Performance

Report

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| Name: | Uniting Elanora Shellharbour |
| Commission ID: | 0969 |
| Address: | 7-23 Wallaroo Drive, Shellharbour City Centre, New South Wales, 2529 |
| Activity type: | Site Audit |
| Activity date: | 13 August 2024 to 15 August 2024 |
| Performance report date: | 18 September 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 6232 Uniting Elanora Shellharbour |

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

**This performance report**

This performance report for Uniting Elanora Shellharbour (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others
* the provider’s response to the Site Audit report received 27 August 2024

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were treated with dignity, fairly and respectfully which made them feel accepted and valued. Staff understood what treating consumers with respect meant and demonstrated knowledge of consumers identities, life history, backgrounds and individual preferences. Staff were observed treating consumers with respect.

Consumers and representatives confirmed staff provided care and services consistent with individual consumer preferences, customs and traditions. Staff described how care provided to consumers was tailored to meet their unique cultural needs and preferences. Policies, procedures and training guided staff to provide culturally safe care.

Consumers and representatives confirmed consumers were supported to be their own decision maker, nominate others to be involved in decision making processes and to maintain important relationships. Care documentation supported consumers to communicate their care decisions to staff about how and when their care and services were to be provided. Policies, procedures and handbooks evidenced consumers right to make their own decisions was communicated to them and staff.

Consumers gave examples of being supported to undertake activities which presented a risk to themselves, enabling them to live their best life. Staff were aware of the risks chosen to be taken by consumers, and the strategies required of them to minimise potential harms. Care documentation evidenced risk had been identified, assessed and consumers had made informed decisions regarding their chosen activities.

Consumers and representatives said they were kept updated via newsletters and had access to current information through menus, activities calendars and meetings. Staff advised they enabled consumers to exercise choice by providing verbal reminders and distributing written material to their rooms, including it being translated into their preferred language. Information displayed on noticeboards was observed to be current, accurate and was formatted in a way which was easy for consumers to understand.

Consumers and representatives said consumers’ privacy was respected and personal information was kept confidential. Staff described consumer information was stored in an electronic care management system (ECMS), which required a password to access. Care documentation evidenced consumer consent had been sought for the sharing of their image and displaying their names of their bedroom doors.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Staff advised when a consumer enters care, they complete a suite of validated assessment tools to identify risks to the consumer, develop their care plan and inform staff of the care and services needed. Care documentation evidenced assessment occurred as scheduled, with responsive strategies planned to ensure the health and wellbeing of the consumer. Policies, procedures and guidelines assisted staff to methodically assess consumers for risk, however, assessment for environmental restrictive practice processes had not considered the impact of the security measures installed, at the entrance or the internal courtyard, and how this impacted consumers. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives said assessment and planning processes identified consumers care needs, goals and preferences and these were reflected in the consumers care plan. Staff confirmed advance care and end of life wishes were discussed with consumers upon entry and was revisited during care reviews and when consumers circumstances changed. Care documentation contained current and consistent information, with consumers advance care wishes noted.

Consumers and representatives gave positive feedback regarding their ongoing involvement in assessment and care planning processes. Staff advised consumers, their representatives, medical officers and allied health professionals contributed to assessment, development and review of the consumers care plan. Care documentation evidenced partners in care agreements had been established and a consumer centred multidisciplinary approach to assessment and care planning was implemented.

Consumers and representatives said they were regularly updated about changes to consumer care, and they were offered a copy of the consumers care plan. Staff advised outcomes of assessment and planning were communicated to the consumer and representatives during care consultations. Care documentation was observed to be readily accessible via the ECMS and copies of care plans were able to be generated as requested.

Consumers and representatives confirmed consumers’ care was evaluated during care consultations. Staff demonstrated knowledge of care review processes, advising care plans were reviewed 3 monthly, or in response to an incident or a change in consumer condition. Care documentation evidenced care plan reviews occurred as scheduled and reassessment occurred following incidents such as a fall or weight loss.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives confirmed consumers received safe and effective personal and clinical care, which was tailored to meet their individual needs, and optimised their health and wellbeing. Staff demonstrated a shared understanding of the behaviour supports, wound, skin and pain management needs of individual consumers. Care documentation evidenced staff delivered care in accordance with the directives outlined in consumers care plan and use of chemical restrictive practices had been managed and monitored in line with best practice. However, for 47 consumers identified as potentially having an environmental restrictive practice applied, as the security mechanism installed at the front door prevented them from leaving independently, care documentation did not initially support consent to the practice had been given nor was this identified on their behaviour support plan. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives stated staff effectively managed high impact or high prevalence risks, including for consumers who had diabetes mellitus or had experienced unplanned weight loss or a fall. Care documentation evidenced staff followed planned care strategies and medical officer directives, with routine monitoring occurring to identify emerging risks. Policies and procedures on management of high impact or high prevalence risks guided staff practice.

Care documentation, for a consumer who had recently passes away, evidenced they were kept comfortable through administration of pain management medications, routine comfort cares and psychosocial supports. Staff demonstrated knowledge of how to care for consumers nearing end of life and explained how care was tailored to each consumer’s wishes. Staff confirmed they have access to specialist palliative care specialists, if needed.

