**Performance**

**Report**

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| Name of service: | Moyne Health Services |
| Service address: | 30-36 Villiers Street PORT FAIRY VIC 3284 |
| Commission ID: | 300086 |
| Home Service Provider: | Moyne Health Services |
| Activity type: | Quality Audit |
| Activity date: | 22 May 2023 to 25 May 2023 |
| Performance report date: | 4 July 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 Moyne Health Services (**the service**) has been prepared by M Murray, 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.

# Services included in this assessment

**Home Care:**

* Moyne Health Services, 18876, 30-36 Villiers Street, PORT FAIRY VIC 3284

**CHSP:**

* Community and Home Support, 25478, 30-36 Villiers Street, PORT FAIRY VIC 3284

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality 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 15 June 2023.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Update initial consumer assessments to include assessment of known risks for aged care consumers, for example, pain management. Provide any additional training required by staff and monitor that relevant assessments are undertaken for each consumer.
* Establish a system for understanding the prevalence of bed pole use by consumers. Provide relevant information and/or training to consumers and staff in their safe use.
* Ensure staff and volunteers delivering food services in a social support setting have access to written information on consumers’ food allergies or intolerances. Monitor that staff use this information in menu development.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP/STRC | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s report that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The Assessment Team’s report outlines that the service is treating each consumer with dignity and respect and valuing the diversity of the consumers. Consumers said staff are respectful and value their culture, backgrounds, views and opinions. Staff, including case managers, social support coordinators, clinicians, nurses and direct care workers are familiar with the identity and culture of each consumer. Consumers said in different ways that staff understand their cultural needs and preferences and deliver culturally safe care.

Information about care and services and how much they cost is given to all consumers. Consumers said they understand the information and it helps them to make choices on their care and services.

Consumers said staff respect their choices, including who to involve in their care planning and how to deliver the care they need. Care documentation includes identification of potential risks and the development of risk mitigation strategies in partnership with the consumer.

The organisation has a privacy policy and consumers are confident that the service protects their privacy.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP/STRC | CHSP |
| 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. | Non-compliant | Non-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 | 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 | 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 | 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 | Compliant |

Findings

In relation to non-compliance in Requirement 2(3)(a)

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 2(3)(a) and as a result does not comply with Standard 2.

Initial assessment and planning in the home care package program, at the time of the audit did not include assessment of known risks for consumers in aged care, including the risk of unmanaged pain and the risk of compromised skin integrity. The approved provider’s response notes that the service is moving towards an e-health solution with electronic enabled devices being used by staff to support comprehensive point of care assessments. In the interim the approved provider has reviewed the paper based assessment process to better reflect common risks.

The Assessment Team’s report notes bed poles are in use by some home care package consumers as recommended by an allied health practitioner. However, staff were unable to confirm which consumers currently have a bed pole and what safety checks are in place to ensure they are used safely. The approved provider’s response includes a detailed quality improvement activity to strengthen the oversight, monitoring and review of each consumer’s safe use of a bed pole.

In relation to the Commonwealth Home Support Programme a number of consumers have meals provided at the social support group. However, staff did not have relevant risk information on allergies and food intolerances for these consumers. The approved provider has arranged for a dietician review, training for staff and for a process to be put in place to ensure relevant and current information is made available to staff at the point of meal delivery.

I acknowledge the proactive approach of the approved provider in addressing the audit findings, however, I am satisfied that the proposed quality improvements will take some time to embed into day to day practice and be evaluated. I am satisfied the service does not comply with Requirement 2(3)(a).

In relation to compliance of other Requirements

Consumers said the care planning process includes discussions on what is important to them. Overall consumers and representatives said staff sought information on existing advance care plans or directives and said they are aware consumers can develop an advance care plan with the support of the service if they wish. Staff know what is important to each consumer, including their needs and preferences for care. Care plans record the consumer’s individual needs and preferences and support staff to deliver care to the consumer’s expectations.

Care documentation demonstrates assessment and planning involves the consumer, and relevant others including representatives, district nursing services, allied health professionals, and medical practitioners. Consumers said they have a copy of their care plan in their home and it reflects their discussions during the assessment process.

Staff responsible for assessment and planning review care plans annually in partnership with the consumer. When circumstances change, for example, following an incident or a period of hospitalisation an ad hoc review will occur. The review will consider any change in the consumer’s short term or long term goals and coordinate any update to services ensuring the consumer’s care is effective. Consumers said staff are responsive to their changing needs.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP/STRC | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s report that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers said the personal and clinical care they receive is effective in supporting their wellbeing. Care coordination staff and allied health clinicians said they use an evidence driven approach in care delivery. Staff said they follow care plans or task lists, tailoring care to the needs, capabilities and wishes of each consumer, including checking with the consumer to ensure their satisfaction with care delivery. Care documentation including file notes, nursing notes and allied health reports evidences the monitoring of the quality of personal and clinical care and that it aligns with a best practice approach.

