

**Performance Report**

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| Name: | RFBI Moonbi Masonic Village - Jim Holm |
| Commission ID: | 0348 |
| Address: | New England Highway, 52 Churchill Drive, KOOTINGAL, New South Wales, 2352 |
| Activity type: | Site Audit |
| Activity date: | 22 October 2024 to 24 October 2024 |
| Performance report date: | 3 December 2024 |
| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution Service: 364 RFBI Moonbi Masonic Village - Jim Holm |

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 RFBI Moonbi Masonic Village - Jim Holm (**the service**) 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 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives, and others

# 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 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 consider management and staff treat consumers with dignity and respect. A process ensures they receive the charter of aged care rights (the Charter) requiring signature to demonstrate awareness of their rights. Interviewed staff respectfully referred to consumers demonstrating recognition of cultural diversity and providing examples of various communication methods used when interacting with consumers. Documents detail celebrations, anniversaries, and interests. A process supports consumers to maintain connections to rural life experiences.

An effective system ensures care and service provision is culturally safe. Consumers advise feeling safe and their physical, spiritual, cultural, and social needs respected. Connections are maintained via a range of external cultural, spiritual, and religious groups. Religious services occur with representatives from differing denominations visiting the service. Activities are organised to align with consumers cultural and rural life experiences.

Effective systems promote independence, choice and decision making, and documents demonstrate choice is consistently offered. Consumers and representatives’ express satisfaction with decision making support to engage in activities, including those with an element of risk. Policies and procedures guide staff relating to organisational expectations and implementation of strategies to support choice/mitigate risks.

Consumers and representatives’ express satisfaction they receive accurate, timely information to enable informed decisions, and staff explained several methods of ensuring consumers are updated. Lifestyle and catering staff communicate with consumers to advise of activities and obtain meal choice. Information is displayed throughout the service.

Processes ensure confidentiality of consumer’s personal information. Consumers and representatives expressed satisfaction, and staff were observed maintaining privacy when interacting with consumers. Personal information requires password access and nurse's stations are locked/accessible via secure key code.

# 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

An effective system ensures assessment and planning includes consideration of risk; demonstrated examples include complex care needs and diabetes management. Consumers consider they receive safe, effective care specific to their needs. Staff described risk management identification/strategies for sampled consumers via an electronic care management system (ECMS) and documents demonstrate regular review, assessment/discussion, plus a monitoring process to ensure currency. Consumers are referred to medical officers, allied health professionals and other medical specialists when required. Examples include risk assessment conducted with consumer/representative input and documented mitigation strategies. Management advised regular meetings, review of clinical indicator data, incident reports are used in determining effective care delivery. Documents demonstrate initial and ongoing assessment/planning, including in response to changes and/or post incident.

A system ensures consumers’ needs/goals/preferences are met, including advance care/end of life care plans. Management and clinical staff advised consumer’s end of life wishes are discussed upon admission, during care plan reviews, care conference discussions and/or when changes occur.

Effective processes ensure assessment and planning is based via ongoing consumer partnership and those they wish involved. Consumers/representatives advise involvement in care planning (and documents demonstrate this). Other health care providers/organisations are included as required. Examples include transfer to hospital post fall for one consumer and dementia specialist, plus dietitian for another. Registered nurses (RN) describe referral processes and allied health professionals note receipt of referrals in a timely manner.

Consumers and representatives’ express satisfaction of access to care plans if they choose. Assessment/planning outcomes are documented within the ECMS. RNs advised use of handover documents and verbal discussions occur at shift commencement and care plans/handover records were observed readily accessible to staff.

A system monitors regular review to ensure effectiveness, when circumstances change, or incidents occur, and documents demonstrate adjustments as required. Staff demonstrate awareness of incident reporting processes noting incidents may trigger reassessment/review. A care planning/case conference meeting schedule is used to ensure currency.

