Performance

Report

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| Name of service: | Craigcare Berwick |
| Service address: | 21-25 Parkhill Drive BERWICK VIC 3806 |
| Commission ID: | 4242 |
| Approved provider: | Glenn-Craig Villages Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 19 May 2023 |

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 Craigcare Berwick (**the service**) has been prepared by G Hope-Simpson, 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.
* the provider’s response to the assessment team’s report, received on 1 May 2023.

# 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 staff treated them with dignity and respect, and that staff acknowledged their identities, cultures and diversity. Staff showed they valued consumers’ identity, culture and diversity by interacting with them and their families in a dignified and respectful way. Consumers’ care planning documents showed individual cultural and diversity needs were identified for each consumer sampled.

Consumers said staff valued their cultures and express their identity and interests. Staff knew consumers’ cultural backgrounds, spiritual preferences, and how to ensure consumers felt respected at the service, including by designing activities for consumers of different faiths and backgrounds. The service had policies and procedures to guide staff in supporting consumers’ emotional, spiritual, and psychological well-being.

Consumers said staff supported them to make choices about their care, who was involved in it, and about how the service delivered it to them. Staff knew how to support each consumer to maintain their relationships of choice. Consumers’ care planning documents showed information unique to the relevant consumer, including information about the consumer’s important relationships, such as their powers of attorney, and the consumers’ supports for maintaining independence.

The service supported consumers to make choices based on risk assessments, to promote consumers’ independence and capacity to live their best lives. This included providing consumers with assessments and information to ensure they were sufficiently informed. The service had documented policies to guide staff in helping consumers manage their chosen risks, including policies on risk governance and dignity of risk, among others.

Consumers said the service provided information to them to assist them make choices about their lifestyle and care. This included information about activities inside and outside the service, and meal options, among other information. Staff deployed various strategies for communicating with consumers, such as by providing access to interpreter services or adapting their communication style for consumers living with cognitive impairment.

Staff used a variety of practices to ensure they respected consumers’ privacy, including knocking on doors, waiting for permission to enter, and closing doors while attending to care. The service had documented policies and procedures to guide staff in protecting consumers’ privacy, and in collecting, disclosing, securing, storing, and using personal information. Staff confirmed that all consumers’ personal information is kept confidential.

# 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

Staff documented assessment outcomes in care plans and communicated them to other staff within the service, to support safe and effective care. Consumers and their representatives said they were satisfied with the care they received, and the service identified and managed risks, helping promote their independence and safe care. Consumer documents and care plans showed the service had identified consumers’ high impact, high prevalence risks such as falls, pressure injuries, weight loss, swallowing difficulties and changed behaviours.

Consumers said the service engaged them about their care needs, goals and preferences, including advance-care planning and end-of-life care. The service had engaged consumers to conduct a range of assessments, including assessments for sleep, personal hygiene and communication. Staff had documented these, and care plans also contained preferences and goals of care unique to each consumer. Sampled consumers’ care plans showed end-of-life care wishes and advance-care directives.

Consumers said they were satisfied with the quality of care and services they received, and that staff conducted assessments and planning based on a partnership with them. Staff knew the process of referring consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Care plans showed that staff had consulted a range of people throughout the care planning process including consumers, their representatives and multidisciplinary team members such as medical practitioners, physiotherapists, dieticians, and podiatry services.

Care planning documents showed evidence that staff had updated consumers’ needs, goals, and preferences frequently. Staff knew the process for accessing care plans on the service’s electronic system and they said they communicated outcomes of assessments by talking to consumers and their representatives and allowing time to ask questions. The service had processes to guide staff in assessing care, including flowcharts and various other documents.

Consumers said staff notified them when circumstances changed or when incidents occurred, including incidents such as falls, development of pressure injuries or medication incidents. Staff knew the service’s incident reporting systems and processes, including the requirement to update care plans and report incidents under the Serious Incident Response Scheme. Management reviewed clinical incidents each month to identify patterns and plan strategies to prevent reoccurrence and improve service delivery.

# 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

Staff regularly reviewed care for effectiveness. Care documents showed consumers received individualised care that was safe, effective, and tailored to their specific needs. Consumers said they received care that was safe and right for them. The service utilised the Commission’s communications and guidelines, as well as its own documented, evidence-based policies and procedures to align its care delivery with best practice. While the Assessment Team identified deficits in compliance with restrictive practices requirements, I took a different view. Refer to Quality Standard 8 for more detail.

Consumers and their representatives were satisfied the service managed high-impact, high-prevalence risks effectively. Care planning documents showed effective strategies to manage key risks, driven by tools such as the Falls Risk Assessment Tool and progress notes. The Assessment Team found the service effectively managed risks such as falls, weight loss and skin integrity.

Consumers said they were satisfied the service tailored care to their needs, goals and preferences. Consumers and their representatives confirmed staff had spoken to them about advance-care planning and their end-of-life preferences. Consumers’ care planning documents contained advance-care planning information, including choices and end-of-life preferences.

Consumers said they were satisfied with the service’s care delivery, including that staff recognised deterioration and changes in their conditions. Staff could cite recent examples of responding to deterioration or changes, which included recognising fevers and nausea, among others. Care planning documents, progress notes and care charts showed evidence that staff responded to deterioration in consumers’ health, capacity and function.

Consumers said they were satisfied with the service’s care delivery, including with how staff communicated about changes to their care. Staff communicated care changes among themselves through verbal handovers, meetings, digital messaging within care plans, via daily consumer task reports, and using other methods. Documents, such as progress notes and care plans, showed adequate and accurate information to support effective and safe communication about consumers’ care.

Consumers and representatives said they were satisfied with the service’s referral processes. Staff knew the process for referring consumers to external providers, such as health professionals and allied health services and the service had procedures to guide them in making referrals. Consumers’ care planning documents showed records of input from other services, such as medical practitioners, podiatry services, physiotherapists, geriatricians, and dieticians.

Consumers said they were satisfied with the service’s management of COVID-19 and its infection control practices. Staff had received training on infection-minimising strategies including strategies for hand hygiene, appropriate use of personal protective equipment (PPE) and outbreak management. The service had an IPC lead who worked with senior clinical management to oversee infection 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 service’s supports for daily living met their needs, goals and preferences. Staff knew consumers’ preferred activities and care planning documents showed information about consumers’ choices, lifestyle likes, dislikes and spiritual / religious needs. This information is reviewed every 3 months and updated as required.

Consumers said they received supports for daily living that promoted their emotional, spiritual and psychological well-being. Staff supported consumers’ wellbeing by spending one-on-one time with them, coordinating consumers’ attendance at group activities, and facilitating visits from external pastoral care workers. Care planning documents outlined consumers’ emotional and spiritual needs with strategies to support and promote those needs being met.

Consumers said the service supported them to participate in activities within the service and in the outside community. Care planning documents showed consumers’ individual emotional support strategies and guidance for staff to implement them. The service also had policies and procedures to guide staff on how to support consumers to participate in activities they enjoy and to maintain their relationships.

Consumers said their care and supports were consistent with their needs and preferences. Care planning documents outlined consumers’ conditions and needs and preferences. Staff obtained consumers’ preferences through assessment and engagement with consumers and their representatives. The service had policies to guide staff communication, including within the organisation, and with external stakeholders where responsibility for care was shared.

Consumers said the service had referred them to external providers to support their care. Staff knew how to refer consumers to other providers and they could cite recent examples of having done so. Care planning documents showed the service collaborated with external providers.

Consumers said the service’s meals were varied and of suitable quality and quantity. Staff knew how to meet individual consumer’s dietary preferences, including how to communicate about, and enact changes to its nutrition care for each consumer. The service maintained comprehensive records about its consumers’ diet needs, including spreadsheets that detailed consumers’ diets, allergies, likes and dislikes.

