Performance

Report

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| Name of service: | Brookfield Green |
| Service address: | 139 Gold Creek Road BROOKFIELD QLD 4069 |
| Commission ID: | 5046 |
| Approved provider: | The Baptist Union of Queensland |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 11 November 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 Brookfield Green (**the service**) has been prepared by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; 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
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said they are treated with dignity and respect, with care and services undertaken in a manner which made them feel valued as an individual. Staff treated consumers with respect by acknowledging consumer’s choices and understanding their culture and diversity. Care documentation reflected what was important to consumers to maintain their identity and culture.

Consumers said they felt culturally safe and gave examples of how staff adjust care and services in line with their cultural, religious, and personal preferences. Staff were aware of, and were observed, providing care according to consumers cultural preferences. Staff were guided on culturally safe care by a diversity and inclusivity framework.

Consumers and representatives said consumers are supported to exercise choice, make decisions, and encouraged to be independent in the way care is delivered. Staff demonstrated understanding of consumers choices, individual preferences, provided examples of how they help consumers to make choices and maintain their independence. Documentation supported consumers right to make choices is promoted.

Consumers said they were supported to understand the positive and negative aspects of risks so they are inspired to live the best life they can. Staff explained how they supported consumers to partake in risks of their choosing, within agreed parameters. A dignity of risk policy guides staff in supporting consumers to take risks, however risk assessment and management strategies were not in place for 2 consumers who choose to participate in activities that present some element of risk.

Consumers said the information provided by the service, helps them make choices about meals, activities, visiting service providers and stay up to date with COVID-19. Consumers said they are kept up to date by the staff, through posters displayed on noticeboards and resident meetings. Monthly activity calendars, daily menu boards and newsletters displayed throughout the service. Staff confirmed they prompt consumers about activities advertised and if for any reason there are changes to the schedules, updates are given directly to the consumers.

Consumers said their confidentiality and privacy is respected as staff knock on the door before entering their rooms and their door is kept closed when cares are being attended. Staff identified ways in which the confidentiality of consumer information was maintained, including the use of individual passwords on staff computers. The service has a privacy policy and procedures to guide staff and staff were observed ensuring consumers privacy was maintained.

# Standard 2

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

Findings

Consumers and representatives said they are involved in the care planning processes. Staff described the care planning processes and where risk were assessed, risk mitigation strategies were planned to inform the delivery of safe care and services. Care plans contained individualised strategies and risks to consumers, were generally identified, however some risks had not been identified or assessed. Policies and procedures support staff in assessment and care planning processes.

Consumers and representatives confirmed the service had discussed and documented their preferences including for end-of-life care. Staff explained the ways they approach end of life discussions with consumers and described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation. Care documentation included the consumer’s needs and preferences; and a copy of their advance care directive was available, where the consumer had chosen to complete these.

Consumers and representatives confirmed they provide input into the assessment and care planning process, either through a formalised conversation, care conference, or regular feedback. Staff report regularly liaising with consumers and family members to ensure a partnership approach throughout assessment and care planning processes. Care documentation reflected the inclusion of health professionals and other service providers in assessments and care planning.

Consumers and representatives stated they were always offered a copy of the care plan and had an accurate understanding of the care and services provided. Care documentation of contained entries reflecting individualised planning and communication with consumers and representatives and others where care is shared. Staff described and gave examples of when consumers and or their representatives were provided with copies of the consumer’s care plan.

Consumers and representatives stated staff regularly review consumer’s health, wellbeing, and needs, and update them following an incident or if a change to a care plan is made. Care documentation evidenced consumer’s care needs had been reassessed and their care plans reviewed following an identified change in condition or incident, such as weight loss, having a fall or becoming palliative. Staff described, and the service had a documented care plan review schedule, however some care plans had not been reviewed according to this timeframe.

