**Performance**

**Report**

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| Name: | Bass Coast Health Community Services |
| Commission ID: | 300751 |
| Address: | Graham Street, WONTHAGGI, Victoria, 3925 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2256 Bass Coast Health - Duplicate of NAPS 1542  
Service: 18798 Flexihealth Community Aged Care Program (Rural)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8504 Bass Coast Regional Health  
Service: 25288 Bass Coast Regional Health - Community and Home Support

**This performance report**

This performance report for Bass Coast Health Community Services (**the service**) has been prepared by Danielle Utting, 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 Quality Audit report was informed by a site assessment, observations at the service, 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 | **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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | HCP | 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 observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed support workers are attentive and respectful. Interviews are conducted by the clinical staff at intake to capture culture, identity, current situation and what is important to consumers. HCP and CHSP program managers explained the District Nursing Service (DNS) referral form has a section addressing Aboriginal and Torres Strait Islander status and cultural background and the interpreter service is available through Bass Coast Health (BCH).

Consumer documentation shows cultural requirements are identified and documented in their care plan, and the service ensures the allocation of the appropriate support worker match is identified based on the consumer's request. Staff are required to complete the organisation's Cultural Safety Training Foundations as a once-off mandatory training that is also required for brokered services staff.

Care documentation reflected the service asks consumers about their relationships of significance as well as needs and preferences concerning their care. HCP and CHSP managers, clinical staff and brokered services support workers provided examples of how they support consumers with choice and independence by offering options and providing opportunities for discussion. Management explained BCH adopts an ‘Active Service Model’ and ‘Wellness and Reablement’ approach to assessment and intervention, encouraging consumers to identify their own goals based on their needs, and preferences.

There is a process in place to document and submit information to the Vulnerable Persons register (VPR) for high-risk community members and clinical managers described the processes in place to assess risk, develop strategies to reduce identified risk and make informed choices regarding risk-based activities.

A policy framework supports the provision of consumer information to ensure effective partnerships. Clinical managers explained how the current electronic documentation system generates comprehensive monthly statements that include additional explanatory notes for each itemised service fee. There was evidence to support that consumers also have access to a copy of care plans, service level agreements and package information related to inclusions and exclusions.

Consumers are provided with a Community Services Consumer Information Booklet which provides information about privacy and a support worker described providing a safe space for consumers ensuring privacy and confidentiality is respected.

# Standard 2

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

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

Consumers and representatives interviewed said they were satisfied the initial and ongoing assessments were comprehensive and included the identification of risk and development of a plan of care. Clinical managers explained the initial and ongoing consultations and assessments are conducted using service-specific validated assessment tools. The service has also introduced a ‘quality of life’ assessment tool to obtain additional information to support person-centred care planning and services provision for individual consumers. A documentation review demonstrated comprehensive initial assessments, risk identification and strategies, and individualised care plans that were easy to read and understand.

The BCH welcome pack provided to HCP and CHSP consumers includes information about advance care planning and links to advocacy services and advance care directive information online. Further discussion about advance care planning is directed by the consumer and representative and usually occurs in consultation with the treating medical officer.

Consumers and representatives said they were involved in the assessment and care planning process, and their choices in relation to care provision were discussed and documented in their care plan. HCP and CHSP program managers described how the BCH network of clinicians and allied health professionals is included in the consumer’s care planning to ensure a holistic approach to service delivery.

Consumers and representatives confirmed they receive a hard copy of the care plan following initial assessment and updated copies when changes occur, or re-assessment is completed. Consumers are provided with a home-based folder and encouraged to keep the care plan in the file. HCP and CHSP consumer information is available through electronic and hard copy methods, with evidence of review recorded as they occur.

There was evidence of regular contact with consumers and representatives to discuss the effectiveness of the current care plans. Management described the time frames for HCP and CHSP consumer review dependant on approved package, acuity and complexity of consumer needs and goals. Referrals for reassessment occur when consumer circumstances change or where a need is identified, such as hospital admission, allied health input, and on request.

# Standard 3

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| Personal care and clinical care | | HCP | 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 observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with personal care and services they receive. The organisation has a suite of policies and clinical guidelines based on best-practice principles. Care documentation for all HCP and CHSP consumers reflect District Nursing Services and brokered allied health providers acknowledge referrals, conduct assessments, and provide recommendations.

Clinical managers explained a home and environmental risk check is completed by support workers during their initial visit and they are notified of any concerns. High-impact or high-prevalence risks are monitored through the incident management system. Incidents that cause serious harm trigger an in-depth case review with oversight from the Serious Adverse Event Committee and tabled at the quality meetings for action. Where risks have been identified, strategies are implemented in consultation with the consumer to minimise the identified risk.

Consumers nearing the end of life are referred to the services community palliative team. Where consumers wish to remain at home, strategies are explored with support services, including community palliative care services, medical officers, and representatives. Care documentation recorded consumer needs, goals, preferences and end-of-life care wishes are captured where the consumer is open to consider formalisation of future planning.

Brokered services support workers demonstrated knowledge of the requirement to notify the service case manager should they have any concerns about a consumer's physical or mental health. Clinical managers described the time frames for review for high-risk consumers within the HCP and CHSP programs vary between a week up to 4 weeks to monitor for deterioration.

Consumer consent enables information to be shared internally and externally where responsibility for care is shared. Brokered services support workers described how they access consumer care plans and tasks-list through an application on their mobile phones. Care documentation demonstrated the service actively communicates with others, internally and externally, to ensure the provision of safe and effective personal and clinical care. The Assessment Team reviewed the electronic health information management system and noted information provided by other providers including allied health professionals was consistent between reports and care plans.

The electronic central view system allows the service to make referrals directly to service providers including BCH Allied Health, District Nursing, Clinical Nurse Consultants and specialists. The rapid referral process and access to clinics and specialists, as required, is vital to the service principle of reablement and maximisation of consumer function.

Management explained BCH has an Infection Prevention and Control (IPC) department with an IPC Clinical Nurse Consultant who provides expertise and oversight of IPC requirements and outcomes. There is an IPC committee in place that monitors risk and retains oversight of Antimicrobial Stewardship practices at BCH with community representation.

# Standard 4

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| Services and supports for daily living | | HCP | 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 observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives reported the services they receive help them to maintain independence and quality of life. Individual care plans are developed in consultation with consumers and/or their representatives and reflect consumers individual needs, goals, and preferences. Supports in place are based on what is important to the consumer. This was supported by a representative account reflecting that support workers are familiar with likes and dislikes and are aware of the importance of maintaining independence.

Group and individual activity services are based on consumer preferences to maximise community engagement and involvement. The service offers a wide range of groups and activities that cater for different social experiences. Care documentation reflected care plans include individual preferences and are designed to ensure the consumer can maintain and maximise social connections and community participation as desired.

Consumers receiving allied health services said the staff were competent and the continuity of attendance contributed to achieving the delivery of effective care and services. Care documentation reflects communication with others responsible for care, including representatives, and brokered services providers occur with consumer consent to ensure services are coordinated.

The service has automated referral pathways utilised by clinicians and other relevant care and services providers to refer consumers as required and agreed upon. The Assessment Team noted an example of engagement with local community visitor groups to identify volunteers matched with consumer interests.

BCH provides meals to the tertiary and community services. Meals are prepared in the hospital's central catering service following the menu selection and special diet requirements indicated by the dietary profile. The meals are cooked, chilled, and vacuum-packed for delivery as required. Support workers whose roles include light meal preparation confirmed they encourage consumer input and shopping requests.

Consumers and representatives confirmed the service supports them in purchasing equipment and felt confident the service would assist them in accessing repair and maintenance when required.

# Standard 5

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| Organisation’s service environment | | HCP | 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 observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers said they were satisfied with the service environment including having access to a gym, allied health and social groups. The service was observed to be welcoming and provided furnished areas for consumers to wait for appointments.

Consumers and representatives said they are satisfied with the cleanliness and maintenance of the service environment. The emergency management plan reviewed included safety and evacuation arrangements for assisting and guiding consumers during an emergency. Management demonstrated the service has in place both preventative and reactive maintenance systems, which includes maintenance of fleet vehicles and a bus. The Assessment Team observed consumers moving freely and accessing internal and external areas in the service.

# Standard 6

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| Feedback and complaints | | HCP | 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 observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives reported the service encourages them to provide feedback and raise complaints and addresses issues promptly. Management and staff described how the collect feedback from consumers such as, during care reviews, completing surveys and the through electronic or paper based lodgement of feedback/complaints forms. Welcome packs for new consumers included information on options for consumers to provide feedback including advocacy services.

Consumers and representatives said they are confident the service would support them if they required an advocacy or language service to resolve a complaint. Staff demonstrated knowledge of how to refer a consumers to advocacy information and interpreter services. The consumer handbook and home care agreement included the Charter of Aged Care Rights, code of conduct, complaints procedure and advocacy resource contact information.

Consumers and representatives were satisfied with how complaints are managed at the service. One representative said the service was open and transparent in response to their complaint. Staff explained how they lodge complaints in the system, practice open disclosure and escalate complaints to management. A review of complaints documentation showed the service was taking appropriate action in response to complaints and had policies and procedures in place to guide staff in complaints and open disclosure.

The service was able to demonstrate how it uses feedback and complaints to improve service delivery. Management said they register and review every consumer complaint and make continuous improvements in response to feedback. Documentation review evidenced continuous improvement actions in response to consumer feedback.

# Standard 7

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| Human resources | | HCP | 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 observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with provision of staff to provide care and services. The service has permanent nursing staff and case managers and uses brokered personal care and allied health staff. Carer support coordinators monitor planned and unplanned leave and ensure leave is replaced. Management has oversight of the levels of unfilled shifts and brokered support services staff said they have access to a case manager they can contact for support.

Consumers and representatives said the staff was very kind, caring and respectful. Management and staff demonstrated knowledge of consumer’s background and needs. Management described the processes in place to match care staff with consumers. The service has policies and procedures to support consumer diversity and inclusion.

Consumers and representatives expressed satisfaction staff are competent and skilled to effectively perform their roles. The service has systems in place to review qualifications and police checks. Contracts are in place with subcontracted services and a procurement team has responsibility for the monitoring of performance and compliance.

Consumers and representatives interviewed were satisfied that staff are competent. Staff confirmed they attend a 2-day program for mandatory training including face to face components. Mandatory education includes topics such as infection control, bullying and harassment and SIRS. The service demonstrated the effective monitoring of staff training to ensure that required training and competencies are completed within required time frames.

Management said formal performance development reviews are conducted annually and informally through consumer feedback and during one on one catch ups. At the time of the audit, 99% percent of home care staff had a completed annual performance appraisals. Staff could describe the annual performance review process and one staff member said they receive regular feedback from managers, including positive feedback via email.

# Standard 8

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| Organisational governance | | HCP | 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 observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said described the ways they can provide input into how the service is run, such as being asked for feedback during regular phone calls with the case manager and completing feedback forms and surveys. Staff described how they support consumers to be involved in service planning, development and evaluation of their own care. Management explained how they engage with consumers and capture their feedback. This includes the involvement of consumers on community participation committees and on the Board.

Management discussed and a review of documentation indicated how the governing body promotes quality care and services and is accountable for their delivery. Home care reports including feedback, incidents and quality improvement audit results are completed monthly and presented to the organisation’s continuous improvement committee. Quality meetings and clinical risk meetings discuss trends and key performance indicators and report to the Board. The services risk management plan reviewed by the Assessment Team documented the risks for the organisation and the planned strategies implemented to reduce the impact.

Management described their information management systems and plans for the improvement of these in 2024 to integrate an electronic medical record. Service staff said they can access consumer service information and tools such as online training and policies and procedures.

A continuous improvement committee has responsibility for the planning of continuous improvement actions. The committee uses information such as incidents, consumer and staff feedback trending reports to identify continuous improvement opportunities. Recent continuous improvement activities reviewed by the Assessment Team included improvements to wound management and allied health referral processes.

The review of the management processes demonstrated there are effective systems in place for financial risk including reporting CHSP accounts, unspent funds, and package levels management. There is a finance, audit and risk committee responsible for financial governance and is guided by a terms of reference and an organisational strategic plan. Clinical managers said they regularly discuss financial statements and unspent funds with consumers or their representatives.

The organisation maintains up to date information on regulatory requirements through newsletters from government departments and subscriptions to service industry advisory groups. Organisational policies and procedures are accessed in the information management platform.

The service demonstrated that feedback and complaints are documented and actioned. The quality committee completes analysis of the complaints data and reports trends and continuous improvement recommendations to the Board and executive team.

The organisation has a risk management framework that includes clinical, corporate and strategic risk. Managers complete training on the organisations risk framework and have access to risk policy and risk assessment tools to guide practice. The service demonstrated that the workforce is trained to recognise and respond to risk including how to identify, prevent and report harm, abuse and neglect. Staff could describe what they would do in the event of identifying neglect and abuse in a consumer and how to expedite an incident report.

The service has a clinical governance framework incorporating clinical care considerations as well as current policies and procedures relating to minimising the use of restraint and open disclosure. Infection control consultants described the different community prevention strategies including an immunisation program, staff training in infection control, the use of personal protective equipment and antimicrobial stewardship management. Case managers described their understanding of restrictive practices, notably that the service does not support the use of restrictive practices.

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