Performance

Report

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| Name: | Lutheran Services - Trinder Park |
| Commission ID: | 5130 |
| Address: | 10 Laurel Street, WOODRIDGE, Queensland, 4114 |
| Activity type: | Site Audit |
| Activity date: | 29 May 2024 to 31 May 2024 |
| Performance report date: | 1 July 2024 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3487 Lutheran Services - Trinder Park |

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 Lutheran Services - Trinder Park (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 20 June 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 gave practical examples of how their cultures and identities were valued, such as being supported by gender specific staff when receiving personal care, as per their preferences. Staff explained they showed respect to consumers by becoming familiar with their culture, diversity and what was important to them, and respecting their preferences when providing care. Staff were observed interacting with consumers in a dignified and respectful manner.

Consumers confirmed staff were aware of consumers’ cultural identities and provided care consistent with their preferences. Staff were knowledgeable of consumers’ cultural backgrounds and identities and explained how care was tailored to meet cultural needs. Care documentation evidenced consumers’ religious, spiritual and cultural needs, and personal preferences.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections or maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring care is provided in line with their preferences and supporting family involvement in consumers’ lives. Care documentation evidenced consumers’ care preferences, people of significance in their lives and who was involved in their care.

Consumers gave practical examples of keeping possessions in their rooms which may pose a trip hazard as how they were supported to take risks and live life as they chose. 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 strategies were in place, with consumers and representatives having made informed decisions.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs, particularly via the activities calendar, menu and newsletter. Staff explained information was provided to consumers in person, at meetings, by newsletter, an activities calendar and in ways which met their differing sensory needs. Care documentation evidenced consumers’ communication needs and preferences, whilst noticeboards in communal areas promoted menus, activities, meeting minutes, upcoming events, feedback mechanisms and advocacy and complaints support.

Consumers gave practical examples of how their privacy was respected, such as staff did not disturb them when spending time with family, as per their request. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and sensitive discussions were held in private areas. Consumers’ personal information was observed to be kept confidential in a secure electronic care management system (ECMS).

# 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. An entry checklist and assessment process guided staff practice in methodically assessing consumers for risks and developing their care plan. 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 during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as medical officers and physiotherapists, participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services 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 could request a copy of the consumer’s care plan at any time. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives, where appropriate.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, following which their changed needs were addressed. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed quarterly 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 gave positive feedback about the care they received, which met their personal and clinical care needs. Staff were knowledgeable about consumers’ individual personal and clinical care requirements and explained how those were met, in line with their assessed needs and preferences. Care documentation evidenced consumers received individualised care with specific strategies in place to deliver care in line with their assessed needs.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ 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 such as pressure injuries and unexplained weight loss, were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were supported by palliative care specialists and kept comfortable through pain monitoring, symptom management and individual consumer’s wishes were met. Staff understood how to care for consumers nearing end of life to ensure their comfort and meet their needs and preferences, such as providing comfort care, emotional and spiritual support, as needed. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions, health or abilities, and responses were timely. Staff explained consumers were monitored for changes in their mobility, appetite, changed behaviours and unplanned weight loss, with any changes documented and the consumer escalated to clinical staff or medical officers for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

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 as needed throughout the day, during shift handovers, and they accessed information in the ECMS. Care documentation evidenced information about consumers’ conditions was shared with others including medical officers, who have 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 and other health professionals, such as dieticians, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures 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 doing their own recycling, 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, likes and dislikes, 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 were observed to have genuine relationships with consumers, which enhanced their ability to identify changed emotions or behaviours and provide one-to-one support, if needed. Staff were observed spending one-on-one 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, 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, by staff memos and dietary folders, and they accessed care documentation in the ECMS. Care documentation in the ECMS evidenced reciprocal sharing of information between staff and consumers’ support services.

Consumers and representatives 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’ diverse needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements and were developed based on feedback provided at food focus meetings. 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, such as mobility aids, 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, outdoors and at the onsite café with each other, family and friends.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, with maintenance issues promptly addressed. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around the service and accessing communal dining rooms, activity areas and courtyards.

Consumers confirmed fittings and equipment were clean, well maintained and suitable for their use, with maintenance requests promptly actioned. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, 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 were supported to raise concerns and gave practical examples of speaking with staff, attending consumer meetings and completing feedback forms, as ways they could give feedback. Staff explained consumers and representatives could also make complaints and provide feedback by email and phone, with assistance provided if needed. Complaints documentation, meeting minutes and survey results evidenced consumers were encouraged to provide feedback and raise issues of concern.

Consumers understood how to access external complaints and advocacy and language services, whose contact details were included in the consumer handbook. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Information throughout the service promoted access to the Commission and advocacy services.

Consumers and representatives gave practical examples of improved laundry processes, as appropriate action taken in response to their complaints of lost clothing items. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers and representatives gave practical examples of how their feedback and complaints resulted in designated car parking spaces for visitors, so some were always available. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) 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 confirmed consumers’ needs were promptly met. Management explained the roster was planned according to consumers’ care needs and matched staff competencies with those needs. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers and representatives said staff were kind, caring and respectful when care was provided. Staff were familiar with consumers’ needs and preferences, which they learned from care documentation to facilitate an understanding of their individual backgrounds. Staff were observed interacting with consumers in a kind, caring and personable manner, and used their preferred names during conversations or when assistance was provided.

Consumers and representatives confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained staff competency was determined through pre-employment checks, an orientation and buddy program, mandatory training which reflected the Quality Standards, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained, and staff confirmed, mandatory training was completed in the Quality Standards, Serious Incident Response Scheme (SIRS), restrictive practices, antimicrobial stewardship, incident management, infection control, open disclosure, with additional training arranged at the request of staff or in response to identified trends and audit findings. Training records evidenced most staff had completed mandatory training as scheduled.

Management advised, and staff confirmed, staff performance was assessed and monitored through annual performance reviews, informal appraisals through competency assessments, team meetings, feedback processes, regular catchups and observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and described it as an opportunity to receive feedback and request training relevant to their roles. Personnel records evidenced all staff performance appraisals were completed.

# 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 confirmed they were supported to evaluate their care and services through a range of meetings, particularly the consumer advisory board, and said their input was evident in improvements made, such as assisting to deliver dignity and respect training for new staff members. Management explained consumers and representatives further contributed to service evaluation through feedback and complaints and surveys, which were reviewed and included in the CIP. Meeting minutes, survey results and complaints documentation evidenced consumers were engaged in evaluating their care and services.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s governing body (the Council) was accountable for service delivery and satisfied itself the Quality Standards were being met through a clinical governance committee, and it received regular reports on financial matters, routine audits, operational updates and clinical indicators. Meeting minutes evidenced the Council received regular reporting which supported consistent oversight of the service’s performance against the Quality Standards.

The organisation had effective governance systems which 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)