Consumers said they felt safe using the service’s equipment and that the equipment was clean, well-maintained and suitable. Staff were aware of their responsibility to ensure equipment remained safe and they knew how to report maintenance requests. The service’s maintenance team addressed requests promptly and maintenance records showed the maintenance team engaged in proactive maintenance on top of its reactive maintenance processes.

# 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

Consumers said they felt a sense of belonging at the service and considered the service was well-maintained however observations showed some damage to floors, walls and doors, and indoor and outdoor furniture in the service’s memory support unit was not well-maintained. Staff supported consumers to personalise their rooms with furniture, artwork, and bedding, to foster a sense of belonging and independence. Each unit had access to outdoor gardens and activities areas, and the service featured signage to direct consumers and visitors throughout its interior.

Most consumers said the service was clean and that they felt safe living there. The service had wide corridors and accessible spaces that encouraged independent access to lounges, sitting rooms and dining areas. Staff knew they were responsible for providing a safe environment and during the site audit, they placed safety signage near areas being cleaned.

Consumers said they felt safe using the service’s equipment and that it was suitable for their needs. They said the equipment was clean, well-maintained and that they felt safe when staff used equipment to support them, for example during mobility transfers. The service’s documents showed its staff regularly maintained its environment and equipment.

# 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 said they knew about the service’s feedback and complaints mechanisms and that they felt supported providing feedback or making complaints. The service displayed information throughout its interior about providing feedback and it utilised an electronic feedback system involving computer tablets for anyone to provide feedback. The service also had hard copy feedback forms and lodgement boxes available in its foyers.

Consumers said they were comfortable raising concerns with the service if necessary. Staff provided information to consumers and their representatives about external advocacy and complaints services through various channels, such as during the admission process. The service had documented policies on consumer feedback and these included information about external advocacy and complaints mechanisms. Although limited information about interpreter services was displayed, management took immediate steps to rectify the issue when the Assessment Team brought it to their attention.

The service had documented policies on consumer feedback and open disclosure to guide staff in managing complaints. Most consumers said the service responded to complaints, how some said improvements were not always sustained, particularly in relation to food. Management however, confirmed a new chef was soon to commence at the service. Staff knew the service’s processes for responding to complaints, which included supporting consumers to submit complaints and escalating complaints throughout the organisation for investigation and response. Documentation confirmed the service used open disclosure when things went wrong.

Consumers confirmed the service used feedback and complaints to improve the quality of its care. The service’s management used feedback to improve its care, including by analysing aggregated clinical, complaints and incidents data, and using this information to shape its continuous improvement plan. The service had documented policies governing its approach to feedback and complaints.

# 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 said they were satisfied with the quality of staff at the service, and that staff met their needs. They said staff answered call bells promptly and that staff were available when consumers needed them. Rostering documents showed few unfilled shifts in the weeks prior to the Site Audit and the service used various solutions to ensure it maintained staff coverage, such as extending staff hours, offering unfilled shifts to internal employees, and using agency staff when needed.

Consumers said staff were kind, caring and gentle when delivering care. They said staff respected their identity and understood their background. During the Site Audit, staff interactions were kind, caring and respectful. The service manager and senior staff monitored workforce interactions to ensure they met the service’s expected standards.

Consumers said they were confident staff were sufficiently skilled to meet their care needs. The service had processes for ensuring its workforce was competent and that staff had the required qualifications and knowledge to perform their roles effectively. Staff said the service had various mandatory training competencies they were required to complete and that they felt competent in their roles.

Consumers, representatives, and staff said there were no areas where staff required more training. The service’s training records showed it trained staff after recruitment, and on an ongoing basis, to ensure they had the knowledge to deliver the Quality Standards outcomes. The service’s training records showed high training completion rates.

The service regularly assessed, monitored and reviewed each staff member’s performance. Management undertook staff performance for new staff at the 3 and 5 month marks, and then annually thereafter for continuing staff. Staff knew the appraisal process and staff employment files showed management had completed appraisals on schedule.

# 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

For Standard 8, the Assessment Team brought forward evidence to suggest the service had not met Requirement 8(3)(c). The Assessment Team found the service may have practised environmental restraint on consumers without having required assessment documents, evidence of informed consent and behaviour support plans. Relevant (summarised) evidence is below.

During the site audit, the service did not evidence it had conducted adequate assessments or obtained informed consent before it used restrictive environmental practices on consumers residing in its Memory Support Unit, and some residing outside the unit. The approved provider’s response to these findings showed that following the site audit, it had conducted assessments for consumers affected by environmental restraint. The response also contained documents from before the site audit which showed relevant assessments had been conducted by health professionals with day-to-day knowledge of the consumers, to support recommendations for environmental restrictive practices. The response also reiterated evidence included in the site audit report, confirming representatives had provided documented consent for use of environmental restraints and included documentary evidence which showed the service had assessed relevant consumers and engaged with their representatives, to obtain their consent. Documentary evidence showed this has been occurring prior to the site audit.

The Assessment Team also found that the behaviour support plans for two environmentally restrained consumers lacked required information to show the service had met its legislative obligations. In its written response to this finding, the service noted that one consumer’s behaviour support plan had been updated and noted that staff had been provided with further training on environmental restraint and documentation requirements. The approved provider noted a commitment made during the site audit, to have the environmental restraint process reviewed through the organisation’s clinical governance committee, which was added to the service’s plan for continuous improvement.

The Assessment Team also brought forward other evidence that was either insubstantial, not relevant or that the Approved Provider addressed sufficiently in its response. I have not considered that evidence or the response to it, in reaching my decision.

Having had regard to the evidence in the site audit report and the approved provider’s response, I have reached a different conclusion than the Assessment Team. I find there is sufficient evidence to show the service was using environmental restraints in broad compliance with requirements, though I find there were deficits in the documentation of this. The response demonstrated assessments by relevant professionals with day-to-day knowledge of consumers were conducted, informed consents gained and behaviour support plans in place. The report contained insufficient evidence of deficient content of behaviour support plans for a significant sample of consumers, so I, on balance, that the service was compliant with requirements. I have had regard to additional training the service provided to staff, and the undertaking given during site audit to have the environmental restrictive practice processes reviewed through the Clinical Governance Committee and I find this reflects an ongoing continuous improvement approach by the service. I have placed weight on the lack of impact to consumers and satisfaction of representatives interviewed by the Assessment Team and lastly, I note that all other governance systems relevant to this requirement were found to be effective. For these reasons, on balance, I find the service complies with Requirement 8(3)(c).

I am satisfied the service is also compliant with remaining requirements of Quality Standard 8.

Consumers said the organisation engaged them to help develop, deliver and evaluate their care. The service had various strategies to involve consumers in developing service delivery such as consumer surveys, feedback mechanisms and consumer forums. Administration documents, such as consumer meeting minutes, showed the service had engaged consumers as part of developing, delivering and evaluating their care.

The service’s internal documents, such as committee reports and consumer engagement records, showed evidence that its governing body promoted a culture of safe, inclusive and quality care. These documents included information about clinical and quality indicators, critical incidents, Serious Incident Response Scheme reports, feedback and complaints and continuous improvement initiatives, among other markers of quality. Consumers and representatives said they thought the service’s governing body promoted, and took accountability for, a culture of safe, inclusive, and quality care.

Staff reported and escalated risks and the service’s executive management reviewed them at the service and organisational levels. Staff knew the service’s risk management processes, including key areas of identified risk, and the relevant mitigation strategies. During interview, staff demonstrated they knew their responsibilities for identifying and responding to consumer abuse and neglect.

The service had implemented a clinical governance framework and staff applied the framework when delivering clinical care. Staff knew various processes contained within the framework, including those for minimising restrictive practices, implementing antimicrobial stewardship, and practicing open disclosure, among others. Meeting minutes showed evidence the service monitored these risk key areas and strategised effectively to address them.

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)