**Performance**

**Report**

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| Name: | Baptcare - Western |
| Commission ID: | 300161 |
| Address: | Level 1/1193 Toorak Road, CAMBERWELL, Victoria, 3124 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (CHSP) included:  
Provider: 7280 Baptcare  
Service: 24653 Baptcare - Care Relationships and Carer Support  
Service: 24654 Baptcare - Community and Home Support

**This performance report**

This performance report for Baptcare - Western (**the service**) has been prepared by P. Sherin, 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 02 November 2023 and additional information requested from the provider received 29 November 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

* Requirement 1(3)(a) – implement improvement actions to ensure each consumer is treated with dignity and respect.
* Requirement 2(3)(e) – clear backlog of outstanding care plan reviews and ensure ongoing regular review of care and services occurs.
* Requirement 3(3)(b) – implement effective processes to guide staff practice in identifying and managing high impact and high prevalence risks to consumers.
* Requirement 7(3)(a) – ensure the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.
* Requirement 8(3)(c) – implement improvement actions to ensure effective organisation wide information management and workforce governance.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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

Having considered the Quality audit report and the Approved provider's response, I find the service non-compliant with this Standard. The non-compliance is related to the following:

* The service is not demonstrating each consumer is treated with dignity and respect.

I have made this decision based on the following analysis:

**Quality audit report**. The Quality audit report identified the following deficiencies:

* One representative expressed concerns regarding inappropriate and unsafe practice of a support worker whilst showering a consumer resulting in the representative cancelling this service. Care documentation did not identify information to guide staff practice in supporting this consumer who lives with dementia and is a falls risk. Management were unaware of the representative’s concerns.
* One representative expressed concerns regarding a support worker taking long to complete required tasks and not being removed by the service despite feedback.
* One consumer expressed concerns regarding services not being provided at preferred times. This information has been considered under 7(3)(a).
* Information under care documentation was generic in nature and did not include individualised information to guide staff practice in ensuring each consumer is treated with dignity and respect.

**Approved Provider’s response**. The Provider advised of actions planned to address the deficiencies including but not limited to review of mechanisms to distribute consumer information to staff; support and mentoring of staff; review and update of care documentation; and increased in-home spot competency audits.

**Assessment**. Having considered the Quality audit report and the Provider's response, I am not satisfied the service has demonstrated each consumer is treated with dignity and respect. I have based this decision on the following:

* Nil evidence has been provided to demonstrate consumers and representatives named in the Quality audit report have been contacted to discuss and resolve their complaint.
* Improvement actions have not been fully implemented, will require time to be embedded within the service’s processes, and to demonstrate effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

I find the remaining requirements of Quality Standard 1 are compliant as:

Consumers and representatives described how staff understand consumers’ cultural background and provide culturally safe care and services. The service has a diversity and inclusion policy to guide staff practice. Staff confirmed they receive training on cultural safety and access resources via a digital application on their mobile devices.

Consumers and representatives confirmed consumers can exercise choice and independence and communicate their decisions. Interviews with staff and review of documentation identified consumers are supported to exercise choice about care and services they receive, make decisions about who to involve in their care, and to maintain their connections and relationships.

Consumers said the service encourages them to take risks and live their best life. Staff described the support and assistance measures implemented to enable consumers to engage in activities of interest that may involve risk to the consumer. Review of documentation confirmed this occurs.

Consumers and representatives said the service provides information that is easy to understand such as via the service’s welcome pack which includes information on fees and charges, privacy, advocacy, and submission of feedback and complaints. A hard copy communication folder is kept in each consumer’s home. Management described how information and updates regarding any changes to shifts and staff are communicated to consumers and representatives.

Consumers and representatives said staff respect consumers’ privacy and keep their personal information confidential. Management said, and staff confirmed, staff receive training on privacy and confidentiality. Consumer information is stored securely in a password protected online computer system.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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. | Non-compliant |

Findings

Having considered the Quality audit report and the Approved provider's response, I find the service non-compliant with this Standard. The non-compliance is related to the following:

* The service is not ensuring regular re-assessment and review of care and services.

I have made this decision based on the following analysis:

**Quality audit report**. The Quality audit report identified the following deficiencies:

* Seven consumers/representatives sampled who have been with the service over 12 months could not recall having care and services reviewed since commencement.
* Staff advised the service’s policy requires an annual care plan review, or when circumstances change, or incidents occur. However as currently there are only 2 staff to complete assessments and reviews, annual reviews have not occurred.
* Review of care documentation identified care and services have not been consistently reviewed annually or when there has been a change to the health and condition of the consumer, such as transfer from another provider or discharge from hospital.
* Management confirmed the service currently has a backlog of 400 consumers who have not been reviewed for 12 months or longer due to having only 2 staff to manage the intake and review process.

**Approved Provider’s response**. The Provider advised of actions planned to address the deficiencies including but not limited to developing an action plan and framework to complete outstanding reviews and manage ongoing re-assessments.

**Assessment**. Having considered the Quality audit report and the Provider's response, I find deficiencies in ensuring the regular review of care and services remains. I have based this decision on improvement actions not having been implemented, requiring time to be embedded within the service’s processes, and to demonstrate effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

I find the remaining requirements of Quality Standard 2 are compliant as:

Consumers and representatives said care plans are discussed at entry to the service and confirmed staff undertook a home visit and discussed care and services with them. Care documentation identified validated risk assessment tools are used to inform effective service planning for consumers.

Consumers and representatives confirmed the consumer’s needs, goals, and preferences are identified and discussed as part of the assessment and planning process. Staff responsible for assessment and planning conduct discussions with consumers and representatives and document this information under care plans. Care documentation identified information regarding consumers’ needs, goals, and preferences and whether an advance care plan is in place. Resources on advance care planning are available to guide staff practice.

Consumers and representatives expressed satisfaction with their involvement in the assessment and care planning process. Staff described how they encourage consumers to involve their representatives and others they wish to in this process.

Most consumers and representatives recalled receiving a copy of the consumer’s care plan. Staff described how they access a copy of the care plan via a digital application on mobile devices and how a copy of the care plan and communication notes are also stored in a communication folder in the consumer’s home. Management advised the service is implementing a new electronic care management system which will enable staff to access individualised care directives for each consumer.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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

Having considered the Quality audit report and the Approved provider's response, I find the service non-compliant with this Standard. The non-compliance is related to the following:

* The service is not effectively managing high impact and high prevalence risks associated with the care of consumers.

I have made this decision based on the following analysis:

**Quality audit report**. The Quality audit report identified the following deficiencies:

* The representative of one consumer expressed concerns regarding the provision of shower services stating this service had been cancelled as staff did not understand the consumer’s needs. The consumer lives with dementia, suffers from chronic fatigue, and is at risk of falls. The representative further advised despite instructions to the contrary the consumer had been taken for a walk by staff at a fast pace resulting in the consumer feeling dizzy and thinking they were going to have a blackout.
* Review of care documentation did not identify individualised care directives to guide staff practice in providing personal care services to the consumer. There was no information regarding the consumer’s falls risk or how to manage the consumer’s aggression reported by staff.
* Management was unaware of the issue and following discussion with the consumer’s representative confirmed the consumer had not been properly assessed, and further assessments and urgent referrals would be actioned.

**Approved Provider’s response**. The Provider advised of actions planned to address the deficiencies including but not limited to review of mechanisms to distribute consumer information to staff; support and mentoring of staff; review and update of care documentation; and increased in-home spot competency audits.

**Assessment**. Having considered the Quality audit report and the Provider's response, I find deficiencies in ensuring the effective management of high impact and high prevalence risks to consumers remain. I have based this decision on:

* Nil information provided by the service to evidence risks associated with the consumer named in the Quality audit report have now been appropriately managed.
* Improvement actions not having been implemented, requiring time to be embedded within the service’s processes, and to demonstrate effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

I find the remaining requirements of Quality Standard 3 are compliant as:

Most consumers and representatives expressed satisfaction with the care and services consumers receive, confirming care delivered is safe and right for them. Staff provided examples of how they ensure care provided is safe and effective such as by tailoring care and services to meet consumers’ individual needs and preferences, and ensuring they follow care plan directives or refer to communication notes. Whilst gaps in locating documentation were identified, this has been considered under Requirement 8(3)(c) below. Management advised a new electronic care management system has recently been implemented at the service which is envisaged to improve access to documentation.

Management provided examples of how consumers requiring palliative care are referred to the organisation’s nursing services for assessment and review. Palliative care is provided by palliative care teams and all other services such as domestic assistance and support is provided by the service’s support staff.

Staff demonstrated knowledge of identifying and reporting consumer deterioration. Whilst changes in a consumer’s health and condition are reported and actioned in a timely manner, some inconsistencies in documentation were identified considered under Requirement 8(3)(c) below. Management described processes to communicate any feedback and shift notes to the service for uploading to the consumer’s file and advised the new electronic care management system would improve accessibility of consumer information.

Most consumers and representatives expressed satisfaction with staff knowledge of the consumer’s needs. Staff were satisfied with the information they receive regarding consumers’ care needs via the digital application on their mobile devices or documented notes.

Consumers and representatives described how consumers have been referred to other services such as allied health where a need is identified. Management described the service’s referral processes such as to allied health and nursing services. Care documentation identified consent from consumers and representatives to share information with other services where referrals are undertaken.

Consumers and representatives were satisfied with infection prevention measures undertaken by staff. Staff said they have completed training in infection prevention and control and gave examples of protocol they follow such as use of personal protective equipment and completing self-assessments prior to commencing a shift.

# Standard 4

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| Services and supports for daily living | | 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 |
| 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 |

Findings

Consumers and representatives said the service provides safe and effective supports for daily living to maintain consumers’ quality of life. Documentation captured information in relation to individual consumers’ goals to guide staff in supporting consumers’ independence and wellbeing.

Consumers provided examples of how staff support them when they are feeling low. Staff described how they identify when a consumer is feeling low and strategies they implement in this regard. Care documentation identifies information to guide staff in how to support consumers’ emotional and psychological wellbeing.

Staff and consumers described how the service supports consumers to participate in the community, to maintain relationships, and to do things of interest to them. Review of documentation confirmed this.

Consumers and representatives advised how information regarding the consumer’s preferences is discussed with the service. Staff described various ways information is shared within the organisation such as via a digital application accessible via their mobile phone devices.

Consumers and representatives gave examples of how the service has organised referrals based on the consumer’s needs. Staff and management described how referrals are facilitated as identified at assessment and on consumer request such as to social support and community groups. Review of documentation identified timely and appropriate referrals.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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 confirmed they are aware of feedback and complaints processes, are encouraged to provide feedback, and feel safe to do so. The service’s welcome pack and website provides information on how to submit feedback and complaints, including via submission of an online form. Information on how to access advocacy and language services is included under the service’s welcome pack.

Most consumers and representatives confirmed they felt confident the service would take appropriate action in response to complaints. Management described the service’s documented open disclosure process. Staff receive mandatory online training on open disclosure and confirmed they have undertaken this training. Feedback and complaints procedures are available to guide staff practice in feedback and complaints management.

Most consumers and representatives were satisfied the service listens to their feedback and makes changes. Management described various ways the feedback is reviewed to improve the quality of care and services. Review of documentation identified complaints and feedback are documented, trended, reviewed by management monthly, and improvement actions captured under the service’s continuous improvement plan.

# Standard 7

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| Human resources | | 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. | Non-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

Having considered the Quality audit report and the Approved provider's response, I find the service non-compliant with this Standard. The non-compliance is related to the following:

* The service is not ensuring the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.

I have made this decision based on the following analysis:

**Quality audit report:** In relation to Requirement 7(3)(a), the Quality audit report identified most consumers and representatives expressed concerns with ongoing cancellation of service shifts and unavailability of staff to provide care and services as per their preferences. Management acknowledged the feedback and advised this is owing to the ongoing transition of consumers from other service providers and support worker shortages across the sector. Management described its workforce planning strategies including ongoing efforts to recruit additional staff; use of consultants, allied health, and nursing professionals to assist with assessment and review processes; and use of partner agencies to assist with provision of domestic assistance services.

**Assessment**. Whilst the Quality audit report found the service compliant in this Requirement, I am of the view the service has not adequately demonstrated the number and mix of the workforce deployed enables the delivery and management of care and services.

I have reviewed additional information submitted by the Provider advising of actions planned and implemented, including but not limited to the engagement of an external consultant to review the service provision model; appointment of new senior staff at an organisational level; additional recruitment measures; and changes to rostering.

In coming to my decision, I have placed weight on the negative feedback received from most consumers and representatives sampled and the large number of care plan reviews outstanding owing to staff shortage. I acknowledge the Provider’s efforts and commitment towards implementing improvement actions, however workforce planning strategies outlined by the Provider have not been fully implemented and will require time to demonstrate their sustainability.

I, therefore, find this Requirement non-compliant.

I find the remaining requirements of Quality Standard 7 are compliant as:

Most consumers and representatives said staff are kind, caring, and respectful. Staff described how they ensure each consumer is treated respectfully and demonstrated knowledge of consumers’ individual preferences, including their cultural needs and background. Staff receive training on cultural safety and Aboriginal and Torres Strait Islander inclusion and diversity. The service is in the process of obtaining Rainbow Tick accreditation.

Most consumers and representatives said staff are competent in their roles. All staff have a position description outlining their roles and responsibilities. Management described how the service conducts compliance checks, monitors staff qualifications, and uses information from workforce observations and consumer/representative feedback to identify and address any issues with workforce competency.

Management described the service’s recruitment, induction, onboarding, and training processes. New staff undergo an onboarding program, are provided work instructions and staff handbooks, and receive shadow shifts with an experienced support worker on commencement. Review of documentation confirmed staff have access to ongoing training on various topics.

Performance development and management procedures, work instructions, and checklists are in place to monitor staff performance. The service has systems and processes to manage staff underperformance including access to the organisation’s People and Culture team for advice and support. Some staff advised they had not received a performance appraisal following their initial probationary appraisal. Management advised new staff receive a probationary appraisal 3 months from commencement and subsequently participate in informal discussions on their performance. Documentary evidence was provided to demonstrate a new goal setting and performance appraisal process is underway at the service to ensure all staff undergo regular appraisals.

# Standard 8

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| Organisational governance | | 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 |
| 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. | Non-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

Having considered the Quality audit report and the Approved provider's response, I find the service non-compliant with this Standard. The non-compliance is related to the following:

* The organisation does not have effective organisation-wide governance systems in relation to information management and workforce governance.

I have made this decision based on the following analysis:

**Quality audit report**. The Quality audit report identified the following deficiencies specifically in relation to information management:

* Information under assessment and care plans is not current and up to date as 400 care plan reviews are outstanding.
* Forms required to identify a change or deterioration in consumers are not consistently completed by staff and/or uploaded to the electronic system.
* The service is in the process of implementing a new electronic care management system and staff were unable to locate consumer information requested by the assessment team.

**Approved Provider’s response**. The Provider advised of actions planned to address the deficiencies including but not limited to review of mechanisms to distribute consumer information to staff and review and update of care documentation.

**Assessment**. Whilst the Quality audit report did not identify deficits in workforce governance, I am of the view the service has not adequately demonstrated the number and mix of the workforce deployed enables the delivery and management of care and services. In coming to my decision, I have placed weight on the negative feedback received from consumers and representatives and the large number of care plan reviews outstanding owing to staff shortage.

Having considered the Quality audit report and the Provider's response, I find deficiencies in both information management and workforce governance remain. Improvement actions have not been implemented, require time to be embedded within the service’s processes, and to demonstrate effectiveness and sustainability.

I, therefore, find this Requirement non-compliant.

I find the remaining requirements of Quality Standard 8 are compliant as:

Consumers and representatives said they can provide input into how things are run and feed into broader service improvements. Management described various mechanisms utilised by the service to engage consumers in providing feedback and suggestions and to check their satisfaction to further inform improvements. This includes but is not limited to seeking expressions of interest to form a consumer advisory committee.

Review of documentation evidenced the organisation’s executive leadership team and Board hold overall accountability for quality and safety. The Board meets monthly and utilises information from reporting including but not limited to outcomes of audits, feedback and complaints, clinical indicators, and quality reports to satisfy itself the Aged Care Quality Standards are being met by the service.

The service implements a risk register in accordance with the organisation’s risk management framework and procedure. Policies and procedures on identifying and reporting abuse and neglect, incident management, and incident reporting are in place to guide staff practice. Staff receive training on incident reporting, management, and investigation as relevant to their roles.

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)