# Standard 3

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

Findings

Consumers said they generally receive care which is safe, effective and optimises their health and well-being, however one consumer said their pain was not managed well resulting in a medical officer review being initiated and their pain medication updated. Care documentation consistently reflected individualised, safe and effective care which was generally tailored to consumer’s specific needs and preferences including for consumers who had wounds, required behaviour support or had restrictive practices applied. Staff were observed delivering personal and clinical care, which aligned with each consumer’s care plan and gave examples of restrictive practice being used as a last resort.

Consumers and representatives stated they felt consumers’ high impact and high prevalence risks are effectively managed by the service, including falls, unexpected weight loss, skin integrity and restrictive practices. Staff demonstrated knowledge of individual consumer’s risks and most of the strategies in place to mitigate risks. Care documentation demonstrated consistent assessment and planning to address risk. Monthly clinical indicator reports trend and analyse incidence of high impact or high prevalence risks, to monitor the effectiveness of management strategies or identify areas for improvement. The service has a suite of policies and procedures to support staff in the management of high impact and high prevalence risks.

Consumers and representatives confirmed the consumer’s advance care and end of life wishes were documented. Care documentation, for a recently deceased consumer, evidenced their end of life wishes including their wish to remain at the service and have their family present during their final days were known to the service. Staff described the care provided to the consumer to maximise their comfort and promote their dignity, included music, pastoral support, and pain relief. The provision of end-of-life care is supported by policies and procedures.

Consumers and representatives, said the service identifies and responds appropriately, and in a timely manner, to a change or deterioration in the consumer’s health or function. Staff interviews and care planning documents reflected appropriate actions were taken in response to a deterioration or change in a consumer’s health. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives stated they were confident consumer information was well documented and shared between staff and services. Care documentation reflected changes in consumer conditions were noted. Staff said information relating to consumers’ condition, needs and preferences is documented in the electronic care management system, is easily accessible and communicated well via handover and meetings. Staff were observed attending handover where consumer updates for a 24-hour period were shared.

Consumers and representative said the service facilitated appropriate referrals when required by the consumers. Staff described the referral process including how input from other allied health professionals, medical specialists or support services was arranged in response to an identified need. Care documentation reflected timely, appropriate referrals and contributions from individuals to other organisations and providers of care and services, including for a consumer who required additional pain management support.

Consumers confirmed and staff were observed, to consistently wear their personal protective equipment appropriately. Staff demonstrated knowledge of infection control practices relevant to their duties and spoke of strategies to minimise and optimise antibiotic use. Visitor screening processes had been established and an appointed staff member was responsible for overseeing infection prevention and control.

# Standard 4

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

Findings

Consumers said the services and supports for daily living meet their needs, goals, and preferences, enabling them to maintain their independence, quality of life and well-being. Staff understood what is important to consumers and what were their preferences. Care documentation included information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers described how the service supports their emotional, spiritual, and psychological needs, as they are assisted to practice their faith, including through prayer, meditation and scheduled, in person or virtual, church services. Staff provided examples of supporting consumers by engaging with them in one-on-one room visits, particularly for consumers who were immobile. Care plan documentation specified the individual emotional support strategies implemented for each consumer. Consumers were observed participating in meditation activities and staff were undertaking room visits.

Consumers said they are supported to maintain relationships and participate in the external community as they are able to attend local community clubs to meet with their friends. The service’s activity program included twice weekly bus outings to locations of interest to consumers. Staff said, and consumers were observed, engaging with others, to leave the service to visit the local shops or attend family gatherings and they were also assisted to keep in contact with family and friends. Care plan documentation includes information about ways in which consumers participate in the community and stay connected with family and friends.

Consumers and their representatives confirmed the service was aware of individual preferences, choices and information was shared within the service when changes were required. Staff described how information was shared with the team responsible for providing care to the consumers, including care and hospitality staff, through handover undertaken at the change of each shift, dietary profile updates and alerts generated through the electronic care management system. Care documents detailed regular and appropriate information about the consumer’s condition, needs, preferences and changes were captured.

