Performance

Report

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| Name of service: | Estia Health Knoxfield |
| Service address: | 428 Scoresby Road KNOXFIELD VIC 3180 |
| Commission ID: | 3197 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 12 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Estia Health Knoxfield (**the service**) has been prepared by Denise McDonald, 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 provider’s response to the assessment team’s report received 04 January 2023

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives stated consumers were treated with dignity and respect and felt their identity and culture were valued. Staff spoke respectfully about consumers and showed understanding of consumers’ backgrounds and cultures. Staff were observed to treat consumers with dignity and respect, such as by addressing them by their preferred names.

Consumers felt their cultures were valued in the service. Staff said they were aware of the consumers’ cultural and religious needs. Care planning documents reflected consumers’ cultural needs and preferences, including consumer's spirituality.

Consumers and representatives said they were supported to make and communicate decisions about their care, including who participated in their care and who they wished to maintain relationships with. Staff described a supportive and person-centred approach to care and service delivery. Documentation and observations reflected the implementation of supports for consumers to exercise choice and independence, including support to maintain relationships.

Consumers and representatives felt consumers were able to do the things they wished. Staff described ways in which they supported consumers to take risks to enable living their best life. Consumer files documented risk assessments and demonstrated a robust approach to enabling consumers to engage in activities of their choice, even when they posed some risk to the consumer.

Consumers and representatives advised they received adequate written and verbal information, to make decisions about care and services. Staff described ways in which they provide consumers with information to enable them to make choices around care and services. A review of care documentation showed consumers’ communication needs were considered, and the service had policies and procedures to guide appropriate practices.

Consumers and representatives said staff respected their privacy, such as knocking on the door before entering the room. Staff described how they maintain consumers’ privacy when providing care and kept sensitive information confidential, by not sharing information with other people, including other staff, unless it informed the provision of the consumers’ care and services. The service had a Privacy Policy outlining staff responsibilities related to collecting, managing, and safeguarding the personal and confidential information of consumers.

# Standard 2

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

Findings

Staff described their role in the assessment and care planning, which occurred when a consumer entered the service, and advised the outcomes of assessments were documented in interim care plans. Consumers and representatives advised they contributed to assessments, care plan development and provided preference information about the care to be provided. Entry assessments covered complex care, falls risk, mobility, behaviour, and continence needs, with ongoing assessment and observation continued and used to develop a full care plan, by the end of the first month.

Consumers and representatives advised they had discussions with staff about the care the consumers needed, their preferences, and the provision of care throughout their stay. Care planning documentation confirmed the consumer's life history, likes and dislikes, clinical and personal care needs and preferences had been captured, including for advance and end of life care. Staff advised information gathered from the consumer and their family was used to identify their current needs, goals and how or when they liked their care delivered.

Consumers and representatives described their participation in discussions about consumer’s preferences, care, and personal needs. Care plans evidenced the involvement of health professionals such as physiotherapists, general practitioners, and geriatricians, and reflected 3-monthly review of plans. Care plans for consumers subject to restrictive practices were regularly reviewed, and appropriate consents were documented.

Care plan information and results of tests, scans or assessments were accessible by all appropriate staff and by visiting health professionals. Consumers and representatives said care plans were provided to them. Information in the electronic care management system was consistent with the paper copy of the care plan and both included a copy of the advance care plan.

Consumers and representatives were aware of regular reviews of care plans and said reviews also occurred if they had an incident, such as a fall. Staff described the scheduled and as needed care plan review process which included an additional monthly consumer review process. Policies and procedures defined the responsibility of different staff in collecting and updating documented information.

# Standard 3

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

Findings

Consumers and representatives said the care provided was good most of the time, however, care and support provided by less skilled agency staff was not as person-centred. Care plans reflected individualised care, guided by the consumer’s clinical and personal care needs and preferences. Staff described the care plans, charting, tools, and work logs on the electronic care management system used to ensure the care provided was safe, effective and supported each consumer’s wellbeing.