The Assessment Team’s report outlines their review of how high impact or high prevalence risks are managed, including consumer falls, management of medication, pressure area prevention, and wound management. The report notes risk mitigation strategies are in place and staff are aware of and follow the recommendations of clinical practitioners for the consumers they support. Consumers gave examples of consultations with wound consultants, allied health practitioners and others in managing and resolving any clinical issue.

Staff are effectively coordinating consumers’ palliative care needs and consumer feedback includes palliative care is effective and supportive.

The service has a policy on ‘medical emergency and managing a deteriorating consumer in the community’ to guide staff in the event of clinical deterioration or change**.** Consumers are confident that staff will identify and respond to any deterioration or change in their wellbeing. Staff know their responsibilities in escalating concerns, calling emergency services when necessary and documenting any deterioration in progress notes.

A number of consumers have complex care needs which require a multidiscipline approach with input from general practitioners and others. Clinical records evidence information exchange between different providers is occurring and the timeliness of any information exchange and the content of the information being exchanged is appropriate. Staff understand that the consumer’s consent must be in place or obtained prior to any information exchange. Staff can view the electronic record system to get up to date information on any change that is relevant for any consumer under their care.

Consumers said referrals to physiotherapists, wound consultants, podiatrist and exercise physiologists are made and expressed their satisfaction with how these referrals occur and the quality of these services. The Assessment team’s report outlines referrals are timely and in line with consumers’ care needs.

Observations by the Assessment Team demonstrate adherence to infection prevention protocols including the wearing of masks by staff in the gym sessions. Staff spoke to their use of personal protective equipment, participation in infection control training and having relevant vaccinations. Consumers and representatives said staff take measures protect consumers from infection, ask questions about infection and wear masks if required.

# Standard 4

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP/STRC | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s report that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers said they receive services, including domestic assistance, gardening and transport to appointments that meet their needs and help them to remain independent and living at home. Care planning documentation describes each consumer’s needs and preferences and how to deliver services safely and effectively. Care coordination staff review progress notes, incidents and other staff and consumer feedback to adjust services in line with the consumer’s changing needs or preferences.

The Assessment Team’s report evidences supports are put in place when consumers are feeling low due to emotional or psychological distress. Social support staff, case managers and direct care workers know their roles in supporting at risk consumers, and representatives said staff use communication books and/or update them directly if there is a concern about a consumer’s wellbeing.

Consumers said the service supports them to remain in touch socially and were appreciative of the support given by staff, as well as other consumers, at social activities. Gym sessions, social lunches and group outings are all popular.

A number of consumers have care needs which require a multidisciplined approach with input from general practitioners and others. Records evidence information exchange between different providers is occurring and the timeliness of any information exchange and the content of the information being exchanged is appropriate. Staff understand that the consumer’s consent must be in place prior to any information exchange. Staff get up to date information on any change that is relevant via the electronic record system.

Consumers said relevant referrals are made when they need expert support and expressed their satisfaction with how these referrals occur and the quality of these services. The Assessment team’s report outlines referrals being made to a ‘Men’s Shed’ organisation and a rehabilitation team in line with consumers’ increasing or changing care needs.

Meals, including lunch and afternoon tea are served at various social support groups. All meals are prepared on the day. The Assessment Team’s observations during one meal service included, while staff knew the preferences of consumers and gave alternative options when something the consumer disliked was on offer, staff did not have specific instructions on allergies and food intolerances at the point of service delivery. I have considered the Assessment Team’s evidence in regard to the risk a lack of information on allergies and food intolerances poses in my compliance finding in Standard 2. I have also considered the evidence of the consumers who attend the meal service observed by the Assessment Team in regard to the quality and quantity of the food and note that consumers said that they make an effort to come on the day that the social support group provides the meal. I am persuaded by the consumer feedback that the quantity and quality of meals complies with Requirement 4(3)(f).

Consumers are happy with the availability of suitability of equipment the service provides and said they call the office if they have any concerns. The Assessment Team observed equipment in shared areas, including the gym to be fit for purpose and being sanitised between consumer use.

# Standard 5

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| Organisation’s service environment | | HCP/STRC | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s report that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

All consumers and representatives spoke positively about the service environment and interactions with others, and said they feel welcome at the service. Consumers said they have a sense of belonging at the social groups. Staff who work in the social support groups ensure the environment is welcoming and encourage consumers to get to know each other.

