**Performance**

**Report**

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| Name: | Flexi Care Inc.Community Care Packages |
| Commission ID: | 700798 |
| Address: | 1/16 Dividend Street, MANSFIELD, Queensland, 4122 |
| Activity type: | Quality Audit |
| Activity date: | 8 November 2023 to 9 November 2023 |
| Performance report date: | 12 January 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1728 Flexi Care Inc  
Service: 18197 Flexi Care Inc. Community Care Packages

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7468 Flexi Care Inc  
Service: 24380 Flexi Care Inc - Care Relationships and Carer Support  
Service: 24381 Flexi Care Inc - Community and Home Support

**This performance report**

This performance report for Flexi Care Inc.Community Care Packages (**the service**) has been prepared by N Eastwood, 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.
* the provider’s response to the assessment team’s report received 5 December 2023.

# 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)

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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.

Management demonstrated the service takes a consumer-centred approach to care and services. Consumers provided positive feedback regarding their ongoing interactions with staff confirming, they are treated with dignity and respect.

There were policies, procedures and a training register demonstrating staff have resources to understand and appreciate the unique cultural backgrounds of consumers. Staff and management described what delivering care in a culturally safe way meant in practice and provided examples of when this would occur.

Staff demonstrated that the workforce respects consumer rights to make decisions about care and services and that they recognise consumers as the expert of their own experience. This was supported by consumer accounts reflecting the ability to make changes as request additional access to assistance through the service.

Staff explained identified risks are escalated to the management or clinical staff, including hazards, incidents, or if they notice any abnormal behaviour. Staff also described the importance of discussing potential risks with consumers and allowing them the freedom to continue taking those risks if they choose to.

There was evidence of strategies to assist with communication for consumers who may experience communication barriers. Management described how information is provided to consumers in their preferred manner and how care plans document consumer preferences concerning information provision.

The client home folder and information booklet received on intake to the service contains information including aged care rights, privacy, consent and providing feedback. Consumers and representatives are provided resources to understand how their personal information will be used and their consent is always sought before their information is shared with other providers involved in their care. Policy and procedures demonstrate that privacy and confidentially are key priorities for the service. Care staff provided examples of how they protect consumer privacy in practice.

# 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 were satisfied they were included in assessment and care planning process. There was evidence of consideration to individual consumer risks, health and well-being as well as management of skin integrity and falls risks. Management described consultation with consumer and representatives, other health professionals and review of documentation such as hospital discharge information and Aged Care Assessment Team (ACAT) assessments to inform the development of an individualised care plan.

Staff demonstrated they know the consumers well, including their likes and dislikes, and provided examples of how they meet the consumer individualised needs. This was supported by a review of documentation reflecting enablement of consumers to identify the direction of their care and support independence. There was evidence of a collaborative approach to include and implement recommendations by all interested parties and reflecting multidisciplinary practitioner oversight.

Consumers and representatives confirmed they participate in the planning and review of services consumers receive. The Assessment Team reviewed care plans and supporting documents, including care planning guidelines, support plan user guides, service delivery frameworks and models of care resources to inform the completion of assessments in collaboration with consumers.

Consumers and representatives indicated the services they receive and frequency are explained on commencement and when changes occur. Care staff confirmed they have access to consumer files on their mobile phone application which contains information relevant to the services they deliver and confirmed consumers are provided with in-home care plans.

There was evidence of regular care plan reviews and when circumstances change such as deterioration in health or incidents requiring hospitalisation. Staff were aware of the incident reporting process and how these incidents may trigger a reassessment or review. This was supported by consumer examples where care worker’s escalated review of conditions to clinical staff.

# 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.

Care plans accurately described consumer personal and clinical care needs in satisfactory detail to guide staff in delivering care and services. The service has policies, procedures and assessment tools to guide staff practice in delivering personal and clinical care. Management explained they monitor consumer conditions, refer to other health providers as required, consider feedback received, review care documentation and analyse incidents to identify any emerging trends or care needs.

Staff demonstrated knowledge of identified consumer risks and relevant mitigation strategies in place. This was confirmed by consumer accounts reflecting interventions to assist with mobility and reduce risks associated with falls. The service has policies and work instructions reviewed at an organisational level to guide staff in care delivery including pain management, skin integrity and falls prevention.

Management and staff discussed how care and services are adjusted for consumers nearing the end of life. Although this service does not provide direct palliative care, it partners with palliative care teams from whom consumers receive services or refers consumers to appropriate services as required. The service demonstrated that changes in a consumer’s health and well-being are recognised and responded to in a timely manner. Care staff explained they log alerts using the important message function if they have concerns about consumer behaviour such as loss of appetite and altered mood.

