**Performance**

**Report**

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| Name: | Moylan Care Group |
| Commission ID: | 201446 |
| Address: | 10 Giles Lane, ORAN PARK, New South Wales, 2570 |
| Activity type: | Quality Audit |
| Activity date: | 31 July 2024 to 1 August 2024 |
| Performance report date: | 17 September 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9317 Moylan Care Group Pty Ltd  
Service: 26980 Moylan Care Group

**This performance report**

This performance report has been prepared by G Cherry, 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 services it operates, 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 Quality Audit report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives, and others.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not Applicable** |
| **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.

# Other relevant matters:

Moylan Care Group is a small organisation providing home care packages to consumers living in south-west Sydney. Currently 3 consumers receive home care services and care is provided to less than 40 consumers funded through the National Disability Insurance Scheme. Whilst documentation was reviewed, management and staff interviewed not all consumers/representatives agreed to participate/provide feedback during the Quality Audit. Services include personal care, clinical care, domestic assistance, gardening/home maintenance, social support, plus transport/support to access medical appointments and community groups. The organisation has applied for Commonwealth Home Support Program funding. They have capacity to meet high care/complex needs, including 24-hour care if required. Requirement 4(3)(f) was not assessed as provision of meals/food does not occur by the service and assessment of Standard 5 is not applicable as services are not provided within the organisation’s physical environment.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

A process ensures consumers are treated with dignity/respect and their culture, identity, and diversity valued. Consumers consider staff provide respectful communication/service delivery and expressed confidence staff have awareness of their culture/background. Care plans reflect cultural/personal information is referenced in a respectful manner and care tailored to individual needs/preferences. Interviewed staff demonstrate respectful care and acknowledge differing cultural backgrounds. Policies/procedures guide staff and a diversity action plan exists. Management advised of staff requirement to complete training regarding cultural safety/diversity including a planned cross-cultural awareness program, plus employment of staff with capacity to communicate in various languages.

Consumers are supported and express satisfaction in exercising choice, maintain independence, make decisions relating to care and maintain social connections. Management gathers information which is documented (during assessment processes) to guide care delivery and staff promote informed decision-making. Documents reflect consumers' choice, including details relating to relationships, support persons and representatives. Consumers are encouraged to take risks to enhance their quality of life and express satisfaction they are supported to live independently at home. Staff demonstrate knowledge of risks and implement management strategies including ensuring clear communication and maintaining a safe environment. Policies guide staff in expectations relating to supporting choice/decision-making and risks. Management ensures consumers are informed of relevant risk consequences, and mitigation/management strategies. A process ensures consumers receive accurate/timely communication. Consumers and representatives consider they understand monthly statements and information relating to agreements/services, aged care rights, complaint procedures, and fees. Consumers are encouraged to give feedback and communication to ensure understanding. Consumer privacy and confidentiality occurs via secure, password-protected electronic systems. Consumers consider privacy is respected and confidentiality of personal information. Staff are required to comply with a code of conduct and privacy/confidentiality as part of employment conditions.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

A process ensures assessment and planning, including consideration of risk, informs delivery of safe and effective care/services. Consumers consider risks are managed and individual mitigation strategies/interventions aimed to minimise risks are documented. Policies outline management of high impact/prevalence risk. Collated documents are maintained regarding known risks/vulnerabilities such as living alone, cognitive impairment and social isolation. Assessment/planning is informed by consumers, family/representatives and documentation received from other care providers. Staff demonstrate an understanding of individual consumer risks, including falls, cognitive impairment, and impaired vision. Documents demonstrate communication of risks to those involved in care provision. A process ensures identified risks are escalated to clinical staff for further assessment/management when required.

A system ensures care planning addresses consumer’s current needs, goal and preferences which are identified at commencement of services and during care plan reviews. Care coordinators regularly visit consumers to discuss current needs and update documents accordingly. End of life (EOL) care planning is discussed during reviews and information regarding advanced care directives and resuscitation plans are discussed/documented. Interviewed staff and consumers note discussions occur. Management advised EOL care, including 24-hour care, can be implemented when required due to support from local palliative care teams. Assessment/planning is based on ongoing partnership with consumers and those they wish to be involved, including other providers of care/services. Consumers are regularly consulted as to who they wish involved in care and documents demonstrate regular communication between staff and consumers/representatives. External services have engagement with consumers regarding recommendations.