Consumers and representatives are happy with the cleanliness and comfort of the various social support environments. Consumers at the social support groups have ready access to a range of equipment for their leisure use including a piano, books and magazines, puzzles, cards and a card table, games, art materials and colouring activities. The Assessment Team’s report includes their observations of clean and suitable fixtures and fittings and bright, welcoming internal and external spaces with consumers freely accessing all areas. Maintenance staff follow maintenance schedules and undertake ad hoc maintenance to ensure vehicles, fixtures, fittings and buildings are well maintained and in working order.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP/STRC | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s report that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers said they feel safe to complain and would do so if they had an issue to raise. Management and staff gave examples of supports for consumers and others to provide feedback and make complaints. These include a ‘Have Your Say’ feedback brochure an electronic feedback and complaint form on the organisation’s website, feedback and complaints stations at the health service and periodic client experience surveys.

All consumers and representatives are given information on the right to engage with advocacy services and external complaint organisations and said they know about alternative complaint methods. Direct care workers said they would advocate for consumers by assisting them to raise a complaint.

The organisation’s website provides online translations of complaint and feedback forms in over 100 different languages

Consumers felt staff are open to their complaints and suggestions and took actions to progress issues and provide resolutions.

The service has a feedback and complaint policy and procedure that promotes the timely response and actioning of complaints. An open disclosure policy and procedure guides staff in managing any adverse event.

Management and staff said they welcome complaints as they help to assist in the identification of quality improvements. Consumes gave feedback that the current health survey was too long and more relevant to the main Health Service. As a result, management launched a ‘Community Health Experience Survey’ to illicit specific feedback to improve the services consumers identify as important in a community setting.

# Standard 7

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| Human resources | | HCP/STRC | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s report that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management has oversight of workforce needs through workforce planning with strategies in place to attract new staff to the region. Consumers said there are sufficient staff, staff arrive on time and do not rush them when delivering care.

Consumers and representatives spoke positively about interactions with management, staff and volunteers saying they are kind, caring, know what they are doing and understand them as individuals. The service has a diversity and inclusion framework and promotes embracing differences.

The service’s recruitment, selection and orientation programs consider staff qualifications, knowledge and competency to effectively perform their roles with staff attending specific training programs that include competency tests on the core requirements of their job.

Induction processes familiarise staff with the code of conduct, service policies and procedures and service systems including incident reporting, infection control, occupational health and safety and quality and risk. Staff said they participate in mandatory and other training. Training calendars are emailed to staff and displayed on staff noticeboards to promote attendance.

A ‘Performance Development Support and Growth Plan’ is in place and records demonstrate annual performance appraisals with employees are occurring.

# Standard 8

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| Organisational governance | | HCP/STRC | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s report that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers engage with the organisation on its priorities, there is a Consumer Advisory Committee, various surveys and the Chief Executive Officer attends social support groups to hear consumers views on how the organisation can improve.

The governing body regularly reviews a variety of compliance, quality and safety reports and incident data to support their decisions on priorities for the organisation, understand risk and if required, take corrective actions to ensure safe and quality care is delivered. The organisation’s strategic plan and statements of priorities include to deliver the ‘best care, closest to home, to every person, every time.’ A ‘Diversity and Inclusion Framework’ supports its strategic commitment to inclusivity and embracing difference.

The service’s organisational structure, reporting lines and various sub-committees ensure risks across the organisation are identified and managed. A privacy officer has oversight of information management, the Finance Committee monitors budgets against key performance indicators and the people and culture department oversees workforce matters, including for subcontracted staff. Systems are also integrated, for example, the service subscribes to a service providing legislative updates, the update on the Serious Incident Report Scheme has led to a training activity for staff on their new responsibilities. The Community Advisory Body is a further source of information and provides a voice for consumers to the governing body for members of the governing body to consider when making strategic decisions.

The service has a risk management framework and incident and risk registers to identify and reduce risks through mechanisms such as controls and mitigation strategies. A quality and risk manager monitors high impact and high prevalence risks across the organisation and uses a safety dashboard to inform the governing body of actual and emerging risks. The most prevalent risk identified is consumer falls and as a result additional handrails are being considered at service entry points. Staff are trained in using the incident management system and how to respond and report suspected elder abuse. Management and staff demonstrated a consumer centred approach to delivering services and consumers felt services help support their quality of life.

The Quality and Safety Committee is a sub committee of the Board and has oversight for clinical care. A clinical governance framework underpins the committee’s work. The framework consists of five domains, being, clinical practice; leadership and culture; consumer partnerships; workforce and risk management. Staff are aware of the need for antimicrobial stewardship and the organisation has principles and guidelines to support a best practice approach. A restrictive practice framework is in place and staff spoke to how they minimise restraint and any restrictive practice. Management and staff interviews and documentation reviews shows an open disclosure approached is used when an adverse event occurs.

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)