# 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

The service demonstrates consumers receive safe, effective best practice personal/clinical care tailored to needs/preferences. Examples include restrictive practices, psychotropic medications, and behaviour management. Documents detail care aligned to consumer’s individual needs and consumers/representatives express satisfaction with care and staff knowledge. Comprehensive assessments are regularly reviewed, and a process aims to minimise use of medications deemed as restrictive practices. Examples include regular review of behaviours, interventions, and medications. A process ensures regular review of medications, behaviour support plans (BSP) via medical officer, allied health, and specialists. Staff demonstrate comprehensive knowledge of consumers individual needs/preferences.

Governance systems and procedures effectively manage high impact/prevalence risks. Management and staff demonstrate knowledge of individual risks and effective management noting incidents, falls, pressure injuries/wounds and unplanned weight loss as most prevalent risks. Management strategies include regular weight monitoring and medical officer/dietitian review for significant weight loss, physiotherapy review/directives following a fall. Pressure injury/wound management includes, incident reporting, assessment, photographic evidence/measurements, and wound care conducted by RNs. Referral to specialists occurs when needed. Consumers express satisfaction of care provision in relation to identified risks and documents demonstrate improved outcomes. The service maintains a record containing individual consumer risk/mitigation strategies which are reviewed/updated on a regular basis.

The service demonstrates appropriate care delivery for consumers nearing end of life via assessment and pain management and review one consumer’s documents demonstrate this occurred. Staff described methods to assist consumers on their end-of-life pathway, noting discussions during assessment processes and advanced care directives reviewed during case conference discussion and/or when changes occurs.

The service demonstrates deterioration or change in consumer’s condition is recognised and responded to in a timely manner and policies and procedures guide staff. Consumers/representatives express positive feedback regarding actions taken to changed conditions. Staff described escalation processes such as informing RNs, medical officer review and contacting an ambulance and documents demonstrate timely responsive action. Falls management documents for sampled consumers detail consistent recording of vital signs/neurological observations, escalation to ambulance services, hospital transfer and/or physiotherapist review. Care staff described triggers to identify changes in consumer’s condition.

Information relating to consumer’s condition, needs/preferences is documented/communicated with those where responsibility is shared. Consumers/representatives consider consumers adequate transfer of information to ensure appropriate care, and receipt of regular updates. Allied health providers and medical officers’ access ECMS to transfer directives to RNs. Documents support effective transfer of information, including updates post medical officer/allied health/specialist review. Management conducted a review of all recent dietitian assessments, notifying medical officers responsible for relevant consumer care.

Timely and appropriate referrals occur, and consumers/representatives gave positive feedback regarding access to health professionals. Staff demonstrate knowledge of required processes and documents demonstrate referrals occur in a timely manner. Examples include referral to an organisational wound care specialist for management of a chronic wound and dementia specialists to support behaviour management, plus regular medical officer/allied health professional input.

Effective processes minimise infection related risks, support appropriate antibiotic use and reduce risk of antibiotic resistance. Policies/procedures guide staff regarding infection control, outbreak management and antibiotic management. Staff complete infection control/prevention training and demonstrate an awareness of minimising infection transfer. Documents detail antibiotic use is monitored and reviewed. Influenza and COVID-19 vaccination programs exist. Two infection prevention and control (IPC) leads provide oversight of practices, and management in the event of an infection outbreak. Management advised increase screening requirements dependent on risk and infection cases in the community. Clinical staff demonstrate knowledge of antibiotic stewardship and staff were observed practicing appropriate hand hygiene/infection prevention practices. A system requires completion of screening process prior to entering the service.

# Standard 4

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

Findings

Consumers/representatives gave positive feedback relating to safe, effective services/supports for daily living, noting staff support well-being and quality of life. Consumers advised they participate in various activities of choice acknowledging staff support individual preferences. Consumers were observed accessing outdoor areas.

Consumers/representatives consider staff support emotional needs and systems support consumers engagement in their chosen faith, via regular onsite religious services. Staff demonstrate knowledge of consumers’ emotional well-being, and support strategies.

Consumers express satisfaction in participation within the community, social/personal relationships and activities of interest. Assessment processes identify goals/preferences recorded in care plans to guide staff. Lifestyle staff explained regular student visits to participate in craft activities, reading to consumers, and consumers have input into bus outing destinations.