A process ensures effective communication of assessment/planning is documented in a plan readily available. Consumers note care planning documents within their home are regularly updated. Consumer feedback regarding current care needs is consistent with documents. Support staff have access to care plans noting changes to documents are managed by the care coordinator and they receive notification of changes via electronic documentation systems (EDS). Care and services are regularly reviewed including when circumstances change. Consumers consider involvement in communication when issues arise and needs change. Care coordinators are updated of care needs via EDS which may result in review.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

The service demonstrates consumers receive safe and effective personal care aligned with best practice, tailored to needs and optimising health and well-being. The current consumer cohort do not require clinical care however policies/procedures guide personal/clinical care practices (when required) and clinical staff provide services when needed. Best practice guidelines are maintained with links to industry advisors and educational facilities to ensure currency. Consumers consider personal care services are tailored to their needs.

Effective management of risk is evident. Identified risks result in mitigation/management strategies in relation to skin integrity, falls and medical diagnoses. Consumers consider staff manage risks appropriately. Interviewed Management and clinical staff advise current consumers maintain responsibility for medical care, pain treatment and medication. A process ensures consumers’ needs, goals/preferences nearing end of life are recognised and managed. Policies/procedures, processes and clinical staff are available to support consumers, including referral to palliative care services and/or residential care, plus the service has capability to provide 24-hour clinical care and support, if required. Processes exist to ensure deterioration and/or change to consumer’s condition/needs is responded to in a timely manner. Consumers consider staff would recognise a change in their condition. A 24-hour support line to Management exists for consumer and staff contact if deterioration and/or incident requires management support.

A documented process exists when staff identify deterioration/change in consumer’s condition and/or health. Management advised current consumer/representatives choose to maintain responsibility for medical and health care needs however clinical staff are available when needed. Management advised communication occurs with medical professionals upon consumer’s request/consent. While interviewed consumers advise of self-managing medical needs/appointments and treatments a process ensures changes in condition are documented to alert staff. Staff observed a change in one consumer’s needs, resulting in timely reassessment negating requirement of further intervention. A process ensures consumers’ condition, needs/preferences are documented and communicated within the organisation and where care is shared, including provision of care plan in consumer’s home. Care plans include assessed needs, goals/preferences, and strategies/management to guide care delivery.

Staff have access to care plans/documents to direct care requirements including access to EDS to ensure currency of information shared with care team members and monitored by Management and care coordinators. Interviewed staff acknowledge sufficient information to perform their role and meet consumers’ needs. Consumer documents outline medical needs and risks including falls, pain, impaired vision, and direct staff regarding required assistance with mobility, personal care, and transportation. The service demonstrates timely and appropriate referrals to individual and organisations. Documents demonstrate communication with consumers/representatives regarding referrals and review of documents for one consumer evidence physiotherapist review post fall. Physiotherapist directives/updates are documented.

Minimisation of infection related risks exist to prevent/control infection. Consumers and staff demonstrate knowledge of strategies including standard and transmission-based precautions, appropriate personal protective equipment (PPE), hygiene care, cleaning of equipment and monitoring for signs/symptoms of infection. Documents are used to record changes/escalate concerns. Consumer documents contain information relating to infection control strategies and specific needs, consumers are provided with PPE and the assessment team observed appropriate supplies of PPE for staff use. Consumers suspected of having infections are referred to medical officers for treatment. Clinical staff explained antibiotic use is monitored by pharmacists and medical officers. The assessment team note the topic of antimicrobial stewardship is not included in staff training modules, and interviewed staff did not demonstrate awareness of this concept. Management responded by adding this topic to future training to ensure staff awareness in monitoring consumer antimicrobial treatments.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean, and well maintained. | Compliant |

Findings

The service provides consumers with safe, effective, personalised support to enhance independence, well-being, and quality of life. Consumers expressed satisfaction of feeling safe and receipt of support to enable them to stay at home and maintain independence. Consumers and representatives consider support workers understand and accommodate individual preferences. Management explained support plans are created with consumer/representative involvement and goals to promote independence.