Consumers and representatives said they are satisfied care staff know about their needs and preferences and are aware of the information available to care workers to assist with the provision of care. There was evidence of detailed information available through the mobile telephone application reflecting access to consumer properties, physical assistance requirements recommendations from other health practitioners and task cards to assist with operation of equipment.

Referral process to allied health practitioners, healthcare providers, clinical support and general practitioners was evident and supported by consumer satisfaction this occurs in a timely manner.

Staff described how they maintain appropriate infection control and minimise the risk of the spread of infection. Staff complete COVID-19 training and the donning and doffing of Personal Protective Equipment (PPE).

# 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 confirmed they are supported by staff which has been successful in optimising independence, health, well-being, and quality of life. The Assessment Team noted the service was efficient in delivering services and supports, while effectively managing potential risks associated with provision of care.

The service demonstrated a commitment towards improving the emotional, spiritual, and psychological well-being of consumers through their daily living support services. Staff displayed their ability to support the emotional, psychological, and spiritual needs of consumers, which was also confirmed by the feedback received from consumers. The Assessment Team noted the extra efforts undertaken by staff to ensure the emotional and psychological well-being of consumers.

Consumer care planning documentation includes an information related to consumer background and social activity preferences. The service utilises this information to plan social events that cater to individualised needs. A review of care planning documentation demonstrated the integration of social activity preferences into daily care routines.

Staff advised that they access information regarding consumer care when required and review all relevant documentation before visiting the consumer to ensure that they are aware of their needs. The Assessment Team’s review of consumer files confirmed that detailed progress and nursing notes are available for each consumer to ensure that accurate care needs are communicated.

Staff and management demonstrated an understanding of the process for referrals to other organisations and individuals involved in consumer care. Where an additional need is identified staff escalate this to management to arrange an assessment to be completed, once the evaluation is complete, appropriate referrals are completed. This was supported by consumer accounts of additional allied health involvement and review to assist with practical aspects of living and reablement to facilitate return to social activities.

The service supports the nutritional needs of consumers through assistance with meal delivery services if required. Assessment includes discussions of consumer nutritional and hydration needs and capacity to maintain overall health and well-being.

Where equipment was provided there was evidence of an allied health assessment and consumers confirmed the equipment is suitable and meets their needs.

# 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 confirmed that the service environment is welcoming and clean and that chairs are comfortable. Signage was clear and large enough to read when consumers attend for group activities facilitated by the service. Consumers were able to move freely around the environment, indoors and outdoors, with easy access for those with mobility issues.

Processes were in place to ensure the environment was clean and well maintained, with identified issues reported promptly and addressed to minimise hazards and potential risk. Furniture, fittings and equipment were observed to be safe, clean, suitable for use and well-maintained. Staff described the processes to ensure the space remains suitable for consumers. Maintenance was monitored and addressed emergent issues or required repairs with issues are escalated according to level of urgency.

# 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 confirmed they understand how to provide feedback or make a complaint. Management and staff described processes to encourage and support feedback and complaints including examples of the avenues available including verbally feedback forms and with assistance of support staff in the mobile telephone application. Information was available and displayed on noticeboards related to how to make a complaint.

Consumers confirmed they are happy to manage their complaints with the service directly and that they feel safe and comfortable to raise their concerns with staff and management. Information provided to consumers in the service information pack and service agreement describe the internal and external complaints mechanisms and advocacy services and provide the contact information for these services. Staff were aware of the range of options available to support consumers if they require assistance to make a complaint.

Management and staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. A review of complaints data demonstrated actions taken, open disclosure in practice and consumers confirmed satisfaction with management of complaints.

Management described complaints and actions implemented in response, as well as how 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 representatives.

# 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

The Assessment Team recommended that Requirement 7(3)(d) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 7(3)(d):

The Assessment Team noted there were systems in place to identify ongoing staff training requirements, however staff were not trained equipped or supported to understand and identify incidents related to Serious Incident Response Scheme (SIRS) reporting and restrictive practices. Management confirmed that while all staff had been provided with information and training on the new Aged Care Code of Conduct, staff had not received information and training on the SIRS reporting.

Following feedback from the Assessment Team management explained the training provided included incident management with the management team escalating reports meeting SIRS criteria through the SIRS reporting requirements. Management committed to including staff training related to SIRS reporting and restrictive practices in the training schedule.

