Performance

Report

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| Name: | Rockpool Carseldine |
| Commission ID: | 5842 |
| Address: | 56 Plaza Place, CARSELDINE, Queensland, 4034 |
| Activity type: | Site Audit |
| Activity date: | 23 August 2023 to 25 August 2023 |
| Performance report date: | 11 October 2023 |
| Service included in this assessment: | Provider: 7088 Rockpool RAC Pty Ltd  Service: 27834 Rockpool Carseldine |

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 Rockpool Carseldine (**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; 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 Assessment Team’s report received 18 September 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treated them with dignity and respect and described how they identity was valued. Staff explained how they treated consumers with dignity and respect, such as asking for consent, acknowledging their choices, and taking time to understand their background, life history, and needs. The service had a policy which outlined the service’s commitment to supporting diversity and inclusion and treating all consumers with dignity and respect.

Consumers and representatives said consumers’ cultural backgrounds were respected by staff, care and services were provided in a way which was consistent with their cultural traditions and preferences. Staff described how they supported consumers’ culture, and care planning documentation included strategies and information to assist the delivery of culturally safe care and services.

Consumers and representatives said consumers were supported to make decisions about their care and services, including who they would like to involve, and were able to maintain connections and relationships of choice. Management and staff described how they supported consumers to make and communicate their decisions, make connections, and maintain relationships. Care planning documentation contained information about ways to support in exercising choice and independence in line with policies and procedures.

Consumers reflected they were supported to live life on their terms and do things with an element of risk. Management and staff advised consumers were supported to take risks to enable them to live their best life through risk assessment processes, with ways to minimise risks discussed with consumers and representatives and incorporated in care planning.

Staff outlined ways they provided information to consumers in an easy to understand and timely manner to help them make decisions, including consumers with cognitive or sensory communication needs. Information was observed throughout the service environment to assist consumers in making decisions, such as activity schedules, visits by external service providers, and upcoming worship services.

Consumers said the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Management and staff described how they respected consumer privacy, such as knocking on a consumer’s door and obtaining consent before entering their room. Staff were observed following privacy protocols to maintain the confidentiality of 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. | 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Management and staff described how they considered risks to consumers’ health and well-being during assessment and planning processes, to inform the delivery of safe, effective care and services. Care planning documentation evidenced risks to consumers were identified, included risk mitigation strategies, and outlined ways to support the delivery of care and services. Admission processes included a checklist of scheduled assessments to be completed for new consumers.

Consumers and representatives said consumers’ needs, goals, and preferences, including advanced care and end of life wishes, were discussed with them and documented, and staff provided care in line with these needs and preferences, as evidenced in care planning documentation. Management and staff described how they identified and addressed consumers’ current needs, goals, and preferences through assessments and ongoing reviews.

Consumers and representatives said they were regularly involved in care planning processes and included other nominated providers of care. Staff described how they involved consumers and others in care planning, and documentation evidenced consumers, representatives, and others were involved in the assessment, planning, and review of consumers’ care and services.

Management and staff described how they communicated the outcomes of care planning to consumers and others, such as through regular care plan reviews, as evidenced in care planning documentation. Management and staff said they provided a copy of the care plan, and consumers and representatives confirmed this.

Management and staff explained that care and services were reviewed regularly as a part of resident of the day processes. Compressive assessment and planning was undertaken every 3 months or following an incident or change in circumstance warranting an updated care plan review. Policies and procedures guided staff assessment and planning processes to ensure consumer’s care and services were effectively supporting them.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers’ personal and clinical care was satisfactorily supported by staff. Management and staff described how they delivered safe, effective care which was tailored to the needs and preferences of consumers and followed best practice. Care planning documentation evidenced care was provided in a safe, effective manner to support consumers’ needs, goals, and preferences, optimising well-being. Policies, procedures, and training programs guided staff in the delivery of safe and effective personal and clinical care.

Management and staff identified high-impact, high-prevalence risks associated with the care of consumers and described how they managed and minimised these risks through regular review, monitoring, and implementation of strategies. Consumers and representatives said, and care planning documentation evidenced, high-impact, high-prevalence risks associated with consumers’ care was effectively managed.

Management and staff described how they supported consumers nearing end of life in a way to maintain their comfort and dignity, such as supporting family visits, and attending to pain management and personal care. Management and staff said they referred to information in care plans to deliver end of life care in a way that was consistent with consumers’ needs, goals, and preferences, and care planning documentation evidenced strategies were in place to support consumers’ advance care and end of life wishes. Policies and processes were in place to support staff in the delivery of end-of-life care.

Overall, consumers and representatives considered deterioration or changes in consumers’ condition were recognised and responded to in a timely manner, although one representative expressed concerns with delays in response. Management and staff said they were familiar with consumers and described how they identified changes or deterioration in consumers, with additional staff training undertaken in response to raised concerns. In addition, management described what they would do in response such as completing assessments, monitoring, and referrals to other providers of care and services. Care planning documentation evidenced deterioration or changes were identified and responded to in a timely manner.