Consumers and representatives confirmed staff were responsive to changes in consumer condition. Staff provided examples of steps taken when the identified a consumer to be unwell or deteriorating, including escalation of their concerns to registered staff and medical officers. Care documentation evidenced staff quickly responded when consumers condition changed, or they experienced a clinical deterioration.

Consumers confirmed information was effectively communicated as staff were aware of their needs, preferences and upcoming medical appointments. Staff described various ways on how changes in consumers’ care and services were communicated, including through verbal handover, meetings and via the ECMS. Care documentation contained consumers medical diagnosis, their care needs and preferences.

Consumers and representatives stated consumers had access to a range of allied health professionals, when required. Staff had a shared understanding of referral processes, advising contractual agreements and established networks assisted with the timely review of consumers. Care documentation evidenced staff were prompt to refer consumers to others health care providers and specialists, when needed.

Consumers and representatives gave positive feedback on the infection control practices used by staff during infectious outbreaks. Staff demonstrated knowledge of practices which minimised the likelihood of consumers contracting an infection and confirmed pathological testing was completed prior to the use of antibiotics. Screening processes were implemented to ensure returning consumers, visitors and staff were free from the signs of infection prior to entering.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 4

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

Findings

Consumers and representatives said the daily living supports provided to consumers assisted them to be as independent as possible and to maintain a sense of wellbeing. Staff confirmed consumers daily living needs and preferences were assessed upon entry, with consumers observed engaging in their desired daily living activities. Staff were knowledge of the supports required of them to ensure consumers maintained their quality of life and services were delivered effectively.

Consumers and representatives said consumers' psychological, emotional and spiritual well-being was promoted, through access to pastoral support, religious services and staff spending time with them. Staff confirmed they spent time with consumers to reduce isolation, when consumers mood was noted to be low and counselling services were available, if needed. Care documentation contained information on consumer’s faith-based practices, their emotional needs and strategies to support their wellbeing.

Consumers and representatives said consumers were supported to stay connected to their community, maintain their social relationships, and to do activities they enjoyed. Staff demonstrated knowledge of consumers community affiliations and what supports they required to maintain connection to those important to them. Consumers were observed to participate in a range of group activities, to receive visitors and return from activities in the community.

Consumers and representatives said consumers information was effectively communicated as staff and other services involved in their care, were familiar with their daily living needs and supports. Staff demonstrated knowledge of the services and supports required by consumers including their dietary needs, activities of interest and advised updates to consumer’s needs or preferences were shared through meetings, communication books and the ECMS. Staff from care, clinical and catering departments were observed sharing information regarding consumer preferences and dietary needs.

Consumers and representatives confirmed they were promptly referred to external services when they required additional supports. Staff confirmed they had arrangements in place with pet therapists, library services, pastoral carers and volunteers to which they were able to refer consumers for socialisation. Care documentation evidenced collaboration with external services to support the daily living needs of consumers and referrals were actioned quickly.

Consumers and representatives said consumers received meals which were varied, of suitable quality and they received enough to eat. Staff advised snacks were available at all times, the menu was rotated seasonally to ensure variety and consumer feedback was considered during development of the menu. Care documentation including consumers serving size preferences, likes and dislikes, allergies, and specific diet types. Staff were observed to ask consumers what they wished to eat and were available to provide consumers with assistance, if needed.

Consumers and representatives said consumers mobility aids were checked for suitability by allied health professionals and if safety checks were required these were attended to promptly by maintenance. Staff confirmed sufficient supply of equipment to support activities of daily living and knew it was their responsibility to ensure it was kept clean. Equipment was observed to be clean and suitable for consumer use, with faulty equipment identified, tagged as a hazard and removed from use, while awaiting repair.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment was welcoming, consumers found it easy to find their way around and they felt at home. Staff advised they assist consumers to move around if needed and all consumers were encouraged to decorate their room with personal furnishings and belongings to assist with wayfinding. Directional signage, wide corridors, handrails and accessible communal spaces were observed to assist consumers to move around and interact with each other.

Consumers said the environment was comfortable, safe, clean and both indoors and outdoors were well maintained. Staff described the systems and processes implemented to ensure cleaning and maintenance tasks occurred routinely, and the safety and cleanliness of the environment was continuously monitored. Consumers were observed moving freely within the service, with most consumers having access to gardens areas. However, keypads, which had the potential to restrict consumers free movement, were observed to have been installed on doors leading to the internal courtyard and the service’s entrance. While, the code was displayed, staff confirmed they had not assessed 47 consumers to determine their physical and cognitive capacity to use this security system nor had they considered how this may have restricted consumers free movement. This is further considered under Requirement 8(3)(e) as no adverse impact to consumer free movement was identified.