The was evidence of a comprehensive annual staff training calendar including mandatory and optional online and face to face topics including infection control, medication administration, falls prevention, manual handling and cultural awareness.

The Approved Provider submitted a response to the Assessment Team report disagreeing with the Assessment Teams recommendations and confirming the addition of SIRS training and restrictive practices to the training schedule.

I note the Approved Providers response and consideration to SIRS reporting approach to be managed by the management team. While I consider this approach supports oversight of reporting and would likely capture high risk incidents, staff awareness of SIRS reporting obligations serves to also assist with capturing required information at the time of recording. I accept that the actions proposed to include SIRS and restrictive practices addresses the concerns raised by the Assessment Team related to this deficit and consider this Requirement is now compliant.

Compliance with remaining Requirements:

Consumers and representatives were satisfied with staff availability and confirmed staff know their needs and preferences. Staff confirmed they have sufficient time and information to undertake services in a safe and efficient manner. The service provides access to clinical staff and a podiatrist and engages other organisations to meet the varied needs of consumers, including subcontracted allied health professionals and maintenance staff. Management indicated there was adequate staff to cover leave and they have weekly discussions to review staffing and care needs.

Staff demonstrated an understanding of how to respond to the diverse needs of consumers, including sharing respectful conversations, asking the consumers their preferred method of completing tasks and valuing their individual needs and preferences.

The service undertakes staff compliance checks prior to the appointment of new employees including copies of relevant qualifications, licences and medical registrations. Qualifications and competencies are monitored to ensure staff remain up to date.

Management confirmed all staff performance is reviewed continuously through regular meetings and discussions, rather than just annually. Staff confirmed they had participated in regular meetings with their managers and were satisfied any training or development needs are addressed in a timely manner. Where there are staff compliments, management share these with staff during performance reviews. Where there is negative feedback, management works with consumers to match the right staff to the consumer. A review of records demonstrated staff performance is regularly monitored and discussed.

# 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.

Overall consumers and representatives feedback confirmed how the service seeks their information and input into care and services through feedback pathways and discussion. Management and staff demonstrated their understanding and provided examples of how they ensure ongoing consultation and feedback are sought from consumers and representatives. This was supported by an example of additional services offered to assist with technical support in response to increased consumer request.

The governing body is accountable for the delivery of a culture of safe, inclusive and quality care and services and remains informed through formal governance, leadership and reporting pathways at the service level. The workforce demonstrates behaviours and values consistent with a culture of safe, inclusive, and respectful service delivery. A review of meeting minutes reflected consideration to regulatory requirements, complaints, incidents including, SIRS, people management and staffing and COVID related matters.

The organisation maintains a range of electronic software programs to ensure information is managed and communicated appropriately. Staff have access to information to support care and service delivery. Electronic information is held securely, with back-up to support continuity of care. Continuous improvement was demonstrated through a range of systems and processes, including consumer and staff suggestions, feedback and complaints, incidents and self-assessment against the Quality Standards.

Consumer financial budgets and statements are generated on a monthly basis with variances reviewed by the service management. The Board receives monthly financial reports that includes information about HCP consumer’s unspent funds balances, and these are monitored and discussed in weekly management meetings.

Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. Position descriptions are relevant to each role. Staff performance appraisals and management also support consumer quality care and services.

The organisation has a system in place for monitoring compliance with regulatory requirements. The service maintains regulatory compliance including staff police certification, vaccinations, driver’s license, insurance and practitioner registrations. Subcontractors or brokerage services are engaged to support the workforce with processes in place to monitor compliance and credentials including feedback on performance discussed in weekly meetings.

There was an established system for recording, escalating and tracking incidents, feedback and complaints with trending reported to management and board meetings to inform continuous improvement. The risk management framework policies and procedures guide staff and management in practices to identify and respond to risk. Incidents are assessed, followed up, resolved and escalated as appropriate. Management explained information regarding an incident is entered into the incident management system, the incident escalated for review and determination as to whether the incident meets SIRS reporting requirements and using the SIRS decision support tool. Identifying and responding to abuse and neglect of consumers, consumer well-being and safety is monitored through ongoing face to face contact. The service policies and procedures promote a balanced approach to enable consumer enjoyment and choice.

There was evidence of documented clinical care governance framework, policies for personal care, medication, and open disclosure. While staff did not specifically describe an understanding of restrictive practices, they were able to provide examples of how they understand consumers rights and freedom of movement as well as examples of redirection techniques. The service has included further training related to restrictive practices to be added to the training schedule.

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)