Consumers/representatives consider involvement in processes to determine needs/preferences during admission meetings and ongoing. Appropriate information is obtained to inform care plans and ensure staff have details of individual needs. A process ensures consumers are referred to appropriate external services.

Consumers/representatives gave positive feedback regarding quality, quantity, and meal variety. Most meals are prepared on site however texture modified meals are sourced from an external supplier. Menus are dietitian reviewed to ensure nutritional balance, suitability, variety, and consumers provide input via regular meeting forums, and directly to staff. The kitchen is undergoing renovations.

Equipment used to support consumers’ needs was observed to be safe, clean, well-maintained and consumers express satisfaction. A system ensures regular cleaning/maintenance and appropriate storage. Care staff advised access to equipment to support consumers’ needs.

# 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

The environment appears welcoming with adequate communal spaces for dining, seating/socialisation. Paintings, pictures and ornaments create a home-like environment. Consumers reside in individual rooms sharing a bathroom between two and are encouraged to personalise rooms. A process ensures easy navigation with clear wayfinding signage. The service was observed to be well lit and air conditioning maintains a comfortable temperature. Processes ensure the service is clean, and the building well maintained. The environment is single level and indoor/outside areas are easily accessible for consumers living with varying levels of mobility. Consumers were observed to be moving throughout the service and accessing outdoor areas.

A process exists for safety management and equipment including regular and ad-hoc maintenance. Management and staff demonstrate effective systems to ensure cleaning and regular maintenance. Furniture, fittings, and equipment were observed to be safe, clean, well maintained, suitable for consumer use. A preventive maintenance program exists.

# 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

The service demonstrates consumers and stakeholders are encouraged and supported to provide feedback and make complaints. Consumers/representatives demonstrate awareness of the mechanisms to do so and expressed confidence in providing feedback directly to Management/staff. Posters and forms are on display.

Management demonstrates feedback/complaints used to inform/improve care/services noting recent examples include staff recruitment and meal service. Feedback/complaints are used to identify process deficiencies, staff training and performance management issues. Effective systems ensure consumers have awareness/access to advocacy, interpreter services and other methods for complaints resolution. Advocacy, language services, senior’s rights brochures and the Commissions posters are on display and documents demonstrate consumer awareness.

The service demonstrates responsive action to feedback/complaints, including use of open disclosure when needed. Consumers/representatives consider complaints resolution and apology occurs in a timely manner. Management advised preferred methods to ensure immediate resolution. Staff receive training regarding feedback, complaints, and open disclosure. Policies guide staff in relation to open disclosure and methods of best practice complaint handling. Management provide Board reports detailing trends and an effective process ensures complaints are reviewed, considered/used to inform/improve quality of care and services, involving consumers in evaluation.

# 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

An effective system demonstrates a planned workforce to deliver safe, quality care and services. Consumers consider enough staff meet their needs and respond to requests in a timely manner. Contingency plans ensure staff replacement and Management review rostering to ensure staff allocations adequately meeting consumer’s current needs/preferences, noting recent amendments to meet legislative requirements and prioritisation of staff to ensure familiarity/continuity of care. Staff were observed attending consumers demonstrating kind/respectful interactions and documents demonstrate meeting regulatory compliance requirements.

Consumers/representatives consider staff to be kind, caring and respectful. Management explained organisational vision, mission and values promote kind/caring/respectful interactions conscious of consumer’s identity, culture, and cognitive ability. Staff demonstrate thorough knowledge of consumer’s needs, referring to them in a respectful manner and were observed providing emotional support/assistance during mealtimes.

Management advised recruitment processes consider applicants’ suitability for aged care; consumers’ needs and staff culture. Policies outline organisational expectations and a system ensures the workforce possess skills, qualifications, and knowledge to provide effective care. Compliance and registration processes occur prior to employment. Consumers/representatives express confidence in staff’s ability to perform their roles and staff receive support to improve knowledge and skills. A clinician was observed providing staff training. Management advised education is provided via multiple formats and a calendar alerts staff of planned education topics relevant to the Quality Standards. Staff demonstrate knowledge of outbreak management practices. Management advised IPC leads report to the organisation's infection control lead. The outbreak management plan includes checklists for clinical staff, role specific responsibilities and escalation contacts.