Consumers and representatives said they understood falls and weight loss where risks and gave examples of how these were prevented and managed. The service had policies and procedures to guide staff in the management of falls and incidences of unexpected weight loss. Staff described the support they provided to prevent and manage falls and weight loss, and this aligned with the documentation of care in the electronic care management system.

Consumers and representatives said the consumer’s advance care directives had been shared with the service, and this was confirmed by care planning documentation. Staff described how the service supported consumers at the end of life with an emphasis on comfort, being pain-free, and being surrounded by loved ones. The service had a current palliative and end of life policies and procedures to support staff delivering end-of-life care.

Representatives gave examples of how the service had responded well to consumers’ deteriorating condition. Staff described how they supported consumers whose condition was deteriorating and said documentation of observations and care provided was important to ensure a full picture of the consumer’s status over time. A current policy for the assessment and care of a deteriorating consumer was used to guide and support staff.

Consumers and representatives gave positive feedback regarding the support and care from permanent staff who knew their needs and preferences. Staff advised they used handover notes and task prompts to guide their work during each shift and described handover meetings as an important source of current information about consumers. The service provided dedicated time at the end of each shift for staff to ensure care information was entered into the electronic care management system.

Consumers and representatives said they had access to health professionals such as medical officers and physiotherapists when needed. Staff described how clinical staff were responsible for referral to medical officers and allied health professionals, for consumer reviews and the updating of care plans with any changes to treatment and medications. The service had referral guidelines to support staff in the referral process.

Consumers and representatives said staff consistently wore personal protective equipment including masks and gloves and they were observed sanitising their hands between tasks and providing care. Staff were able to explain the practices they used to control infections and minimise antibiotic resistance. The guidelines on infection control and outbreak management including for COVID-19 were available to staff and were current.

# Standard 4

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

Findings

Consumers said the range of activities available in the service was small but they valued the lively contributions of the lifestyle assistants in conducting the activities. The service was observed to offer activities such as word games, suitable for consumers with good cognitive ability, as well as activities suitable for consumers with dementia or limited movement. Staff described the activities available, and were observed encouraging consumers to participate.

Staff advised when they observed a consumer with a low mood, they spoke with them and tried to understand if there was a cause and if they could help, stating they would alert the registered nurse of the consumer’s mood and would include information in the progress notes for the shift. Representatives said if the consumer was religious the staff were aware and encouraged consumers to attend church services and the hymn singing sessions.

Staff advised the service offered activities designed to cater for a range of people and the new Lifestyle coordinator was planning to increase the variation of activities offered. Consumers and representatives said visitors were welcome in the service and representatives added during a recent COVID-19 outbreak, a selected visitor was still able to attend the service to support their loved one. The activity program for November 2022 was reviewed and included a variety of activities including, but not limited, to bingo, sing-a-longs, armchair travel, and a high tea.

Consumers and representatives said they had conversations about their preferences regarding leisure activities as they entered the service. Care planning documentation contained information about the type of activities consumers were interested in and their preferences for solo, small group, and large group activities. Plans for the inclusion of entertainers in the activities calendar, new equipment, and resources to support the development of sensory boxes for consumers with severe dementia, had been approved by the service and introduction was to occur shortly.

The service identified some engagement with external providers such as entertainers and musicians had recommenced recently, and some volunteer time by consumers’ representatives who wished to help out had been accepted. The activities calendar included the services Wi-Fi password to enable consumers to access activities on their mobile or computer devices at any time.

Consumers and representatives said the meals were sufficient, although improvements in the variety and choice of meals was required, particularly in relation to pureed meals. Catering staff described the meal choices available and confirmed alternate food items, such as sandwiches were also able to be requested. Management confirmed they were aware of feedback indicating improvements were needed with the meal and dining experience, and planned actions were currently being progressed.

Consumers and representatives said the lifestyle furniture and equipment were comfortable, clean, and safe to use. Activities equipment was observed to be clean and ready to be selected by consumers who wished to complete a puzzle or play a board game. Staff advised any equipment needed to revamp the activities program had been approved for purchase and old, less suitable equipment had been removed from the service.