Consumers are supported in managing emotional and psychological well-being and consider social connections meet their emotional needs. Documents detail outcomes of assessments relating to emotional, spiritual, and psychological needs. Consumers express satisfaction in staff communication/support via one-on-one interaction/communication, noting staff availability when needed. Interviewed staff demonstrate knowledge of identifying when consumers are not well and/or express concerns and strategies used to assist them.

Consumers are supported to participate in the community, build personal and social relationships/engage in activities of interest and expressed positive feedback of opportunities to do so. Management gathers information relating to life stories/social needs upon commencement of services, ensuring continuity in relationships. Documents include details about individual interests, preferred activities, and important relationships. Management advised of researching community programs/events and providing consumers with information on activities of interest. An effective process ensures consumer’s needs are communicated to those providing care. Consumers are satisfied with communication systems.

Timely and appropriate referrals occur to other care providers/services and consumers note referrals occur after obtaining their consent. Management explained the referral processes, emphasising consultation with consumers/representatives prior to engagement of providers preferably in consumer’s local community, resulting in timely outcomes. Processes ensure equipment provided, is safe, suitable, and clean. Consumers consider staff appropriately maintain cleanliness of equipment. Interviewed staff explained processes to monitor equipment to ensure appropriate working order and cleaning to ensure safe consumer care.

# Standard 6

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| Feedback and complaints | | HCP |
| 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, families, and carers are encouraged to provide feedback and make complaints. Consumers give feedback to Management and support workers noting issues mentioned are immediately resolved. The service maintains feedback/complaints documents, a process ensures acknowledgement of feedback and complainants informed of outcomes. Management explained transparency and open communication exists and feedback welcomed.

A process ensures consumers are aware of (and have access to) advocates, language services, and multiple methods of complaint resolution. Interpreter services are provided as needed. Management advised information is provided to consumers relating to the charter of rights, and external complaint organisations. Translation of documents is available, and consumers are advised of options available to them.

Appropriate action is taken in response to complaints including use of an open disclosure process when issues arise. Documents detail steps taken in response to complaints. Policies/procedures guide staff relating to organisational expectations and interviewed staff demonstrate knowledge of addressing concerns/seeking suitable resolution. Complaints are followed up appropriately and in a timely manner. Management explained constant consultation with consumers and staff as a means of identifying/preventing complaints.

The service reviews feedback and complaints to improve care and services aligned with documented policy/procedures. Management monitors feedback management systems taking action where necessary to mitigate further issues, plus daily informal meetings to promptly manage feedback and review complaints and incidents. Complaints data is analysed for trends/areas of improvement and incorporation into their continuous improvement plan.

# Standard 7

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| Human resources | | HCP |
| 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 service demonstrates a planned workforce to enable management/delivery of safe and quality care/services. Current consumer services are undertaken by support workers as care needs do not require clinical staff/registered nurse experience, however registered nurse care is available when needed. A team of workers are dedicated to each consumer aligned to appropriate staff knowledge/skills. Management monitor staff leave to ensure sufficient staff numbers. Consumers consider staff attend on time and have appropriate time to complete care, acknowledging flexibility to alter service times if requested.

A process ensures workforce interactions are kind, caring and respectful of consumers identity, culture, and diversity. Consumers express satisfaction with staff knowledge, skills, and manner, noting feeling safe in presence of staff. Consumers respect regardless of culture/identity is an organisational expectation and staff receive information relating to expectations/requirements. Staff gave examples of consumer respect and care provision as per individualised needs and were observed to communicate with consumers and their families in a respect manner. The service demonstrates an effective process to ensure the workforce has qualifications and knowledge to effectively perform required roles. Interviewed staff demonstrate knowledge of consumers individual needs. Documents demonstrate recording of staff qualifications/knowledge.

The service demonstrates the workforce is recruited, trained, equipped, and supported to deliver outcomes required by the Quality Standards. Recruitment considers qualifications, industry experience and skills. Management team have experience in clinical and allied health roles. Staff receive education regarding topics relating to aged care and Quality Standards plus additional education/competency assessments specific to consumer cohort needs. Recording/monitoring of competency assessments occurs for staff allocated to a consumer care team, to ensure staff have the necessary knowledge/skills to meet their needs. Staff note receipt of training relevant to consumer’s specific needs. The assessment team note training relating to antimicrobial stewardship not provided and Management committed to providing education/training relating to this topic. Regular assessment, monitoring and review of workforce performance occurs. Consumers note they provide feedback to management regarding staff performance. Consumers advise they are contacted to ensure satisfaction when new staff provide care/services. A process ensures regular staff performance and recent changes include a self-assessment check post face to face training. Staff confirm completion of performance reviews.