Management and staff described how they communicated information about consumers within the service and with others responsible for care, such as though meetings, shift handovers, and updating care planning documentation. Staff were observed sharing information about consumers to support the delivery of care and services. Most consumers and representatives said staff are aware of consumers’ condition, preferences, and care needs and management had raised continuous improvement activities to strengthen communication in response to concerns of 2 representatives.

Management and staff described the processes in place to appropriately refer consumers to individuals, other organisations, and providers of care and services. Consumers and representatives advised consumers had access to other providers of care, and care planning documentation demonstrated referrals were completed in a timely and appropriate manner.

The service’s Infection prevention and control leads described infection prevention and control protocols and explained how outbreaks were managed in accordance with the service’s plan. Staff explained how they minimised and managed infection related risks and promoted appropriate antibiotic prescribing. Staff were observed following infection prevention and control protocols, and care planning documentation demonstrated staff implemented measures to support appropriate antibiotic prescribing.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Management and staff explained how assessment and planning processes identified consumers’ daily living needs, goals, and preferences and ways to appropriately support consumers in optimising their independence, health, and well-being. Care planning documentation included information about consumers’ needs, goals, and preferences relating to daily living, and outlined ways to support the delivery of appropriate care and services, consistent with staff feedback.

Consumers and representatives said consumers were supported when they were feeling low, and described how the service promoted consumers’ emotional, spiritual, and psychological well-being. Staff said they were familiar with consumers and described how they would identify and respond to changes in consumers’ well-being, such as providing emotional reassurance and engaging consumers in activities they enjoy. Care planning documentation included information on consumers’ emotional, spiritual, and psychological well-being needs.

Consumers said they were supported to have social and personal relationships, participate in their community, and do things of interest. Staff described how they supported consumers’ social and community participation, and things do various things of interest, such as organising bus trips for community visits and activities. Consumers were observed socialising with family and friends and doing things of interest consistent with consumer feedback.

Staff outlined ways they shared information about consumers within the service and with others responsible for care, through verbal and documented processes such as shift handovers and recording progress notes. Staff were observed communicating information about consumers as appropriate, with information on consumer needs accessible when required, for example, hospitality staff could access dietary needs and preferences in each kitchenette.

Consumers said they were supported by providers of other care and services, and referred to individuals and other organisations when needed, as reflected in care planning documentation. Management and staff explained how they completed referrals in a timely and appropriate manner and described the other organisations and providers of care available to supplement the lifestyle program and supports available at the service.

Consumers considered they received a selection of appropriate meals of suitable quality and quantity. Consumers described what their dietary needs and preferences were, and care planning documentation included dietary information consistent with consumer feedback. Management and staff said consumers were involved in the development of the menu and were able to provide feedback or request alternative meal options. Consumers were observed to be consulted about meal choices and preferences and assisted with meals as required.

Consumers and representatives said consumers had access to equipment which helped consumers with leisure and daily living activities. Staff described the maintenance and cleaning processes and systems in place for equipment. Equipment was observed to be suitable, clean, and in good condition.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming and easy to understand. Management and staff described features of the service which helped consumers to feel welcome, optimising their sense of belonging, independence, interaction, and function. The service environment was observed to be welcoming, with sufficient lighting, handrails, and signage to assist with consumers’ movement and navigation. The service had courtyards, lounges, dining, and activities areas, as well as an adjoined café for consumers to use.

Consumers and representatives said the service environment was safe, clean, and well maintained, and enabled them to move around freely as they wished, including through outdoor areas. Management and staff described the maintenance processes and systems in place, including reactive and preventative maintenance. Staff described what their role specific responsibilities were in maintaining the safety and cleanliness of the service environment. Documentation evidenced maintenance and cleaning was up to date and undertaken in a manner consistent with staff feedback and observations.

Consumers and representatives expressed satisfaction with how furniture, fittings and equipment at the service were kept safe, clean, and well maintained. Management and staff described the maintenance processes in pace for furniture, fittings, and equipment, which aligned with documentation. Staff explained how furniture and fittings around the service were cleaned, including daily cleaning of high touch point areas as required by the cleaning schedule, to ensure that they were safe, clean, and remained well maintained.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were supported to raise feedback or provide a complaint and were aware of how to do so. Management and staff described how they supported and encouraged consumers, representatives, and others in providing feedback or making a complaint. The service had policies, procedures, and systems in place to encourage and support feedback and complaints. Feedback and complaints forms were observed to be readily accessible, with an option to submit feedback or complaints anonymously if required.

Consumers and representatives said they were aware of other external complaints resolution pathways, such as through advocates or language services. Management and staff described how they informed consumers of advocacy and language services, and other ways to raise and resolve complaints, such as inviting external organisations to provide presentations during consumer and representative meetings. Information was observed throughout the service environment relating to external complaints resolution pathways.

Management and staff demonstrated knowledge of the principles of open disclosure and advised they would acknowledge concerns, provide a timely apology, and maintain open communication whilst working to resolve the feedback or complaint. Consumers and representatives advised complaints or concerns were responded to in a way consistent with open disclosure principles.

Consumers and representatives were satisfied feedback and complaints were reviewed to improve the quality of care and services, which aligned with documentation. