**Performance**

**Report**

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| Name: | CURA Home Care Packages |
| Commission ID: | 700160 |
| Address: | 1 Dominions Road, ASHMORE, Queensland, 4214 |
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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: 307 Multicultural Communities Council - Gold Coast Limited  
Service: 26095 CURA Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7548 Multicultural Communities Council - Gold Coast Limited  
Service: 25054 Multicultural Communities Council - Gold Coast Limited - Care Relationships and Carer Support  
Service: 25053 Multicultural Communities Council - Gold Coast Limited - Community and Home Support

**This performance report**

This performance report for CURA Home Care Packages (**the service**) has been prepared by E Blance, 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.
* Other information known by the Commission

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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)

|  |  |
| --- | --- |
| 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

The service demonstrated consumers are treated with dignity and respect, and the service values diversity regarding each consumer’s identity. Consumers/representatives say the consumers are treated with dignity and respect and experience kind interactions with staff. Staff spoke respectfully about consumers and demonstrated an awareness and respect for consumers’ individual and diverse identity.

Consumers/representatives say staff understand consumers’ needs and preferences and services are delivered in a way that makes consumers’ feel safe and respected. Management and staff provided examples of how care and services are planned and delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Staff are provided with cultural safety training on a yearly basis.

Consumers/representatives say consumers are supported to make their own decisions to remain independent and can involve others they want involved in care decisions. Management said next of kin are identified and encouraged to support the consumer in face-to-face assessments. Documentation demonstrated consumer involvement in decisions about the services they receive and appointment of those who they want involved in their care.

The service demonstrated consumers are supported to take risks if they choose, and steps are taken to mitigate the potential impact of risks when possible. Management and staff stated they support consumers to take risks by discussing the potential risks with them, allowing the consumer the freedom to continue taking those risks if they choose. Identified risks including hazards are documented on the electronic care management system (ECMS). Policies and procedures support the workforce to manage consumer choice and risk taking.

Consumers/representatives say consumers are provided with information in a way which enables them to make informed choices, such as larger font size or in the consumers’ preferred language. Consumers are provided with a copy of their service schedule setting out days and times and the service to be provided. Consumers are offered a copy of the care plans. Consumers/representatives say they can understand how consumer budgets are being spent and monthly statements are clear.

The service demonstrated it respects consumers’ privacy and uphold confidentiality of consumer information. Staff respect consumers’ privacy by establishing and abiding by individuals’ authorised level of consent. Consumer records are stored electronically, secured with password protections. Consumers are provided with information about the collection, use and disclosure of their personal information. The service’s privacy and confidentiality policy demonstrated the service’s commitment to consumer privacy and confidentiality.

I have considered the information brought forward in the assessment team report and I have placed weight on the positive information provided by the consumers. I consider this Standard compliant.

# 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

Consumers/representatives say they are satisfied the care and services provided meet consumers’ current needs, goals, and preferences. Care plans include sufficient information to guide staff in managing identified risks. Risk assessment tools are used to identify health and well-being risks to consumers, including for falls, medication, and swallowing difficulties. The service has policies and procedures related to assessment and planning.

Consumers/representatives say consumers are receiving care and services which meet their needs and preferences. Discussions regarding advance care directives and end-of-life wishes are held when the consumer commences with the service, at care plan reviews or when there is a significant change in consumers’ condition.

Consumers/representatives say the service prioritises the involvement of the consumer and other relevant individuals in the planning and delivery of care and services. Assessment processes work in partnership with other organisations, individuals, and service providers. Examples included engaging with allied health professionals for falls reduction and pain management as well as Dementia Support Australia for behaviour management strategies.

Consumers/representatives say staff discuss with them care needs and preferences. Staff have access to care plans and other information through the ECMS, with access via mobile devices or as a hard copy in the consumer’s home. Consumers have a hard copy of their care plan in their homes.

Consumers/representatives say staff regularly communicate with them about the consumer’s needs and the care and services received are effective. Reviews are completed annually for HCP and CHSP consumers, or when there is an identified change in consumers’ health and well-being or circumstances. Care documentation showed care plans have been reviewed as per the service’s policy and procedure.

I have considered the information brought forward in the assessment team report and I have placed weight on the positive information provided by the consumers. I consider this Standard compliant.

# 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

Consumers/representatives say clinical and personal care is tailored to consumers’ needs and the service is flexible in the delivery of care and services. Staff had a good understanding of consumers’ needs, goals and preferences. Care planning documents described consumers’ current personal and clinical care needs. Care staff understood their role in monitoring changes, such as regularly monitoring the skin for consumers who are at risk of developing injuries during care and asking if the consumer has had any changes since their last visit.

The service demonstrated risks for consumers including falls, medication management and diet choices are effectively managed. All consumers/representatives were satisfied consumers’ risks are effectively managed. Risks are assessed and documented in the ECMS, including for falls management, decisions about consumers’ living situations and medication management. Effective strategies are in place to manage identified risks and these are recorded in care plans and progress notes. Analysis and investigations are conducted by the management team for all incidents.

Care and services are adjusted for consumers nearing end of life. Advance health directives are in place for those consumers who choose to have one, and palliative care plans are in place where appropriate. The service has staff to provide palliative care, and a local palliative care team supports the service as required.

Consumers said the staff know them well, and would pick up a change in their condition, would listen and act on any concerns they have about their health. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration.

Information systems support staff to access and manage consumer data such as personal, medical and clinical information, care and support plans, advance care plans and other relevant information, including consumers’ current condition and circumstances, goals, needs and preferences. Consumers/representatives say the consumer’s personal or clinical care is consistent, they do not have to repeat the consumer’s story or preferences to multiple people, and care information is shared with their consent where care is provided by others.

Consumers/representatives say consumers are satisfied with the care and services delivered by external services involved in the consumer’s care. Referrals are completed in consultation with the consumer/representative. Allied health professionals are engaged in responding to changes in consumers’ needs for example medical officers, specialists, podiatrists, physiotherapists and occupational therapists.

Consumers/representatives say consumers are satisfied the service implements strategies to minimise infections to consumers. Practices to prevent and control infections included hand hygiene, the use of personal protective equipment (PPE), and COVID-19 testing. The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of infectious outbreaks.

I have considered the information brought forward in the assessment team report and I have placed weight on the positive information provided by the consumers. I consider this Standard compliant.

# 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

Consumers/representatives are satisfied with supports for daily living. Consumers’ daily living needs, goals and preferences are assessed to inform their care and service plans. Policies are available to guide management and staff. Staff understand these policies and how to support consumers’ well-being and quality of life. Consumers receive support for meal preparation, cooking, and cleaning assistance.

Services and supports for daily living promote consumers’ emotional, spiritual and psychologically well-being. Consumers/representatives are satisfied with services and supports. Emotional and spiritual needs are assessed to inform care and service plans. For example, attendance to church, social clubs, culturally specific days to connect with other consumers with a similar background. Other services including social work and counsellors can be accessed through the service’s larger parent organisation.

Consumers said they are supported to take part in community activities outside of their homes including to go shopping and to meet friends or family at social gatherings. Staff could describe those consumers who have developed a friendship and relationships of importance to individual consumers. Care plans identified the people important to individual consumers. Culturally and language specific groups as well as multicultural groups are run by the service to foster participation in the community, and to do things which are culturally important to them and maintain relationships.

Consumers/representatives say staff have a good knowledge of consumers’ needs and preferences. Information about consumers’ care and services is available on the ECMS and care plans in consumers’ homes. Care documentation evidenced ongoing communication and consultation where required.

Consumers/representatives considered consumers are receiving the care and services they need. Registered staff and care coordinators described the process for referrals to other organisations and individuals involved in consumers’ care for example carers gateway, social workers, or counsellors. Referrals are made to appropriate providers, for equipment and mobility aids and to meal providers.

Consumers expressed their satisfaction with the quality and quantity of the meals provided by brokered meal services and the service’s kitchen when they attend activities held at the activity centre. Food preferences and dietary requirements are catered for. Information about consumers’ dietary requirements and food preferences is documented.

Consumers who have received equipment through a home care package said the equipment was safe, suitable, clean and well maintained. Where relevant, allied health professionals conduct assessments of consumers’ needs and recommend appropriate equipment. The service assists with sourcing and maintaining equipment. Equipment used for activities was observed by the assessment team as clean and well-maintained.

I have considered the information brought forward in the assessment team report and I have placed weight on the positive information provided by the consumers. I consider this Standard compliant.

# 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

The service has an activity centre which is used by both CHSP and HCP consumers for social support groups. The assessment team report described the centre as welcoming, and light filled, with easy access for consumers with physical limitations. Consumers/representatives say the activity centre is always welcoming and they feel like they belong when they attend the activities there.

The service was safe, clean and well maintained. The activity centre and service are easily accessible for consumers with varying levels of mobility. Consumers can access the open office space to talk to the staff onsite. Consumers can access the outside of the building when they choose. The service has schedules for cleaning, building and equipment maintenance and fire equipment.

Furniture, fittings and equipment in the activity centre were observed as clean and suitable for consumers to use. The service uses buses and cars which are serviced and maintained regularly. Consumers say they are comfortable in the activity centre and find the furniture, fittings and equipment appropriate.

I have considered the information brought forward in the assessment team report and I have placed weight on the positive information provided by the consumers. I consider this Standard compliant.

# 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

Consumers/representatives say they understand how to provide feedback or make a complaint and feel comfortable doing so. Processes are in place to encourage and support feedback and complaints. Policies and procedures on complaints handling guide staff in responding to feedback and escalating concerns.

Whilst some consumers were not aware of the advocacy and interpreting services available, the majority of consumers/representatives manage their complaints with the service directly and feel comfortable raising concerns. Options were available to support consumers if they have difficulty communicating or require assistance to make a complaint, including accessing advocacy or interpreter services, or to place a complaint with the Commission.

The service demonstrated it is taking appropriate action in response to feedback and complaints and are actively using the open disclosure process. Consumers/representatives were satisfied with the response and actions resulting from their feedback. Management and staff demonstrated an understanding of open disclosure. System functions demonstrated processes are effective for capturing and resolving all types of feedback provided.

Consumers/representatives said they are satisfied the service is responsive to feedback and complaints and have seen improvement to the quality of care and services as a result. Feedback and complaints have been used to drive continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. A standing agenda item for feedback and complaints supports discussion on trends identified and ongoing service improvements.

I have considered the information brought forward in the assessment team report and I have placed weight on the positive information provided by the consumers. I consider this Standard compliant.

# 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

Consumers/representatives were satisfied with staff availability and confirmed staff know consumers’ needs and preferences. Consumers are consulted if regular staff are not available and are offered the choice of another staff member or to reschedule the service. Staff have sufficient time and information to undertake services in a safe and efficient manner. The delivery of clinical care is provided by internal registered staff or brokered providers as needed. The service engages other organisations to meet the varied needs of consumers, including subcontracted care workers for high needs or culturally and linguistically diverse (CALD) consumers, allied health professionals and maintenance staff.

Consumers/representatives provided positive feedback in relation to consumers’ interactions with the workforce. The service monitors staff interaction through meetings, performance reviews and consumer/representative feedback. Policies and a staff code of conduct guide staff’s interactions and a caring approach.

Consumers/representatives expressed confidence and satisfaction in the workforce's competence and knowledge. Staff undergo education and training provided by the service, with regular reminders for mandatory training, police checks, and renewal of insurances or professional qualifications, as necessary. Monitoring processes are implemented to ensure the competency and currency of qualifications for staff. Brokerage contracts are monitored, ensuring the required documentation and qualifications of brokered staff delivering services are consistently maintained.

The service upholds a comprehensive recruitment and training protocol, ensuring staff readiness for their roles. The service has processes for recruitment and orientation. Staff complete initial or annual refresher training in topics which support the delivery of the Quality Standards.

Staff performance is evaluated annually through a structured performance appraisal process. Consumer feedback is incorporated into ongoing staff and subcontractor performance monitoring. Performance issues are addressed through direct discussions with individuals, while commendations are relayed to the respective staff members.

I have considered the information brought forward in the assessment team report and I have placed weight on the positive information provided by the consumers. I consider this Standard compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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

The service seeks feedback into the care and services consumers receive. Consumers expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their diverse needs. The service has a consumer advisory body. The continuous improvement plan (CIP) included planned actions with completion dates to measure satisfaction related to care and services.

Consumers/representatives felt the service was well run and responsive to their needs and preferences. The workforce demonstrates behaviours and values consistent with a culture of safe, inclusive, and respectful service delivery. The governing body remains informed of the service’s operations through formal governance frameworks, leadership and reporting pathways, and feedback and complaint mechanisms. Incidents are reported, trended, and discussed during the governing body and quality care advisory body meetings.

The service demonstrated effective organisation wide governance systems relating to Information management, Continuous improvement, Financial governance, Workforce governance, Regulatory compliance, and Feedback and complaints.

The organisation has a risk management framework to identify, assess, and mitigate potential risks. Staff are guided by established policies, procedures, and training initiatives to manage consumer risks. Vulnerable consumers are identified and monitored. Staff are trained to identify and respond to incidents, with oversight provided by management. Incidents including SIRS are discussed and analysed in governing board meetings. Consumer well-being and safety is monitored through ongoing face to face contact. Staff had received education on elder abuse and neglect, including how to recognise the signs and the requirement to report any concerns. The service demonstrated knowledge of identifying abuse and neglect within the consumers home and when to initiate a guardianship application where appropriate.

The organisation has a clinical care governance framework, featuring policies covering antimicrobial stewardship, restraint minimisation, and open disclosure. Staff have undergone training on these policies. Restrictive practices consent and risks is sought and discussed with the consumer’s representative. The organisation provides training sessions on elder abuse and neglect and restrictive practises to educate care givers on identifying and differentiating between accidental occurrences and situations requiring further attention.

I have considered the information brought forward in the assessment team report and I have placed weight on the positive information provided by the consumers. I consider this Standard compliant.

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)