Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Braemar House |
| Commission ID: | 7758 |
| Address: | 10 Windsor Road, EAST FREMANTLE, Western Australia, 6158 |
| Activity type: | Site Audit |
| Activity date: | 29 May 2024 to 31 May 2024 |
| Performance report date: | 5 July 2024 |
| Service included in this assessment: | Provider: 9509 Fresh Fields Management (NSW) No 2 Pty Ltd  Service: 4812 Braemar House |

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 Braemar House (**the service**) has been prepared by P. Wallner, 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, representatives, and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff were familiar with consumers’ background and life story and treated them with dignity and respect. Staff knew consumers backgrounds and individual preferences and said they were trained to provide person centred care and respect consumers’ identity, culture, and diversity. Care planning documents reflected consumers’ identities, backgrounds, and cultures. The service had a suite of policies and procedures to guide staff in respecting consumers, and staff were observed consistently treating consumers with dignity and respect.

Consumer and representatives confirmed consumers’ cultural identities, needs, and preferences were recognised and supported. Management and staff spoke about the training provided on respecting consumers’ culture, diversity, and providing culturally safe care. Care planning documents captured consumers’ specific cultural needs and preferences and strategies to support them.

Consumers and representatives said the service supported them to make independent decisions about their care, including who was involved in it, and to maintain personal relationships. Staff described how they supported consumers to make independent choices about their care and services, and who delivered them. Care planning documents identified consumers’ independent care choices, including who else was involved in their care, and the relationships they wished to maintain. Consumers were observed socialising with friends and family.

Consumers and representatives said the service supported consumers to take risks, to live the best life they could. Staff were aware of the risks taken by consumers and explained how they supported consumers to take risks to live the way they chose. Care planning documents showed evidence of appropriate risk assessment, including information about identified risks and relevant mitigation strategies. The service had written guidance for staff in supporting consumers to take risks to maintain their quality of life.

Consumers and representatives said the service provided current information and encouraged them to participate in decisions about consumers’ choices about their care and services. Management and staff described various communication methods they used to inform consumers in line with their individual needs and preferences. Posters and notices about upcoming events, activities, services, and the menu were observed throughout the service.

Consumers and representatives confirmed consumers’ privacy was well respected, and their personal information was kept confidential. Staff explained how they protected consumers’ privacy and personal information. Staff were observed respecting consumer’s privacy, and computers were password protected and in locked nurse’s stations. The service had a documented policy and training to guide staff in protecting consumers’ privacy and confidentiality.

# Standard 2

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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives described comprehensive assessment and care planning which informed the delivery of safe and effective care and services. Staff explained the assessment and care planning processes and how risks to consumers’ health and wellbeing were identified using validated assessment tools. Care planning documents confirmed assessment and care planning, included risk assessments in line with policies and service entry checklists. The service had documented policies, procedures, and tools to guide staff practice in assessment and care planning.

Consumers and representatives said consumers’ needs, goals and preferences were recorded, including their end of life wishes. Management and clinical staff said they discussed consumers’ needs, goals and preferences, and an advance health directive was completed prior to entering the service, or at scheduled care conferences. Care plans reflected consumers’ individual needs, goals and preferences and advance health directives were in place for consumers who had provided this information. The service had a policy and procedure to guide staff in palliative and end of life care.

Consumers and representatives said they were involved in the planning and review of consumers’ care and services, along with other health care providers they wished to involve. Staff described how consumers, representatives and other providers were consulted in the assessment and planning process. Care planning documents confirmed consumers, representatives and other health professionals were involved in the assessment and planning process.

Consumers and representatives said they were informed of the outcomes of assessment and care planning for consumers and were offered a copy of the care plan. Staff described the processes for documenting and communicating assessment outcomes using the electronic care management system. Management said consumers representatives were regularly invited to discuss the outcomes of assessment and planning and were offered a copy of the care plan. Care planning documents confirmed outcomes of assessment and care planning were documented and communicated to consumers and representatives promptly.

Consumers and representatives said consumers’ care and services were reviewed regularly, and following incidents or changes in circumstances. Management and staff described the schedule for care plan reviews to ensure they were current and effective. Care plans showed evidence of regular reviews of their effectiveness, and reviews in response to a deterioration in health or change in circumstances. The organisation had policies and procedures to guide staff in reviewing care for effectiveness regularly, and when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# Standard 3

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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives stated they were happy with the personal and clinical care provided, and staff had the knowledge to meet their needs and preferences. Staff knew consumers’ individual care needs, and described how they delivered best practice personal and clinical care, in line with consumer’s documented care plans. Care plans detailed safe and effective personal and clinical care tailored to each consumer’s needs, goals, and preferences. Records from regular meetings demonstrated effective monitoring and clinical oversight of care, to ensure it was in line with the organisation’s policies and procedures.

