Performance

Report

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| Name: | Matthew Flinders Home Inc |
| Commission ID: | 6951 |
| Address: | 61-63 Oxford Terrace, PORT LINCOLN, South Australia, 5606 |
| Activity type: | Site Audit |
| Activity date: | 6 August 2024 to 8 August 2024 |
| Performance report date: | 13 September 2024 |
| Service included in this assessment: | Provider: 1112 Matthew Flinders Home Inc  Service: 4359 Matthew Flinders Home Inc |

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 Matthew Flinders Home Inc (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 30 August 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(d): The provider is to ensure a care and services plan, capturing outcomes of assessment and planning, is available for consumers and representatives detailed in a way they can understand, and staff follow relevant policies and procedures.
* Requirement 8(3)(e): The provider ensures the clinical governance processes effectively support staff to identify, assess, plan, and minimise the use of restrictive practices, particularly relating to security and safety measures that may impact freedom of movement.

# 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 assessed as Compliant.

Consumers reported they were treated with dignity and respect, and staff know what is important to them. Staff said they took time to learn about consumers through reviewing care planning documentation and discussions with the consumer and their families and gave examples of how they delivered respectful and dignified care. Care planning documentation identified consumer information, including personal background and life history, and preferences for care and services.

Staff explained how they recognised and responded to the diverse range of cultural needs of consumers, and policies, procedures, and training ensured provided care was culturally safe. Care planning documentation included assessment of cultural needs aligned with consumer feedback.

Consumers said they were supported to make informed choices about relationships and to optimise their independence. Staff detailed actions to support consumers maintain relationships and deliver care aligned to choices, captured within preferences in care and services plans.

Consumers provided feedback on how they were supported to take risks to live a life of choice, explaining they were educated on the risks and consulted on mitigating strategies. Staff explained processes to support consumers take informed risks of choice and develop management actions, with ongoing reviews for safety. Care planning documentation included assessment of risk, including physical capacity assessment if appropriate, and strategies.

Consumers and representatives said they received sufficient information on activities, events, and meal choices to make choices, and newsletters informed them of other happenings. Staff explained other verbal and written methods of providing information, including through consumer meetings and verbal updates, with ability to adapt communication style to meet consumer needs.

Consumers said their privacy was consistently respected by staff, seeking permission to enter rooms and ensuring doors and curtains were closed during care. Staff explained private information of consumers was kept confidential through ensuring discussions were held in private areas which could not be overheard, and documentation was secured in locked offices or in password protected computers. Policies and procedures outlined expectations to respect privacy and secure personal information.

# 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. | Not 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 Not Compliant, as one of the 5 Requirements has been assessed as Not Compliant.

The assessment team recommended Requirement 2(3)(d) Not Met as only one of the interviewed consumers or representatives reported they had been provided or offered a copy of the care and services plan, and others were unaware they could request it. Management and senior clinical staff stated care plan reviews were undertaken in consultation with consumers and representatives but acknowledged copies of the document had not been routinely provided or offered unless requested. Improvement plans to remedy this were created.

The provider has not refuted findings in the Site Audit report, submitting a copy of actions added to the Plan for continuous improvement. A copy of the Care recipient’s care policy, reviewed August 2024, outlines requirement to offer or provide the policy with enhanced procedures to ensure discussion of medical officer expectations. The provider has submitted evidence of discussion with all Clinical nurses, and intent to send an email to representatives involved in care planning reviews.

The provider has acknowledged the deficiencies in practices around informing consumers and representatives of the availability to access care and service plans. Whilst I am satisfied the improvement actions reflect understanding, it will take time to embed and evaluate the new practices. Accordingly, Requirement 2(3)(d) has been determined as Not Compliant.

The other Requirements for Standard 2 Ongoing assessment and planning with consumers have been found Compliant.