# Standard 8

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| Organisational governance | | HCP |
| 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

The organisation demonstrates consumers are supported/encouraged to engage in development, delivery, and evaluation of care/services. Consumers complete an annual satisfaction survey to encourage feedback. Informal feedback is collected during regular communication with management/support staff and the service plans to commence a newsletter to update consumers/representatives. Examples of consumer engagement include involvement in the development of manual handling education and implementation of a checklist for staff prior to leaving consumer’s homes. Consumers are encouraged to source activities or groups to improve their well-being resulting in additional resources for others.

The organisation promotes a culture of safe, inclusive, and quality care/services and is accountable for delivery. Policies/procedures guide staff relating to organisational expectations. Documents demonstrate a commitment to organisational safety/quality with inclusion of incident management and safe staff practices. Consumers consider they feel safe with care received and documents demonstrate completion of home risk assessments. Consumer and staff handbooks include information on quality care/safety and staff receive ongoing training in safe work practices. The service maintains outbreak management and disaster plans; however, the organisation does not monitor and/or promote staff vaccination as a preventative measure. Management responded by inclusion in their plan for continuous improvement (PCI).

The organisation demonstrates effective governance systems regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. An electronic care management system maintains consumer records and an encrypted mobile application is used by staff to communicate and document consumer care. Support workers have access to information regarding consumers in their care team. Paper-based files are maintained in the consumer’s home. Confidentiality/security was observed via individual staff passwords. The organisation maintains a PCI which includes items such as consumer feedback, satisfaction surveys, risk management, staff training opportunities and industry updates. Management and staff demonstrate a commitment to continuous improvement. Organisational finances are externally managed and financial documents maintained. A process ensures maintenance of consumer budgets and unspent funds. A process ensures accuracy of consumer expenses and monthly fees.

Organisational position descriptions exist for all roles, and staff demonstrate an understanding of their responsibilities and escalation pathways. Client clinical needs are escalated to the managing director and registered nurse assessments occur when required. A 24-hour support line is available for consumers and staff to ensure urgent issues are managed in a timely manner. Membership/subscriptions with industry peak bodies and health service organisations ensure currency of regulatory requirements/changes. Updated information is reviewed to ensure policies/procedures/documentation aligns with current regulations and industry standards. Clinical staff advise management of changes to current practices, staff are educated relating to Code of Conduct and conflict of interest. Feedback and complaints are used to monitor practices, ensure consumer needs are met, analysed to determine/respond to identified trends and used to drive continuous improvement. A process ensures consumers are allocated workers they feel comfortable with, have relevant competencies, and as per consumer preferences.

Effective risk management systems include an incident management system. Risks are monitored and staff demonstrate knowledge/understanding of abuse and neglect, plus systems to mitigate risk. A business risk plan identifies/manages organisational risks. Documentation details vulnerable consumers to ensure services are prioritised in case of emergency, including weather events and infection outbreaks. Consumers have an individualised emergency plan. An incident management system demonstrates appropriate/timely response and interviewed staff demonstrate management of incidents according to their role/responsibilities. Staff demonstrate knowledge of consumers right/choice to take risks, and mitigation processes/strategies. Consumers are encouraged to participate in activities, social engagement to maintain independence.

A clinical governance framework exits. Management team hold clinical practitioner registrations and registered nursing services are available if required. Systems to manage antimicrobial stewardship are not evident as consumers do not currently receive medications from staff however, to meet future needs, antimicrobial stewardship training is planned. Policies/procedure guide restrictive practices, although currently these do not exist. Staff demonstrate an understanding of restrictive practices including environmental and physical restraint. Policies include the need for behaviour support plans, including reporting/monitoring requirements, and strategies to minimise their use. Documents demonstrate use of open disclosure practices in response to incidents and staff demonstrate knowledge of requirements.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)