Consumers and representatives stated the furniture, fittings, and equipment were clean, in good working condition and advised any repairs or cleaning needed was undertaken quickly. Staff confirmed equipment allocated to consumers was regularly cleaned and a maintenance schedule was used to ensure equipment and fittings were routinely inspected and serviced to ensure their safety. Furniture in communal areas was observed to be clean and fittings were functioning properly.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they were encouraged to raise concerns, provide feedback, and make complaints, with their preference being to speak with staff directly including at meetings and community circles. Feedback forms, suggestion boxes and quick response (QR) codes were readily accessible and supported the provision of feedback and complaints. Posters, brochures and handbooks encouraged consumers and representatives to give feedback and to lodge complaints.

Consumers and representatives said they were made aware of advocacy services and language services. Staff knew how to access advocacy and interpreter services and gave examples of assisting consumers to access these supports, as required, including having advocacy services make presentations at consumer meetings. Posters, handbooks and brochures promoted consumers to access external complaints and interpreter services to assist with complaints.

Consumers and representatives stated timely and appropriate action was taken in response to their complaints as they were acknowledged and kept informed during resolution processes. Staff demonstrated knowledge of complaints handling processes and the principles of open disclosure. Complaints documentation evidenced apologies were given and actions were quickly implemented to resolve concerns.

Consumers and representatives said their feedback, and complaints were used to improve the quality of meal services. Management advised feedback and complaints were reviewed daily to ensure prompt responses and identify potential improvements to care and services. Continuous improvement documentation evidenced feedback and complaints were logged, trended and responsive actions were evaluated with consumers to ensure improvement had been obtained.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there was enough staff and confirmed consumers received the care and support they needed, in a timely manner. Staff advised the workforce was adequately planned, allocated and managed as they had sufficient time to meet the care needs of consumers and strategies were in place to manage unplanned leave to ensure all shifts were filled. Rostering documentation evidenced a registered nurse was continuously onsite, staff responded quickly to consumers calls for assistance and care minute targets were being exceeded.

Consumers and representatives said staff cared, they were kind and respectful. Staff demonstrated knowledge of consumers identities as they called them by their preferred names and were observed to interact with consumers in a kind, and personable manner. Staff confirmed policies and procedures informed them of their expected behaviours and they had undertaken training in the Code of Conduct for Aged Care.

Consumers and representatives said staff were efficient, confident, and suitably skilled to meet their care and service needs. Management confirmed staff competency and qualifications were assessed at commencement, with the continuing registration and suitability to work in aged care monitored for currency. Personnel records evidenced staff had the qualifications required as outlined in their position descriptions, agency staff were orientated prior to commencement of their shifts to ensure they were competent to perform the role.

Consumers and representatives confirmed staff were trained, had the appropriate skills and knowledge to provide consumers with the care they required. Staff confirmed their requirement to participated in an annual education program consisting of mandatory and supplementary training topics, including antimicrobial stewardship, open disclosure and incident management. Education records evidenced staff were completing training as scheduled, with management confirming staff had access to a care coach to support any training needs.

Management advised workforce performance was assessed during their probation and annually thereafter, however as only 45% of appraisals had been completed when due, additional resources were deployed to appraise staff during the conduct of the Site Audit. Staff provided examples of continuous evaluation methods used to monitor their performance which included observations, incident reporting, peer and consumer feedback. Policies and procedures guided staff in performance assessment and management processes, including when adverse performance was identified.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were able to contribute to and evaluate care and services through attendance at meetings, and their representation on the consumer advisory body. Management confirmed feedback processes, meetings and consumer surveys were used to ensure consumer involvement in deciding what and how services were to be delivered. Meeting minutes evidenced consumer engagement in designing, developing and evaluate the care and services they received.

Consumers and representatives said they felt safe, lived within an inclusive environment and had access to quality care and services. Management advised the organisation’s governing body (the Board), supported by various subcommittees, monitors and evaluates the organisation's performance against the Quality standards through various monthly reports. Meeting minutes evidenced clinical data, consumer feedback, operations updates and audit results were used by the Board to inform decisions of where improvement to the quality of care and services were needed.

Organisation-wide governance frameworks, supported by policies and procedures had been applied and controlled information management, continuous improvement, regulatory compliance, feedback and complaints, financial and workforce governance. Management and staff understood their roles and responsibilities, with documentation evidencing translation into practice. Management confirmed these systems are monitored and reviewed to ensure they remain effective.

A risk management system, supported by policies and procedures ensured the management of high-impact or high-prevalence risks, while consumers were supported to live their best life. Staff understood their roles and responsibilities in identifying and responding to elder abuse and neglect, with incident reports contained within the incident management system evidencing clinical incidents, near misses and serious incidents were reported, escalated, and reviewed to prevent reoccurrence and minimise potential of future harm.

A clinical governance framework was in place, with a clinical governance committee having oversight of clinical operations, performance and application of policies and procedures relation to antimicrobial stewardship, open disclosure and using restrictive practices as a last resort. Management and staff understood their responsibilities, however insufficient guidance had been provided on the assessment of environmental restrictive practices when security systems were installed. The Site Audit report detailed improvement actions initiated in response to where keypads may have resulted in a restrictive practice having been applied unintentionally and ensuring consent had been given and behaviour supports planned, for those whose free movement was impacted.

Based on the information recorded above, it is my decision this Standard is Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)