Consumers and representatives said the care provided was safe and right for the consumer, and high impact and high prevalence risks were effectively managed. Management and staff showed how they identified and assessed the high impact or high prevalence risks to consumers at the service, and the relevant risk mitigation strategies in place. Care documents and other data confirmed the service was effectively monitoring and managing high impact and high prevalence risks. Policies and procedures on the management of high impact and high prevalence risks to consumers were readily accessible to staff.

Consumers and representatives stated consumers’ end of life needs, goals and preferences were supported, and their dignity and comfort were maintained. Staff described how they confirmed consumers’ end of life wishes were current and preserved the dignity and comfort of consumers nearing the end of life. Care planning documents captured consumers’ end of life needs and preferences, including spiritual and cultural beliefs. A palliative care policy and procedure was available to guide staff.

Consumers and representatives said a deterioration or change in a consumer’s condition was recognised and responded to quickly. Management described the staff training and how they were alerted to changes in consumers’ condition and ensure there was a timely response. Staff described the processes for identifying and responding to a deterioration or change in consumers’ condition. Care planning documents showed the service recognised and responded to a deterioration or change in consumers’ condition promptly.

Consumers and representatives said information about consumers’ condition, needs, and preferences was communicated effectively between staff and others involved in providing care. Staff were aware of consumers’ current needs and preferences, and said they received up to date information through the electronic care management system, meetings, and shift handovers. Care planning documents showed current information to support safe and effective care was shared with consumers, representatives, and other health care providers.

Consumers and representatives said the service arranged timely and appropriate referrals to other relevant providers of care and services. Management and staff described the process for referring consumers to their medical officers, and other health care professionals, and how this informed their care delivery. Care planning documents confirmed the input of a range of external health professionals.

Consumers and representatives expressed satisfaction with the service’s infection prevention and control measures, and said they observed staff practicing good hygiene and using personal protective equipment. Management and staff demonstrated an understanding of infection prevention and control practices and antimicrobial stewardship, and confirmed they had received training in these areas. The service had two infection prevention and control leads onsite, and documented policies and procedures to guide staff in infection prevention and control and antimicrobial stewardship.

# Standard 4

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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the services and supports for daily living which optimised consumers’ independence, well-being, and quality of life. Staff understood consumers’ needs, goals, and preferences for daily living support. Care planning documents reflected the services and supports for daily living required by consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers and representatives said consumers’ emotional, spiritual, and psychological needs were well supported. Care plans included information on supporting consumers' psychological and emotional well-being. Staff explained how they identified and recorded ways to support consumers’ emotional, spiritual, and psychological well-being, such as providing religious services, activities, or spending one on one time with them. Care planning documents described how to support consumers’ emotional, spiritual, or psychological well-being.

Consumers and representatives confirmed the service supported consumers to engage in activities in the community, both inside and outside the service, have personal relationships, and do things they enjoyed. Staff explained how they supported consumers to participate in their communities, socialise, and do things of interest. Care planning documents comprehensively detailed the supports consumers needed to participate in their community, do things of interest, and stay connected with their family and friends.

Consumers and representatives said information about consumers’ current condition, needs and preferences was communicated effectively between staff, and to other relevant providers of services and supports for daily living. Staff explained how accurate and up-to-date information about consumers’ condition, needs and preferences for daily living was shared within the service, and with external providers, where necessary. Care planning documents provided adequate current information to support safe and effective care and services for daily living.

Consumers and representatives said the service made timely referrals to suitable other individuals and organisations providing services and supports. Care planning documents confirmed the service collaborated with other providers of services and supports for daily living to support consumers. Staff described how the service actively engaged with external services to support consumers’ lifestyle.

Consumers and representatives said the meals provided were of suitable quality, quantity, and variety. Care planning documents recorded comprehensive details about consumers' dietary needs, dislikes, allergies, and preferences. Staff demonstrated detailed knowledge of specific consumer’s dietary needs and preferences, which aligned with their documented information. The service had established processes for consumers to influence the menu and provide regular feedback on the food. The kitchen was clean and tidy, and staff were adhering to food safety and workplace health and safety protocols.

Consumers and representatives confirmed the equipment provided was safe, suitable, clean, and well-maintained. Staff verified the equipment was regularly cleaned and maintained and described the processes in place for reporting equipment requiring maintenance. The equipment appeared to be safe, clean, and well-maintained.

# Standard 5

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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives advised the service environment was welcoming, comfortable, homely, and easy to get around. Consumers’ rooms were personalised, and the service featured wide corridors, spacious common areas, and clear signage and colours to aid navigation. There were generous well maintained outdoor areas with garden beds and shaded seating. Consumers and visitors were observed socialising in different areas of the service and participating in activities.

