Performance

Report

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| Name: | Churches of Christ Fair Haven Aged Care Service Maryborough |
| Commission ID: | 5059 |
| Address: | 15 Morning Street, MARYBOROUGH, Queensland, 4650 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 1 August 2024 |
| Performance report date: | 4 September 2024 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 3416 Churches of Christ Fair Haven Aged Care Service Maryborough |

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 Churches of Christ Fair Haven Aged Care Service Maryborough (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and said their identities were maintained by sharing stories of importance to them and personalising their rooms. Staff had knowledge of consumers’ identities and cultural backgrounds and were observed treating them with dignity and respect as assistance was provided. Staff explained, and documentation confirmed, they were trained in providing dignified care which respected consumers’ cultural needs and preferences.

Consumers confirmed staff were respectful of their cultural backgrounds, valued their spirituality and provided care consistent with their preferences. Staff gave practical examples of culturally safe care as respecting events of cultural significance to consumers. Care documentation evidenced consumers’ religious, spiritual and cultural needs and preferences.

Consumers confirmed they were supported to be their own decision maker and had choice in how their care was delivered, how they wanted to maintain relationships with people of importance and how they wanted to spend their leisure time, with support provided to make connections with others. Staff gave practical examples of how they supported consumers to maintain relationships, such as ensuring couples’ privacy was respected and seating them together for meals. Care documentation evidenced consumers’ care preferences, who was involved in their care and how they were supported to maintain important relationships.

Consumers gave practical examples of how consumers were supported to take risks and live life as they chose, such as smoking without using a fire-resistant apron over their clothing. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced risk assessments and mitigation measures were acknowledged, with consumers having made informed decisions prior to engaging in risk.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs, particularly via a newsletter, phone calls, emails, the menu and the activities program. Staff explained information was provided to consumers in person, in writing and in ways which met their differing sensory and communication needs. Posters were observed to promote current activities, advocacy services and complaints mechanisms, which were clearly understood and supported consumers’ decision making.

Consumers gave practical examples of how their privacy was respected, such as staff did not disturb couples spending time together, as per their preference. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms, whilst confidentiality was maintained by keeping their personal information secure in an electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed knocking on consumers’ doors prior to entering and addressing them by their preferred names.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored, managed and used to develop the care plan, which informed how they delivered care. Risks associated with consumers’ care were identified during the entry process using validated assessment tools embedded in the ECMS, following which staff and consumers planned how to minimise those risks. Care documentation evidenced risks to consumers, such as falls and pressure injuries, were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers and explained their preferences were recorded in the ECMS. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for those who had chosen to have one in place.

Consumers and representatives said they were actively involved in assessment and care planning processes, which was coordinated with their medical officer and allied health professionals. Staff explained consumers, representatives and input from other health care providers was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, particularly when there was an assessed need for specialised care.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and consumers and representatives were given a copy of the consumer’s care plan. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers confirmed their care and services were reviewed regularly and in response to incidents. Staff said consumers were reviewed annually and explained incidents and changed circumstances may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ care strategies were evaluated and reassessment occurred when their health status, preferences or circumstances changed, such as following a fall.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the care consumers received, which met their personal and clinical care needs. Staff were knowledgeable about consumers’ personal and clinical care needs, which aligned with their care documentation. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers gave positive feedback about how the service managed risks associated with their care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were kept comfortable through provision of regular comfort cares and pain management medications, in consultation with their representative. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences, with additional guidance provided by a palliative care team. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives gave positive feedback about how staff responded to deterioration or changes in consumers’ conditions. Staff explained when consumers’ conditions deteriorated, their concerns were escalated to a registered nurse for further investigation. Care documentation evidenced deterioration or changes in consumers’ conditions were identified and responses were timely.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood consumers’ requirements and delivered the care they needed. Staff explained changes in consumers’ care and services were documented and communicated during routine meetings, shift handovers, and they accessed information in the ECMS. Care documentation evidenced information about consumers’ conditions was effectively and safely shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical specialists and other health professionals, such as dieticians.

Consumers gave positive feedback about how infection-related risks were prevented and managed. Staff said they were trained in infection prevention and described how they minimised consumers’ need for antibiotics. Processes guided staff in antimicrobial stewardship and infection control management.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them, such as attending to the garden and doing their own laundry, which optimised their independence and well-being. Staff had knowledge of consumers’ daily living preferences and explained individual leisure and lifestyle plans were developed and updated in consultation with consumers and representatives. Care documentation evidenced consumers’ life stories, social affiliations, spiritual needs and supports required to pursue their activities of interest.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through receiving regular pastoral care visits. Staff had knowledge of consumers’ emotional needs and said they were familiar with consumers, which enhanced their ability to identify changed emotions or behaviours and provide one-to-one support, if needed. Staff were observed spending time with consumers in their rooms or communal areas.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to attend social clubs and spend time with friends. Staff explained they supported consumers’ participation in the community by ensuring they were ready for scheduled outings. The activities calendar had various options to meet consumers’ differing needs, such as quizzes, exercise groups, church services, arts and crafts, movies, bus outings and one-to-one time for those who preferred solo pursuits.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood their needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, and they accessed care documentation in the ECMS. Care documentation in the ECMS evidenced reciprocal sharing of information between staff and consumers’ healthcare teams.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback about the services and supports they received. Staff explained volunteer programs were engaged to offer music and art therapy and spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ daily living needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements, with individualised menus developed for those with specific needs. Staff had knowledge of consumers’ nutrition and hydration needs and preferences, including cultural needs, and explained consumers had access to food and drinks between mealtimes. Meal service was observed as calm, unhurried and staff assisted consumers in a dignified manner.

Consumers said they felt safe when using equipment provided by the service and maintenance staff attended to issues promptly and efficiently. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Staff were observed cleaning shared equipment between each use and personal mobility aids were clean and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming and consumers felt at home, particularly as rooms were personalised with their own belongings and they could share meals or have coffee with loved ones in communal areas. Staff explained they supported consumers’ sense of belonging by helping them decorate personal rooms with meaningful items, so it was homelike. Consumers were observed spending time indoors and outdoors with each other, family and friends.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely, or with assistance from staff, around a clean and well maintained service.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for their use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture was observed to meet consumers’ differing needs and preferences, whilst fittings and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they felt encouraged to give feedback, particularly as staff proactively sought their views, and gave practical examples of avenues available to them, such as completing a feedback form and attending consumer meetings. Staff explained consumers and representatives could also make complaints and provide feedback by surveys, in-person, during case conferences. Minutes from consumer and representative meetings evidenced feedback and complaints were discussed, whilst feedback forms and collection boxes were observed to be easily accessible.

Consumers understood how to access external complaints services, language services and advocacy groups, whose information was available in the consumer handbook. Staff were aware of how to access advocates and interpreter services, including using translation tools available through mobile devices. Pamphlets and the consumer handbook promoted access to advocacy, language and external complaints services.

Consumers and representatives gave practical examples of improved clinical care processes, as appropriate action taken in response to their complaints of some consumers’ wounds not being promptly recognised and managed. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced issues were promptly addressed and open disclosure was practiced in complaints management.

Consumers said they were engaged in finding solutions to issues raised and gave practical examples of how their feedback resulted in murals being painted on the garden walls, so the area was brighter, with consumers asked to choose the design. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the plan for continuous improvement for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management explained the roster was developed according to consumers’ care needs and staff competencies, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced shifts were consistently filled by a mix of appropriately skilled staff to meet consumers’ needs, with a registered nurse always available.

Consumers said staff were kind, caring, gentle, understood what was important to them, and respected their preferences when providing care. Staff were familiar with consumers’ needs, preferences, backgrounds and the supports they needed, which they learned from care documentation. Staff were observed interacting with consumers in an attentive and respectful manner, and used their preferred names when assistance was provided.

Consumers and representatives said staff were capable and felt they had the knowledge to provide the care and support required by consumers. Management said onboarding processes ensured staff were appropriately qualified, their suitability to work in aged care was checked and their competency was confirmed through buddy shifts, practical assessments and mandatory training. Personnel records evidenced position descriptions outlined qualifications needed, orientation was completed on commencement, with currency of registration and vaccination status monitored.

Consumers said staff were well trained and gave examples of staff explaining care processes and using appropriate manual handling techniques to support their feedback. Staff advised training was provided during orientation and confirmed they were required to complete an annual mandatory training program as part of their role and were comfortable requesting additional training to enhance their performance. Education records evidenced high rates of completion in mandatory training topics such as the Serious Incident Response Scheme (SIRS), restrictive practices, open disclosure, infection control and antimicrobial stewardship.

Management advised, and staff confirmed, staff performance was assessed and monitored through probationary and annual performance reviews, with informal appraisals through team meetings, feedback processes, observations and discussions with consumers and representatives. Management explained if issues arose with performance management processes were initiated. Personnel records evidenced most performance appraisals were completed, with those outstanding scheduled for completion.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed they were supported to evaluate consumers’ care and services through a range of meetings, the consumer advisory body and case conferences, with their input evident in improvements made to morning and afternoon tea, which now offered homemade cakes and snacks. Management explained consumers further contributed to service evaluation through feedback processes, surveys, emails and their open door policy encouraged in-person discussions with consumers about their care and services. Meeting minutes evidenced consumers were engaged in evaluating their care and services.

Management described reporting processes and lines which ensured the board of directors (the board) actively monitored and evaluated the quality and safety of the care and services provided. Monthly reports containing clinical data, incidents, complaints and audit results were analysed to identify trends and inform the board’s decisions on the allocation of resources which supported the delivery of safe, inclusive and quality care to consumers. Meeting minutes evidenced the board received regular reporting which supported oversight of the service’s performance against the Quality Standards.

The organisation had effective governance systems which involved the board, senior management and staff, and supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)