The service demonstrates a workforce supported to deliver requirements of the Quality Standards. Documents detail ongoing support through training, professional development, and supervision. Staff note attending induction/ orientation program covering topics such as incident management and Serious Incident Response Scheme (SIRS) reporting requirements plus other relevant topics. Staff competency assessments ensure currency of skills/knowledge. Regular assessment and review of staff performance occurs via a structured process including staff self-assessment and measurement against key performance indicators. A process exists for the management of underperformance.

# 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 and representatives consider the service to be well run and expressed satisfaction of their involvement/engagement in the development, delivery and evaluation of care and services. Management described multiple methods of supporting engagement and examples of consumer feedback leading to improved outcomes. Documents demonstrate consumer participation and evaluation of improvements.

Organisational systems and processes monitor service performance and ensure Board accountability for the delivery of safe, inclusive, and quality care and services. Governance policies identify leadership structure, outlining Board member roles/responsibilities, governance committees, service and quality management processes and responsibility/accountability for maintaining compliance. The Board consists of qualified and experienced personnel and decisions are based on information provided via formal governance structures, leadership channels, and reporting pathways. Electronic platforms enable Board review/analysis of clinical governance, continuous improvement, feedback and complaints, incidents, and SIRS at service level.

Management described Board methods to promote a culture of safe, inclusive, quality care. A Board member and the executive leadership team meet with consumers to observe service activities and enable consumers/representatives/staff opportunity for discussion and inform of updates/future planning developments. A strategic plan holds the Board accountable for organisational quality, safety, and cultural goals.

Effective processes relate to continuous improvement, financial and workforce governance, regulatory compliance, plus management of feedback and complaints. Structured information systems are monitored at an organisational level. Consumers/representatives consider they receive appropriate information to enable choice/informed decision making and staff advised receipt of relevant information to deliver safe, quality care/services.

Management oversees day-to-day budgeting, and additional expenditure is referred for Board approval. Management advised positive response to budgetary requests supporting consumers’ needs. Systems encourage provision of consumer feedback/complaints ensuring appropriate and proportionate action. Documents detail improvements relating to relevant Quality Standards, improvement action/plan, responsibility, expected completion date and outcome/evaluation.

A workforce is planned to facilitate delivery/management of safe, quality care and services. Position and job descriptions exists for each role. Staff demonstrate awareness of their role, accountability/responsibilities and receive regular training relevant to the Quality Standards. Changes to aged care regulations/legislation are monitored, policies/procedures updated, and staff receive education in line with legislative changes. Evidence of open disclosure exists relating to incidents and feedback/complaints.

Effective organisational risk management systems are evident. A risk management framework includes guiding policies/procedures, strategies, and responsibilities. The system is monitored by senior management at service level through clinical assessment, daily review, and continued collection/analysis of clinical data. The Board is informed of risks via reporting mechanisms. Individual consumer risks/minimisation strategies are managed via a range of meetings to ensure timely/effective care. A process ensures incidents (including SIRS) are escalated, appropriate actions taken and reported within legislative timeframes. Staff receive education relating to incident management and their responsibility under SIRS. Consumers/representatives consider appropriate support regarding choices with an element of risk. Root cause investigation incident/analysis occurs to determine cause and preventative/minimisation strategies.

A clinical governance framework includes policies/procedures, responsibility, planning, monitoring, and improvement mechanisms. Collection and reporting of data regarding clinical indicators, incidents, complaints, surveys, enables analysis and necessary actions. Infections are monitored, and antimicrobial stewardship discussed at meeting forums. RNs and staff demonstrate a sound understanding of antimicrobial stewardship. Organisation polices (aligned to current legislation) guide use of restrictive practices, antimicrobial stewardship and open disclose. Principles of open disclosure is used relating to incidents and/or when things go 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)