Performance

Report

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| Name of service: | Performance report date: |
| Anglicare SQ Abri Home for the Aged | 18 August 2022 |
| Commission ID: | Activity type: |
| 5117 | Site audit |
| Approved provider: | Activity date: |
| The Corporation of the Synod of the Diocese of Brisbane | 24 May 2022 to 26 May 2022 |

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 Anglicare SQ Abri Home for the Aged (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Services included in this assessment

Anglicare SQ Abri Home for the Aged (RACS ID: 5117)

# Material relied on

The following information was considered in preparing the performance report:

* the assessment team’s report for the Site Audit, dated 24 May 2022 to 26 May 2022. The Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others
* the Approved Provider’s response to the assessment team’s report, received 23 June 2022.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 1(3)(d)
* Standard 5(3)(b)

# Standard 1

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| Consumer dignity and choice | | Non-Compliant |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 1(3)(d): Each consumer is supported to take risks to enable them to live the best life they can.

*Requirement 1(3)(d):*

The Assessment Team observed the smoking habits and locations of several consumers and subsequently identified risks that did not appear to be addressed, nor any mitigation strategies implemented, to reduce risk to the consumers

* One consumer was noted as refusing to wear a smoking apron and the Assessment Team observed cigarette burn marks on his clothing. The service was unable to produce a risk assessment which reflected the consumer’s refusal to wear a smoking apron.
* Another issue concerned consumers smoking on their balconies during a past COVID-19 lockdown and the Assessment Team noted the absence of a risk assessment for this action. The service’s fire safety officer advised he was not consulted when the service decided to permit consumers to smoke on their balconies
* The fire safety officer noted the environment surrounding the balconies posed a risk of lit cigarette butts starting a fire.
* The fire safety officer also indicated concerns for the location of at least 2 consumers’ rooms and their ability to evacuate safely in the event of a fire in such a situation.

In its response of 23 June 2022, the Approved Provider responded to the issues raised and indicated it had now conducted risk assessments for the consumers in question and put further precautions in place. Whilst I am satisfied that the service has since acted to address the issues in the site audit report, the situation the time of the site audit demonstrated the service had not identified and addressed the concerns prior to the Assessment Team advising of the issues. Therefore, at the time of the site audit, the service was non-compliant with Requirement 1(3)(d).

*The other Requirements:*

I am satisfied that the service is compliant with the remaining five requirements of this Quality Standard.

Consumers confirmed staff consistently treated them with respect and dignity and they felt staff acknowledged their individuality, along with their culture, values, and diversity. Consumers advised they were supported to be independent in their lives by taking risks and were given information which assisted them to make informed choices. Consumers reported they were encouraged to maintain relationships with people important to them and could engage in activities as they wished. Consumers said staff respected their privacy and they were happy

Staff demonstrated a strong understanding of consumers’ diversity and individual needs and gave specific examples of how they showed respect and maintained consumers’ dignity by tailoring their care and service delivery on a daily basis. Staff discussed methods in place which assisted consumers to receive and understand information needed to make informed choices, particularly when engaging with risk. Staff described how consumers’ privacy was maintained and what they did to ensure this was maintained consistently.

Documentation held by the service, including assessments, care plans, progress notes, medication charts and monitoring records, demonstrated the service valued and respected consumers’ individual needs and preferences. The service had a diversity policy and was committed to ensuring dignity and respect for its consumers, which included assisting consumers to maintain relationships with people important to them. The service sought to understand consumers’ backgrounds and provide services that were culturally safe and effective. The Assessment Team observed notes from meetings, as well as interactions between staff and consumers, which demonstrated consumers had opportunities to make their own choices and exercise dignity of risk. The service demonstrated it shared information with consumers, which allowed for informed choices and provided regular updates to changes within the service. The service had a policy which detailed its commitment to consumers’ personal privacy and confidentiality.