Consumers and representatives said they could move around the service freely, both inside and outside, and the service was safe, clean, and well maintained. Staff detailed the scheduled and reactive cleaning and maintenance procedures in place. Records confirmed the service was cleaned and maintained according to schedules. The service was observed to be clean, well maintained, and consumers moved freely throughout the service.

Consumers and representatives said the equipment, furniture and fittings in the service were clean, safe, suitable, and well maintained. Staff described effective processes in place for ensuring furniture, fittings and equipment was clean and well maintained. The furniture, fittings, and equipment appeared suitable, safe, clean, and well-maintained.

# Standard 6

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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt supported and encouraged to provide feedback or make complaints through multiple avenues such as, speaking to staff/management, surveys, meetings, and feedback forms. Management and staff described the processes in place and ways they supported consumers and representatives to provide feedback and make complaints. Information on how to make complaints, feedback forms and secure lodgement boxes were distributed throughout the service. The consumer handbook and newsletter included information on various ways to make complaints.

Consumers and representatives knew they could make complaints externally through the Commission, and access advocacy and language services. Consumers and representatives indicated they had no desire to make a complaint through external avenues. Management and staff explained how the service encouraged consumers to access external complaints avenues, language, and advocacy services. The service displayed information on the Commission, advocacy services, translation and interpreting services, and the Charter of Aged Care Rights.

Consumers and representatives said the service took timely action to resolve complaints and practiced open disclosure. Staff explained they received training in managing complaints and detailed how they resolved complaints and practiced open disclosure. The feedback register confirmed the service responded to resolve complaints promptly and used open disclosure.

Consumers and representatives said feedback and complaints were used to enhance the care and services provided. Management and staff described how complaints were reviewed, discussed, and used to inform improvements at the service. The Continuous Improvement Plan, meeting minutes, and other records confirmed feedback and complaints led to improvements at the service.

# Standard 7

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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were happy with the care provided, and there were sufficient staff to meet their needs. Management and staff said they were resourced to provide the right level of care to consumers, and they were reducing the use of agency staff. Management described how the workforce was planned and rostered to meet consumers’ needs and the legislated requirements for care minutes and 24/7 nursing. Call bell data showed the average response time was less than the service’s benchmark of 7 minutes. Staff were observed responding to call bells in a timely manner.

Consumers and representatives said staff were caring, considerate and respectful of consumer’s identity, culture, and diversity. Staff were observed interacting with consumers in a kind, caring and respectful manner. The service had policies, procedures, and training to guide staff in delivering respectful care.

Consumers and representatives confirmed staff were skilled and competent in their roles. Staff confirmed they had to complete initial and mandatory training and satisfy checks to work in their role. Workforce records showed effective systems in place to ensure the workforce was suitably qualified and knowledgeable to effectively perform their roles. Records confirmed all staff met the minimum qualification, registration, vaccination, and security requirements for their roles, prior to commencing employment.

Consumers and representatives said staff had appropriate training and support to deliver safe and quality care and services. Staff confirmed receiving training during orientation and on an ongoing basis, and completing core competencies regularly. Staff said they felt comfortable requesting additional training to enhance their performance. Management detailed the initial and ongoing mandatory training and core competencies staff were required to complete. Management explained the service’s systems for monitoring and managing staff training, and records showed mandatory training modules had been completed by the due dates.

Consumer and representatives confirmed they were satisfied with the performance of staff. Staff said they regularly undergo performance appraisals with their manager and had the opportunity to request additional training and discuss their career goals. Management described how the performance of staff was continually monitored and reviewed, including through a formal annual performance appraisal process. The service had documented policies and processes for managing staff performance.

# Standard 8

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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of the care and services, and could provide feedback formally and informally through various channels. Management explained various ways they encouraged consumers and representatives to be involved in the development, delivery, and evaluation of the care and services. Meeting minutes, the feedback and complaints register, and the Continuous Improvement Plan confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives confirmed the service provided quality care and services, and they felt safe and engaged. Management described how the organisation’s Board promoted a culture of safe, inclusive, and quality care and services and was accountable for its delivery. Management described the governance and reporting arrangements and how clinical performance indicators and incidents were reviewed and discussed by the Board. Records confirmed the Board actively promoted a culture of providing safe and inclusive quality care. The organisation had established a Quality Care Advisory Body and a Consumer Advisory Body which provide written reports to the Board.

The organisation demonstrated effective documented governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff and management were aware of the governance systems and how they supported compliance with the Quality Standards and could access the associated policies and procedures. The Board oversighted the governance systems to ensure compliance with the Quality Standards.

The service had effective risk management systems and practices addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them in the course of their work.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Consumers and representatives confirmed the service practiced open disclosure when things went wrong and took appropriate action to prevent a reoccurrence. Management and staff explained how they received training and applied these policies and procedures in the delivery of care and services each day.

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