Staff explained how assessment and planning processes identified risks and informed care delivery strategies. Care planning documentation reflected assessment outcomes, highlighting identified risks, and management strategies. Deficiencies in assessment and planning to identify whether security measures, including a pin code access for doors and elevators, have restricted free movement of consumers and resulted in unintended environmental restraint has been linked with policies, procedures, and clinical governance within findings for Standard 8 Requirement 8(3)(e).

Care planning documentation outlined individual goals and preferences aligned to consumer feedback, and included advance care directives and end of life wishes. Staff demonstrated awareness of consumer needs, goals, and preferences, and outlined how they approached end of life planning with consumers and representatives during the entry process and within ongoing reviews.

Consumers and representatives reported involvement within assessment and planning processes and were aware of other involved providers. Staff explained use of planned discussions within review processes, along with requirement to provide updates following changes. Care planning documentation included summary of discussions between staff, consumers, and representatives relating to assessment and planning outcomes.

Staff explained the frequency of scheduled care plan reviews, and actions taken in response to incidents or changed consumer circumstances. Care planning documentation demonstrated consumer care was assessed and evaluated for effectiveness, with changes made if required. Consumers and representatives were aware of, and involved in, regular reviews of care and services.

# 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 assessed as Compliant.

Consumers outlined how personal and clinical care was tailored to their needs and supported well-being. Overall, care planning documentation reflected delivery of best practice care aligning with tailored strategies and policies and procedures with monitoring for effectiveness, however, clinical staff explained inconsistencies in wound care documentation, making monitoring of healing difficult, evidenced within care planning documentation. Management provided evidence of monitoring by senior clinical staff using paper-based assessment and review, ensuring wounds were improving, however, also created continuous improvement activities to ensure consistency of staff practice and compliance with policies and procedures. An update on actions taken was included within the provider’s response.

Consumers said their risks were understood and well managed. Staff demonstrated awareness of consumer risks and mitigating strategies. Care planning documentation reflected strategies were implemented in line with directives and monitored for safety and effectiveness.

Staff explained end of life care was provided to optimise consumer comfort and respect wishes, engaging support of medical officers, palliative care specialists, and emotional and spiritual supports where required. Care documentation evidenced delivery of comfort care with monitoring of pain.

Consumers and representatives said consumers were monitored for changes in health, with timely response. Staff described signs of deterioration, escalation pathways, and monitoring and assessments undertaken to determine required management, such as calling an ambulance or coordinating a medical officer review. Care planning documentation demonstrated prompt recognition of deterioration and appropriate management.

Consumers and representatives said staff effectively communicate information about consumers. Staff explained written and verbal communication processes to ensure staff were aware of needs, preferences, appointments, including handover, progress notes, care and services plans, and clinical meetings. Care planning documentation included information on care delivery and progress notes reflected changes.

Clinical staff described processes for referring consumers to other providers of care. Care planning documentation reflected timely referrals to a range of providers. Consumers and representatives described how providers, accessed by referral, provided enhanced or supportive care.

Consumers explained staff actions to prevent infection, including using hand hygiene, personal protective equipment, and cleaning the environment. Staff explained practices to minimise infections and ensure appropriate antibiotic use. Policies and procedures provided guidance on infection prevention and control and outbreak management, supported by an Infection prevention and control lead. Management explained the vaccination program for consumers and staff with reporting of uptake to the governing body.

# 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 assessed as Compliant.

Consumers outlined how services and supports enabled them to meet needs, goals, and preferences, including to optimise independence. Care planning documentation reflected supports implemented to meet needs, goals, and preferences, and these were known by staff.

Staff demonstrated awareness of the emotional and spiritual needs of consumers, identified within assessment and planning processes, and could recognise and respond to change in consumer’s emotional state. Consumers said staff support their emotional needs by spending time listening, build rapport, engage volunteers, and spiritual needs were considered within scheduled religious services.

Consumers detailed how they engaged with other consumers and friends and family within the community and participated in activities of interest. Staff described processes for supporting consumer relationships and interests, and representatives were supported to participate in outings. Care planning documentation outlined important relationships and social activities, and staff explained how this information was used to inform an activity schedule.

Consumers said information about their condition, needs and preferences were effectively communicated, reflected in staff awareness without repetition. Staff from a range of roles explained how information about consumers was shared within verbal discussion, handover, emails, and care and service plan updates. Documentation about consumers within different areas of the service environment reflected outcomes of assessment and planning.

Staff explained how they connected with external organisations with referral processes for additional supports for consumers. Consumers identified referrals made for volunteers to meet their needs. Care planning documentation demonstrated timely referrals made following identification of consumer need.

Consumers provided positive feedback on the quality, quantity, variety, presentation, and temperature of provided meals. Staff explained the rotating menu was developed using consumer preferences and feedback, with choices and alternate options available. Food safety requirements were audited for compliance and adhered to.

Consumers said mobility and lifestyle equipment was clean and well-maintained. Staff detailed cleaning procedures for shared items, and actions taken in response to old or damaged pieces. Equipment was observed to be clean, with scheduled servicing undertaken as required.

# 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 assessed as Compliant.

Consumers described the service environment as welcoming, easy to understand and navigate, with large rooms they could personalise. Staff explained how personalising consumer rooms supported orientation and a sense of belonging. Directional signage guided consumers and visitors through spacious and bright corridors to communal areas, where consumers were observed socialising with visitors.

Staff explained cleaning and maintenance processes following documented schedules and auditing used to ensure effectiveness. Consumers said the environment was clean and well maintained, supporting access to indoor and outdoor areas. However, issues with potential to restrict free movement of consumers including security locks to the front door and keypad lock on the elevator had not been effectively considered, as reflected in my findings in Standard 8 Requirement 8(3)(e).

Staff explained how they checked and maintained furniture, fittings, and equipment to ensure suitability for use, with processes for repair if required. Consumers said equipment was clean and well maintained. Documentation, including maintenance logs, demonstrated tasks were completed in a timely manner.

# 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 assessed as Compliant.

Consumers and representatives demonstrated awareness of complaint processes and said they felt encouraged to provide feedback. Staff gave examples of how they could support consumers raise issues, including assisting with completion of written feedback forms or escalating the matter to management. Feedback forms and lodgement boxes were readily available, and consumers were informed of available mechanisms within the consumer handbook, monthly newsletters, and within consumer meetings.

Consumers knew of the available external advocacy and complaint support services, if required. Staff explained how they would access language services for translation and interpreting, and consumers were visited by advocacy groups at least annually, although timing had been impacted by COVID-19 outbreaks. Displayed posters and brochures informed consumers, representatives, staff, and visitors of available services and supports for feedback and complaints.

Consumers and representatives reported raised concerns were quickly responded to and resolved. Staff described processes followed to capture and respond to complaints, including use of the open disclosure process. The complaints register evidenced use of open disclosure steps to investigate and respond to complaints or feedback.

Consumers gave examples of changes made in response to feedback and complaints, describing management at very good at rectifying issues. Management explained how feedback and complaints were reviewed and used to make improvements, with positive outcomes reflected within consumer and staff meeting minutes. Management detailed how items requiring longer term input or planning were included within the Plan for continuous improvement register, with items captured from a range of feedback mechanisms including surveys, complaints, or suggestions.

# 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 assessed as Compliant.

Consumers, representatives, and staff reported sufficiency of staff numbers to meet consumer needs. Management outlined how rostering and allocation processes considered a range of factors including occupancy rates, regulatory requirements, and consumer care needs, with monitoring and feedback from staff used to adjust if clinical care needs changed. Rostering documentation reflected consideration of the level and mix of staff, with coverage of unplanned leave and clinical staff rostered on each shift to meet legislative requirements.

Consumers and representatives said the workforce interacted with consumers in a kind and respectful manner, showing compassion and care. Management explained how recruitment processes, including reference checks and interviews, and monitoring of staff ensured interactions with consumers were kind, and caring.

Documented position descriptions outlined competencies, qualifications, duties, with personnel files demonstrating these were considered within recruitment, along with security clearance. Management explained recruitment and onboarding processes, along with monitoring of performance, ensured staff competency.

Staff reported access to adequate training to effectively perform their roles and felt confident to request additional training relevant to their role. Management explained how the education program included topics relevant to the Quality Standards, including incident management, antimicrobial stewardship, and consumer rights, dignity, and choice. Monitoring of compliance with mandatory training was undertaken, with action taken for staff who had not participated.

Staff outlined the performance review process, including self-assessment and opportunity to identify additional training or knowledge. Management explained the formal assessment and review process was supported by informal observations, reviewing documentation, and feedback relating to performance. Documentation evidenced reviews were undertaken in line with policies and procedures.

# 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. | Not Compliant |

Findings

This Quality Standard is assessed as Not Compliant, as one of the 5 Requirements has been assessed as Not Compliant.

The assessment team recommended Requirement 8(3)(e) Not Met due to the lack of systems to identify whether security measures and pin code access to elevators potentially resulted in environmental restraint of consumers. Access codes were not displayed, and sampled consumers identified by their representatives as unable to recall security codes were not considered subject to environmental restraint. Some evidence of understanding was available through the assessment and planning processes used for consumers residing in the memory support unit, who had appropriate consent and behaviour support plans in place. Management acknowledged the feedback and outlined improvement activities, including development and undertaking appropriate assessment to determine consumer capability for use of the lock system, and undertake risk assessments.

The provider has not refuted findings in the Site Audit report, submitting a copy of actions added to the Plan for continuous improvement. Codes are now discretely displayed near the keypads, with photographic evidence included, and the September 2024 consumer and representative newsletter includes explanation of findings and actions being undertaken. Improvement actions include lending a fob access tag to consumers going out to enable independent access upon return, and this has been communicated to all staff and relevant policies updated. Evidence of consideration of individual consumer circumstances has been provided in an updated environmental restraint register.

The provider has acknowledged deficiencies in oversight of practices to identify whether security measures impacted free movement of consumers, potentially resulting in some being subject to unauthorised environmental restraint. Whilst I am satisfied the improvement actions reflect understanding, it will take time to embed and evaluate the new practices. Accordingly, Requirement 8(3)(e) has been determined as Not Compliant.

The other Requirements for Standard 8 Organisational governance have been found Compliant.

Consumers and representatives described how they were involved in development, delivery, and evaluation of care and services, including through participating in meetings. Management explained other methods of engagement, including feedback and complaint mechanisms, formal and informal interactions with staff, surveys, and the Consumer advisory body who provide information for the understanding of the Board. Meeting minutes reflected participation and input from consumers.

Management explained the structure of the governing body, meetings and reporting reviewed with executive management teams, and escalation of information to the Board for oversight. Regular audits were conducted to evaluate the quality of care and identify improvements, and systems were in place to identify and address risks and inform the Board. Minutes from a range of executive committee meetings evidenced monitoring of key indicators to understand compliance with the Quality Standards.

Organisation wide systems provided oversight of key areas to ensure effective governance. Information management systems ensured staff had access to consumer information, policies, and procedures, and privacy and confidentiality requirements were clearly defined. Regulatory compliance was managed through the governing body monitoring for legislative and regulatory changes, making and communicating any required changes.

Risk management systems enabled staff to identify high impact or high prevalence risks, with monitoring for clinical trends within clinical meetings and by the Clinical governance committee. Management explained consumers identified as having high risks or with repeat incidents were included within high risk case management procedures, including regular reviews. Staff were aware of incident reporting obligations and methods, including mandatory reporting through the Serious Incident Response Team. The framework supported consumers to live their best life through enabling choices, including those with associated risks.

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)