# Standard 2

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

Consumers advised their care planning, assessment and ongoing reviews were central to the care and services provided to them. Consumers said the care planning process accurately identified their needs and preferences, which included end-of-life wishes. Consumers stated they felt like partners in the process and could involve people important to them, including medical professionals, as they wished. Consumers and representatives confirmed staff discussed the outcomes of the planning process with them. Representatives said care documentation was readily available to them and they could raise concerns with staff at any time. Consumers said they were satisfied the monitoring and review of the care plans was appropriate to their needs and ensured their wellbeing.

Staff described the care planning process, from initial assessment of consumers upon admission through to regular reviews and planning for end-of-life care. Staff talked about recognising changes in consumers’ conditions and taking appropriate actions. Staff were aware care plans were reviewed every three months or updated as a result of incidents or changes to consumers’ conditions. Staff were aware of the importance of consumers having people of significance and/or medical professionals involved in the care planning process, as well as their own role in the process. Staff described how they accessed care planning documents from the service’s electronic care system and how they provided copies to consumers and representatives upon request.

The service’s policies and procedures guided and informed staff in the development of care plans for consumers. The service managed consumer’s goals, needs, preferences and risks to their condition, which ensured safe and effective care delivery. The Assessment Team reviewed documents and procedures and saw how these were used to guide staff in preparing care plans and providing care and services. Representatives and consumers were kept informed of matters relevant to care and service delivery, which included providing care documents upon request.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 said care and services were safe and right for consumers. Care planning documents showed care matched the needs, preferences and goals of consumers and were in keeping with best practice methodology. Consumers and representatives said they had access to medical and other health professionals as needed and staff were aware of, and effectively managed, high-impact and high-prevalence risk within the service. Consumers expressed confidence staff knew of their end-of-life wishes and would respect them. Consumers and representatives advised they received information freely from staff and appropriate action was taken if there was a decline in consumers’ conditions. Consumers and representatives said any information regarding the care and services provided to consumers was shared amongst staff and other health professionals as needed, which ensured effective and efficient provision of care.

Management and staff ensured care and services reflected consumers’ care planning. Staff showed knowledge of high-impact and high-prevalence risks within the service and what measures were in place to minimise and mitigate those risks. Staff showed how information was shared amongst staff and where needed other health professionals including making timely referrals where appropriate to external providers. Staff and management ensured end-of-life wishes were recorded in care planning documents and appropriate care and services were provided. Staff showed how they managed and promoted infection control within the service through antimicrobial stewardship and ensuring antibiotics were only used as a necessity. The service had a series of policies and procedures which guided staff, ensuring positive outcomes in the provision of care and services.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 advised they were happy with the activities on offer at the service. Some consumers stated they had requested more variety; however, most described the activities as being enjoyable and involving things that interested them. Consumers reported they were supported and encouraged to keep in touch with people important to them, both at the service and in the community. Consumers advised staff were aware of their backgrounds and supported them in their needs and goals.

Consumers advised their emotional, spiritual, and psychological needs were catered to and they engaged in activities as much or as little as they wanted. Consumers advised they had access to equipment as they needed, and it was maintained and clean for use. Consumers advised the meals provided were of good quality and met their dietary needs.

Staff displayed knowledge and understanding of consumers’ backgrounds and highlighted how they supported consumers in their needs and goals. Staff talked about the different activities available and how they altered these to suit individual consumers. Staff from the lifestyle team spoke about different ways they provided emotional and psychological support to consumers. Staff described activities used to support consumer needs and how they responded when a consumer showed signs of sadness or depression. Staff gave examples of how they used technology to assist consumers to maintain contact with family members during COVID lockdowns. Staff demonstrated how they communicated changes to consumers’ care and conditions, through verbal and written handover processes as well regular updates every three months to consumers’ care plans. Staff had access to a range of service providers and established relationships which ensured consumer needs were met. Hospitality staff gave details of how they ensured meals were delivered to a high standard and ways they sought feedback from consumers to ensure they enjoyed meals as well as meeting their dietary requirements.

Staff said they could access equipment when needed and equipment was well-maintained and in good condition.

The service demonstrated it provided safe and effective supports and services which met consumers’ needs, goals, and preferences by maximising their independence, well-being, and quality of life. Care plans showed that consumers’ emotional, spiritual, and psychological well-being were assessed, and care plans included specific, individualised care details to meet those needs. Documentation reviewed and observations made by the Assessment Team showed how the service shared information appropriately regarding consumers’ care needs as well as any changes in condition; this included timely and appropriate referrals to other health professionals as needed. Observations indicated meals were enjoyed by consumers and were delivered in a prompt and flexible manner. The Assessment Team observed equipment was well maintained and processes were in place to ensure maintenance and cleaning was carried out as required.

# Standard 5

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| Organisation’s service environment | | Non-Compliant |
| 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. | Non-Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with 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*

*Requirement 5(3)(b):*

The Assessment Team observed several issues during the site audit. Examples included:

* Consumer rooms were generally small with two doors, a door to the passage and a second (non-fire escape) door to a courtyard or patio. Beds were often placed near the second door for extra space, which meant consumers were unable to access the second door.
* One consumers’ courtyard door was locked, as he had a history of smoking in the courtyard. This consumer was able to exit his room through the passageway which leads to the fire escape route.
* The Assessment Team observed a number of issues with the laundry, which included as many as 60 bags of dirty flat linen waiting to be washed.
* Loads of damp linen was stretched the length of the laundry waiting for drying, some of which had been washed the previous evening.
* Drying machines do not keep up with the workload, with one drying machine being out of order. Management advised a new drying machine was on order but had not yet arrived. However, this will lessen the available space in an already-crowded workspace within the laundry.
* There was no folding machine, and minimal bench space for folding.
* Neither Management nor staff had identified the possible risk of infection or mould posed by the dirty and damp laundry.
* There was inadequate space for storage of clean flat linen after processing, with a clean linen trolley being stored in an entrance area.
* There was room for one staff member to work in the area, with just enough room to fold sheets manually.
* The Fire Safety Officer advised there was currently no Work Health and Safety Representative to whom they could elevate concerns; however, they had discussed their concerns with a member of the senior management team.

In its response, the Approved Provider responded to the issues raised and described steps taken to address the issues. These included a decision to outsource the washing and drying of linens and a review of the current laundry equipment. The Approved Provider also advised the service’s Facility Manager, Maintenance Officer and physiotherapist conducted an audit of all consumers’ rooms concerning bed positioning and any associated risks of manual handling incidents or impacts on fire evacuation, and that the service had appointed a Workplace Health and Safety Representative.

Whilst I am satisfied that the service has since acted to address the issues in the site audit report, at the time of the site audit, the service had not identified and addressed the concerns prior to the Assessment Team bringing the issues to its attention. Therefore, at the time of the site audit, I consider the service was non-compliant with Requirement 5(3)(b).

*The other Requirements:*

I am satisfied the service is compliant with the remaining 2 requirements in this Quality Standard.

Consumers said they felt at home in the service, could move about freely within the service and could access outdoor areas as they wished. Consumers described the service as easy to navigate and they used their mobility aids without issue. Consumers advised staff kept the service in good condition with well-maintained gardens and outdoor areas and the furniture and fittings were in good order with cleaning staff doing an excellent job.

The service has an environment conducive to freedom of movement, independence, as well as a feeling of safety and belonging for consumers. Observations made by the Assessment team showed consumers were happy and felt at home.

Staff advised they were always available to help consumers within the service, whether it be to help navigate the service or to provide other assistance in moving about. Staff described features of the environment designed to encourage and support consumers to move around safely. Staff spoke of using the internal electronic system to raise requests for maintenance and advised consumers could raise matters for attention verbally with them or use feedback forms.

Maintenance staff described their processes and procedures for ensuring equipment was maintained and kept in good condition, which included regular maintenance as well as reactive repairs. Staff confirmed they had sufficient equipment to enable them to do their jobs and proper cleaning processes were followed before and after equipment was used.

**Standard 6**

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

## Findings

The Assessment Team observed consumers and representatives engaged in the complaints and feedback process. Consumers and representatives said they were encouraged and supported by staff to provide feedback and lodge complaints with the service through various mechanisms such as feedback forms, consumer meetings and conversations with staff and management. Consumers and representatives said they felt comfortable in speaking with staff and there were no negative consequences as a result of raising concerns. Consumers and representatives reported seeing improvements following their input, as well as staff practising open disclosure when things went wrong. Consumers and representatives advised they were aware of internal and external channels available to them to provide feedback, as well as assistance such as language and advocacy services available as needed.

Staff described their role in the feedback and complaints process, which included listening to and actioning any feedback or complaints raised with them. Staff advised they were trained in the complaints process and understood the principles of open disclosure. Staff showed awareness of ways to support consumers and representatives from diverse backgrounds to provide feedback and lodge complaints, which included organising language services and engaging with advocacy organisations. Staff described how they used the service’s Quality Register to record feedback and complaints and spoke about how that information was used to identify continuous improvement opportunities.

The service had established policies and procedures concerning the feedback and complaints process. The policies and procedures showed the service was committed to encouraging and supporting consumers to provide feedback and lodge complaints, regardless of cultural or other diversity. Processes were designed to specifically assist consumers and representatives, such as the welcome pack provided upon admission, which included information on accessing advocacy and language services. The service maintained a record management system that informed continuous improvement within the service and ensured feedback and complaints were recorded and responded to in a timely and appropriate manner. Consumer meetings and feedback were used and acted upon to provide positive outcomes for consumers.

**Standard 7**

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| Human resources | | Compliant |
| 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 advised staff treated them with respect and care and this was supported by observations of staff interacting with consumers in a caring and respectful manner. Consumers advised staff were well-trained, provided quality care and services, and gave examples of positive health outcomes as a result of staff capabilities. Some consumers reported they felt staff numbers were insufficient, whilst others said there were sufficient staff; however, observations indicated there were sufficient staff as the Assessment Team witnessed timely responses to call bells and no delays or other negative impacts on consumers.

Staff reported instances when they were busy and how this affected their ability to complete activities uninterrupted, as well as being called upon to complete extra shifts to cover unplanned leave. Call bell response times were satisfactory and rosters showed shifts were filled with an appropriate mix of staff. Staff were trained in cultural diversity, privacy, respect and dignity. The Assessment Team observed several instances of staff displaying relevant knowledge and displaying understanding, respect, and kindness toward consumers. Staff were had appropriate training and qualifications for their roles, such as hospitality staff being appropriately trained and skilled in food preparation, safety, and delivery. Staff talked about the training system in place and identified the mandatory training modules required to be completed. Staff described the performance management system used by the service, which included regular performance reviews and remedial methods as appropriate.

The service showed had a comprehensive system in place which ensured staff were adequately trained and skilled to perform their roles. Mandatory training modules provided relevant and appropriate training and the service undertook regular monitoring and review of staff performance. The service had robust staff recruitment processes and induction procedure designed to ensure staff were suitable for their roles. The Assessment Team observed the rostering and workforce planning system which indicated an appropriate mix of staff and sufficient quantity of staff available at the service

**Standard 8**

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| Organisational governance | | Compliant |
| 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 provided positive feedback regarding their engagement in the development of care and service delivery within the service and reported the service was well run.

The service’s governing body promoted accountability for a culture of safe, inclusive and quality care. The governing body demonstrated it acted on feedback and issues raised and provided updated information to consumers regularly when changes occurred.

Management identified and explained the Key Performance Indicators used within the service. Staff gave examples of how they used the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship, and applying open disclosure.

The service’s board provided oversight of complaints, serious incidents, regulatory compliance, clinical governance, antimicrobial stewardship and the use of restraint. The board was supported by a clinical governance framework, which was sighted by the Assessment Team. The service had a risk management framework, which included a risk register to assist in identifying and managing high impact and high prevalence risk within the service. The service used an electronic consumer care system and staff and management explained its application within the service.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)