that was tailored to their needs. Staff described how they delivered best practice care to consumers, informed through policies and procedures, and outlined how consumers’ care was evaluated to ensure effectiveness. Care planning documentation evidenced the delivery of consumers’ personal and clinical care needs in alignment with their preferences to optimise their health and well-being.

Consumers and representatives provided positive feedback regarding the management of high impact risks to consumers. Care planning documentation evidenced the effective management and identification of high impact or high prevalence risks to consumers, and risk mitigation strategies were in place to promote consumer safety. Management demonstrated an understanding of the key risks to consumers’ health and well-being, and outlined how they maintained oversight of consumer’s clinical risks.

Staff described how end of life care would be provided to consumers in alignment with their palliative care needs and preferences, focused on monitoring and managing symptoms, comfort, and dignity. Policies were in place to ensure the goals, needs and preferences were recognised and addressed, and consumers’ comfort and dignity was maintained.

Consumers and representatives advised deterioration in the consumer’s well-being was promptly recognised and managed. Care planning documentation evidenced deteriorations were recognised in a timely manner, and staff monitored and escalated the changes to the consumer’s well-being as required. Staff confirmed they would identify deterioration through the ongoing monitoring of progress notes and discussions with staff and outlined their responsibilities to escalate concerns to clinical staff.

Consumers and representatives reported consumers’ information was effectively shared throughout the organisation, and staff were consistently familiar with consumers’ care needs and preferences. Staff explained how information was shared during handover, and they could review the electronic care management system for further information. Care planning documentation evidenced the regular input of progress notes which outlined consumers’ essential information.

Staff described the process to refer consumers to various providers of care and services. Representatives confirmed consumers were referred to allied health professionals and/or specialist providers in a timely manner. Policies and procedures were in place to guide staff practice to promptly refer consumers to appropriate providers to meet their needs.

Consumers and representatives reported staff wore personal protective equipment and routinely used hand sanitiser. Staff described the strategies to ensure the appropriate use of antibiotics by confirming pathology results were obtained prior to commencement and undertaking monitoring of usage through the electronic medication management system. A sufficient supply of personal protective equipment was observed, and handwashing stations were accessible throughout the service.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers confirmed they received services and supports which met their needs, goals and preferences and optimised their independence and well-being. Staff described how they supported consumers to engage in their preferred activities through optimising independence. Care planning documentation identified the supports consumers required to meet their daily living needs, goals and preferences.

Consumers and representatives advised consumers received emotional reassurance, and spiritual needs were met through practicing religious beliefs or receiving pastoral visits. Staff advised they were familiar with consumers and could recognise changes in consumers’ emotional needs through verbal and non-verbal prompts. Care planning documentation reflected supports for consumers’ emotional, spiritual and psychological needs and preferences.

Consumers described how they were supported to engage in activities within the internal and external community, and to maintain their personal relationships. Staff were familiar with consumers’ social relationships, and described how they supported consumers to engage in activities of interest. The lifestyle calendar included a range of activities catering to consumers’ various interests.

Consumers confirmed their needs and preferences were effectively communicated between staff. Staff in various roles described how information regarding consumers’ conditions was communicated through handover processes and was electronically accessible and updated regularly. Care planning documentation reflected consumers’ condition, needs and preferences were documented and communicated with those involved in their care.

Staff described how consumers were referred to appropriate services and supports based upon needs, such as volunteer services to provide social supports and engage with consumers in their preferred language. Care planning documentation confirmed consumers were referred to external organisations and individuals to meet their needs in a timely manner. Consumers confirmed referrals were effective for their needs.

Consumers provided positive feedback regarding the quality, variety and quantity of their meals. Staff advised a seasonal 4-week rotating menu was in place and was approved in consideration with dietician and consumer feedback with choices and alternate options. The kitchen was observed to be clean, with appropriate food storage preparation completed in adherence to relevant food health practices. Care planning documentation evidenced consumers’ dietary requirements and preferences were captured and accessible to staff.

Consumers reported their mobility and lifestyle equipment was clean and well maintained. Staff confirmed they had a suitable supply of equipment to meet consumers’ needs, and outlined their responsibilities to ensure equipment was checked before and after use. Lifestyle and personal equipment were observed to be clean and in operational order.

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# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives described the service environment to be clean, well maintained and easy to navigate. The rooms of consumers were observed to be decorated with pictures, paintings and other personal belongings. The service environment was observed to be spacious and well-lit, and contained handrails and directional signage to assist consumers to independently find their way.

Consumers confirmed they were able to move freely through indoor and outdoor areas and provided positive feedback regarding the cleanliness and maintenance of the service. Staff described the daily cleaning schedule which ensured the cleanliness of communal areas, high touch points and consumers’ rooms. Maintenance documentation evidenced monthly audits of the service environment were completed to ensure it was safe, clean and well maintained.

Consumers and representatives advised their equipment and fittings were clean and well maintained. Staff confirmed a preventative maintenance schedule was in place to ensure the regular servicing of equipment and described the process to report equipment issues. Maintenance documentation evidenced the repairs and servicing of equipment, furniture and fittings was completed in a timely manner and there were no urgent tasks pending for completion.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers advised they were comfortable to provide complaints and feedback directly to staff. Management described the various mechanisms available to consumers and representatives to provide their feedback, including through feedback forms, during consumer meetings, surveys, care and service plan reviews, or speaking directly to staff. Feedback forms and submission boxes were accessible within each wing of the service and reception.

Consumers advised they were aware of external advocacy groups to assist them to raise a complaint and confirmed an advocacy organisation had attended a consumer meeting to explain available services. Staff demonstrated an understanding of how to access translation services on behalf of consumers. Information promoting access to various advocacy services, including the Commission, was displayed in multiple languages throughout the service.

Management advised when feedback was received, it was promptly acknowledged and entered into the electronic management system to commence an investigation. Complaints documentation evidenced an apology was provided to consumers in response to reported concerns. Consumers advised they received an apology from staff when they provide a complaint and were advised of the actions taken to resolve the issue. Feedback and complaint policies guided staff practice to ensure open disclosure principles were applied when handling complaints.

Consumers confirmed their feedback and complaints were reviewed and led to care and service improvements. Management advised all feedback was electronically documented, and the continuous improvement register was used to record and address trends and information gathered through feedback, audits and meetings to inform improvement opportunities. The continuous improvement register evidenced a range of care and service improvement initiatives arising from the provision of feedback.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives advised there were enough staff to meet consumers’ care needs. Management reported staffing rosters were development in consideration with consumers’ assessed care needs and regulatory care minute requirements, with recruitment activities being undertaken to reduce reliance on agency staff. A review of the staffing roster for a fortnightly period evidenced for each shift there were an adequate number of staff available, and legislative requirements for nursing hours met.

Consumers and representatives confirmed staff interactions were kind, caring and gentle. Staff were observed to respectfully interact with consumers. Management advised they monitored information received about consumers’ dignity and respect through feedback processes and quarterly surveys to ensure positive interactions, and consideration of staff alignment with service values and expectations was factored within recruitment processes.

Consumers and representatives confirmed staff were competent and had the necessary knowledge to perform their roles. Management advised the competency of staff was monitored through the recruitment process, buddy shifts, observations, performance reviews and feedback. Personnel records evidenced staff were appropriately qualified and the necessary registration, competency and legislated security checks were conducted to ensure their suitability for the role. The service did not have an Infection prevention and control lead at the time of the Site Audit, however, a staff member had nominated to commence the training and in the interim, management were supported by the local health network infection control lead.

Management advised a range of online and in person training was provided to staff, such as manual handling, cultural sensitivity, the recognition of deterioration and incident management. Staff confirmed they received reminders regarding outstanding mandatory training, and management would follow up with them if training was not completed in time. Procedures were in place which outlined the requirements to receive and complete mandatory trainings.

Management advised the performance of the workforce was assessed and monitored through performance appraisals and feedback. Staff confirmed they received 6 monthly performance appraisals where they discussed their strengths, areas for improvement and future desired learning opportunities with their supervisor. Personnel records evidenced staff had a current performance appraisal in place or were scheduled to complete their review.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported how they were engaged in the development, delivery and evaluation of care and services. Management described the various avenues to engage consumers in the evaluation of their care and services, including through consumer meetings, surveys and feedback processes. Management advised a network-wide Consumer Advisory Committee had been formed, with the first meeting planned for May 2024. Consumer meeting minutes evidenced consumers raised their concerns and suggestions regarding care and service improvements.

Management advised the organisational structure allowed for reciprocal communication between the governing body and management, and they provided the governing body with regular reports relating to service delivery. Governance committee meeting minutes evidenced attendance from the governing body and executive members and included the discussion of quality and safety reports to ensure their effective oversight and monitoring of performance. Management advised they regularly met with the governing body to discuss key issues and risks, and the governing body actively rotated meeting locations to ensure they could attend various services.

Staff reported information was effectively communicated through electronic and in person communications, and they could access the relevant information required for their roles, including policies, training material and care and service plans. Management outlined the governing body’s oversight of the budget approval process and provided examples of approval of additional expenditure required to meet consumers’ needs. Management advised changes in regulatory compliance and legislation were monitored at the executive level, with information disseminated to management and staff as required. Policies in relation to orientation processes, training and compliance procedures and performance appraisals were in place to manage workforce governance.

Staff described the processes in place to identify, report and manage high impact or high prevalence risks, and management advised risks were identified through trends, clinical indicators, incident data, feedback and audits. Care planning documentation evidenced consumers were supported to live their best life through enabling taking risks of choice and involvement in the discussion of risk mitigation strategies. Staff were aware of their responsibilities to report incidents, including falls, near misses, abuse and neglect. A review of Serious Incident Response Scheme data evidenced all incidents were promptly investigated and reported in line with directives.

A clinical governance framework with supporting policies, procedures and training guided staff clinical practice. Antimicrobial stewardship was supported through staff practices and monitoring through the Infection prevention and control working group. Staff demonstrated an understanding of the various forms and applications of restrictive practices, along with obligations to minimise use, and could communicated open disclosure actions.

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