Staff said for each consumer they explore individual community ties, facilitate ways of enabling consumers to keep appointments and described the process to ensure care and services for consumers who had been referred to external service providers, such as language or chaplaincy services, was in line with their recommendations. Care plan documentation evidenced referrals to and collaboration with external services to support the diverse needs of consumers. Policies and procedures support the referral of consumers to allied health professionals and other organisations.

Consumers said they were provided with meals which were varied, of good quality and quantity; they are offered choices at each meal and if they don’t like the meal offered and there is always an alternative on the menu. The chef said the menu is seasonal, developed in conjunction with a nutritionist and is based on consumer feedback, dietary needs, and preferences. Care plans documented and staff demonstrated knowledge of consumers’ allergies, dietary requirements, texture modifications and food preferences. Meal service was observed, with consumers complimenting their interactions with staff, the food prepared and food service areas were clean.

Consumers confirmed they felt safe using the service's equipment, it is always clean, in good working order and described how they would lodge a request for repair if something was broken. Staff confirmed equipment is accessible, suitable to the consumer’s needs and scheduled preventative maintenance checks on undertaken. Maintenance documentation evidenced current and scheduled preventative maintenance had been completed as scheduled.

# Standard 5

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

Findings

The service environment was observed to be welcoming with communal lounges, dining areas and gardens available to support consumer interactions. Corridors were observed to be wide, well-lit, with handrails and directional signage to support consumers to move around independently. Consumers said they feel at home within the service, their rooms are easily identifiable, are large; and they were able to personalise these with items special to them. Staff described how they promoted consumers to feel at home and provide supports when needed.

Consumers and representatives confirmed the service is clean, tidy, well maintained and consumers were able to access indoor and outdoor areas. Staff described the processes used to respond to issues and maintain the service environment, including external areas, to ensure they are regularly cleaned and serviced. Consumers were observed moving around and consumers who resided within a secure unit, were assisted to access other areas of the service to participate in activities.

Consumers and representatives said the furniture and fittings are well maintained with repairs attended promptly. Staff said the service was well maintained, with plant and equipment serviced regularly through outsourced providers engaged to do contracted maintenance on equipment. Maintenance documentation supported routine, corrective and preventative maintenance had been scheduled and completed. Consumers were observed using furniture and equipment that appeared comfortable, safe, well maintained, and clean.

# Standard 6

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

Findings

Consumers and representatives confirmed they are encouraged and supported to provide feedback and make complaints and have found management to be approachable when doing so. Staff described the avenues available for consumers/representatives if they wished to make a complaint or provide feedback, and the process they followed if an issue was raised with them directly. Feedback posters, pamphlets, forms, and collection boxes were observed to be available throughout the service. Documentation supported consumers had, through a variety or means, lodged complaints or provided feedback on laundry, food and communication.

Consumers and representatives said they are aware of external supports for raising a complaint such as through the Commission, advocacy services, or with the help of a family member or friend. Staff demonstrated a consistent understanding of the external complaints and feedback avenues and would approach management if access to advocacy organisations or translation services were required. A consumer handbook and the service’s application form included information on how to access external complaints and language services.

Consumers said when feedback was provided, or something goes wrong, the staff apologise, respond appropriately and in a timely manner. Staff demonstrated an understanding of the complaints management process and described the steps taken when responding to a complaint. Complaint monitoring documentation evidenced prompt response and detailed the actions taken to resolve concerns relating to individual consumers dietary requirements. Policies and procedures guides staff on how to respond to complaints and implement open disclosure.

Consumers confirmed when they had given feedback on their specific dietary requirements not being met, improvements had been made including the chef seeking their feedback on individual meals and additional gluten free options being sourced. Management advised, and documentation demonstrated, changes and improvements evaluated through discussion at consumer meetings. The continuous improvement plan evidenced the service records feedback or suggestions and monitors actions taken in response to improving care, service or supports.

# Standard 7

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

Findings

Consumers, representatives, and staff reported there had been previous staffing issues and described how, on one occasion, a consumer had been adversely impacted, however, advised no further incidents occurred as staff numbers had since increased. Management advised staffing allocations were planned based on consumer needs and if increased need is identified, additional staff were deployed. Rostering documentation and call bell reports evidenced, the service had processes in place to fill vacant shifts and staff responded to consumer’s calls for assistance in a timely manner.

Consumers and representatives provided consistent feedback on staff interactions as being respectful, kind, caring, and gentle. Staff demonstrated an understanding of consumers, including their needs and preferences and were observed to engage with consumers and their family members in a respectful and personable manner. A consumer feedback survey evidenced consumers felt they were treated with respect most of the time or always.

Consumers and representatives said they felt staff were skilled in their roles and competent to meet their care needs, although this varied on the experience of staff. Management described staff competency is assessed during the onboarding process, including through the completion of buddy shifts and formal competency assessments. Management advised and position descriptions listed essential competencies and qualifications relevant to each role, and monitoring documentation supported all staff had current registrations and criminal history checks.

Consumers and representatives confirmed they are confident with staff abilities and practices, advising staff are generally well trained. Staff confirmed they have regular training sessions and access training through the organisation’s online learning platform. Policies and procedures guide management in recruitment processes, orientation, and training requirements of new staff. Training documentation supported all staff have completed annual mandatory training modules and additional training has been scheduled in response to incidents or negative consumer feedback.

Consumers confirmed they provide feedback to management on staff performance, and this is actioned accordingly. Staff report their performance is assessed, through an annual appraisal and informally via consumer feedback. Management confirmed staff performance is reviewed through a range of informal and formal mechanisms with documentation supporting all staff had completed their annual appraisal. A suite of policies and procedures provides guidance on performance management and review process with management providing examples of how these have been implemented when concerns were identified

# Standard 8

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

Findings

Consumers and representatives said the service was well run, they have ongoing input into how consumers’ care, and services were delivered, and they felt the service encouraged their participation when making decisions. Staff confirmed consumers and representatives were informed of any changes in care or when things go wrong, to ensure effective communication and engagement. Consumer meeting are held monthly, and meeting minutes evidenced consumer suggestions and feedback had resulted in commencement of an onsite coffee shop.

Management described a multi-layered regional management structure is in place which is overseen by a Board. The Board is kept informed of the quality of care and services as they are provided with reports which include the results of audits, consumer surveys, feedback, and clinical incidents. Management gave examples of how this information was tracked, trended, and used by the Board to drive improvements and ensure care was safe and effective. Staff confirmed they received regular communication from the Board and advised members of the Board or regional managers visit the service frequently.

A range of policies and procedures are available to govern the management of information, continuous improvement, feedback and complaints systems, the workforce, compliance with regulations and organisational finances. Staff confirmed they can access information when needed, feedback has led to continuous improvement with increased supports for new consumers entering the service including the allocation of a staff buddy and the purchase of new equipment. Management described how the service keeps up to date with regulatory changes and staff are kept informed of their roles and responsibilities.

A risk management framework, policies and procedures are in place to ensure consumer choices and any risks to consumers such as falls, infection, medications, abuse, and wounds are effectively identified, assessed, and managed, to ensure consumers can live their best life. Staff described how these documents influence their practice to minimise risk and demonstrated knowledge of their reporting responsibilities including where neglect or abuse may be involved. Management confirmed, incidents including serious incidents are reported, monitored, analysed, and trended through an incident management system with monthly reports generated and reviewed to ensure risk is responded to appropriately.

A clinical governance framework including policies on restrictive practices and open disclosure support staff to implement restrictive practice as a last resort and to apologise when things go wrong. Staff demonstrated knowledge of these policies and gave examples of what it means for them in the delivery of care and service. Staff described a project being implemented to reduce inappropriate use of antibiotics and prevent infections. A review of consumer’s care documentation and incident reports demonstrated implementation and compliance with organisational policies in relation to antimicrobial stewardship, restrictive practices and open disclosure.

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