# Standard 5

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

Findings

Consumers said the service was a comfortable place to live. Staff were observed to speak to consumers and visitors in a friendly, helpful manner whenever they encountered them. Observations identified the service had tried to make the environment as home-like as possible including using signage to help navigation, having numbers and names on bedroom doors, handrails, and providing views outside to the internal courtyard or surrounding garden.

Consumers and representatives said the service was clean and safe and maintenance requests were responded to. The corridors were observed to be wide, some doorways to the courtyard were on automatic opening, doorways did not have steps and enough room was present around the furniture to enable access and places for consumers to sit and interact. Staff said report any cleaning or maintenance tasks in the cleaning communications and maintenance books kept at the nurses’ station.

Consumers and representatives said the furniture was clean and the equipment was safe and appropriate for use. The furniture and equipment throughout the service was observed to be clean and suitable for their intended use. Only one staff call bell button was available in the lounge area, located on the back wall and inaccessible to people in wheelchairs as it was in a corner between a chair and a piano and was currently obscured by an additional large table, management advised this had been identified in a previous audit and they were committed to addressing the issue.

# Standard 6

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

Findings

Consumers, representatives, and staff said they felt safe and comfortable providing feedback and raising concerns, including directly speaking with management and providing feedback at meetings. Complaints forms. lodgement boxes and brochures inviting feedback were observed to be accessible and encouraged consumers to provide feedback. Minutes of meetings demonstrated feedback was regularly sought from a variety of sources and was used to make service improvements.

Consumers and representatives reported they felt safe and supported to provide feedback at all times, and added they do not require the need for advocates and external organisations for raising and resolving complaints. Staff discussed methods for supporting consumers to raise complaints and have them resolved. Information about advocacy and external complaints methods, including information in languages spoken by consumers, was readily available to consumers.

Consumers and representatives reported appropriate action was taken by the service in response to complaints and were positive about the resolution of complaints. Complaints and feedback records document timely resolution and complainant satisfaction with the resolution. Policies reviewed were consistent with the principles of open disclosure, fairness, accessibility, and quality improvement.

Consumers and representatives reported improvements were made to the care and services provided to them based on feedback and complaints raised. Staff described how the service captures feedback and complaints to improve the quality of care and services. A review of the complaints and feedback management system demonstrated continuous improvement activities based on feedback and complaints, and the completion of improvement actions.

# 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

The Assessment Team recommended this requirement was not met, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report, and the provider’s response and have found:

* 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.

The Site Audit report brought forward information stating consumers and representatives had raised concerns about the current staffing levels including describing instances where they experienced increased wait times and staff not being in attendance in the lounge room, made one named consumer, feel anxious. Additionally, staff advised they were unable to meet consumers care needs, with documentation evidencing a high proportion of agency staff were used, shifts were unfilled and on occasions there was a delay in staff responding to calls for assistance. Furthermore, a consumer was observed repeatedly calling for staff to assist with removing the cover from their meal and another was observed attempting to mobilise independently from their wheelchair.

The providers response dated 4 January 2023, submitted additional information and documentation to support their refute of the claims and deficiencies brought forward in the Site Audit report.

In consideration of consumer feedback, I acknowledge and agree with the provider, that the site audit report contains positive feedback from consumers and representatives who confirmed the consumer was receiving the care, support and services which met their needs, and was delivered in line with their preferences. This is also supported by the recommendations of compliance against all other requirements within the site audit report.

I acknowledge, one consumer raised concerns regarding staff not being present in the lounge room, they are at times, required to wait for staff to return them to their room following their participation in activities and consumers were observed to be in the lounge room without staff being present. However, providing a home-like environment is considered a key aspect of aged care service delivery and it is reasonable that at times staff may not be in attendance in the lounge as they are providing care to other consumers. I note the provider confirms consumers who are in the lounge are visible from the service’s reception area, supervision is undertaken remotely, staff regularly check in with consumers to monitor their needs are being met and the need for staff to be in attendance is dependent on the care needs of individual consumers.

In consideration of unfilled shifts, use of agency staff and occasions of call bell responses being delayed, I note the documentation reviewed, covered a period where the service was managing an active COVID-19 outbreak and it would be expected that some shifts were unable to be filled, agency staff usage would increase and there would be delays as a result of staff applying personal protective equipment, prior to responding to consumer calls. I also note the number of responses which exceeded the services expected response time was minimal and there was no adverse impact to consumers evidenced within the site audit report.

In relation to observations, staff absence when the consumer was seeking meal assistance, was investigated, concluded to be a one-off instance, and an apology was provided to the consumer. For the consumer, attempting to stand unassisted, consultation confirmed they were changing position and did not require, or wish staff to assist, as per their preferences. I agree with the provider and consider these examples do not support a deficit in workforce planning.

I also note while the provider refuted the claims put forward in the site audit report, they acknowledged they were aware of concerns raised by consumers, have demonstrated an ongoing proactively approach to remedying their concerns and have now put in place additional remedial actions to improve their care experience.

Overall, I have placed weight on the positive feedback provided by consumers and representatives, the recommendations of compliance across all other requirements and am satisfied the workforce is planned deployed to deliver safe and effective care and services.

Therefore, I find requirement 7(3)(a) is compliant.

Consumers and representatives described staff as kind, caring and respectful, Staff were observed interacting with consumers in a kind, attentive and considerate manner. Staff spoke respectfully about consumers, and the service’s mission and values statement highlighted their delivery of person-centred care included respecting a consumers’ identity, culture, and diversity.

Consumers and representatives stated staff were competent and had the knowledge needed to provide care and services. Management described how the service determined whether staff where competent via the recruitment process, ensuring they employed staff with relevant training and experience, and using buddy shifts for new staff. Documentation supported processes were in place to monitor staff qualifications, credentials, and competency.

Consumers and representatives stated they believed staff had adequate training. Management described a range of opportunities to train and support staff in care and service delivery, including a dedicated online training platform, monthly education sessions, and refreshers in response to opportunities identified from observations and feedback. A review of documentation evidenced the workforce was trained to deliver the outcomes required by these standards.

The service had a newly implemented staff performance framework including regular assessment, monitoring, and review of staff performance. Management described the new performance review framework, and a review of the framework showed a robust performance assessment and review process. Management said the service monitored staff performance through performance appraisals on an annual basis, on the anniversary of employment.

# 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

Consumers reported they were engaged in the development, delivery, and evaluation of care and services through the monthly consumer meetings and provision of feedback. Management discussed various processes for engaging consumers in the design, delivery, and evaluation of services. Minutes of meetings evidenced consumers were engaged and supported in providing input on service delivery.

Consumers and representatives reported feeling safe and at home in the service and said consumers received the care they needed. Management explained how the governing body was accountable for the delivery of care and services via various governance committees. A review of documents demonstrated oversight by the governing body of the delivery of safe, inclusive, and quality care and services.

The service had appropriate policies and procedures in place to govern information management, continuous improvement, its finances, the workforce, maintain compliance with regulations and support feedback and complaints processes. Staff confirmed they had access to the information they need, they are aware of the roles and responsibilities and gave examples of how additional funding allocations enabled continuous improvement based on feedback.

The service had a risk management system in place which identified and managed risks associated with the care of consumers, including high-impact or high-prevalence risks, abuse or neglect of consumers. Staff demonstrated awareness of and confirmed training had been provided on risk management and dignity of risk principles. Policies and procedures relating to risk, incident management and prevention of abuse or neglect were available to guide staff.

The organisation had a clinical governance framework in place which included policies, procedures, and staff training on antimicrobial stewardship, restrictive practices, and open disclosure. Staff outlined the different forms of restrictive practice, the importance of minimising their use through implementing behaviour support strategies in the first instance and confirmed they exercised open disclosure when things went wrong.

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)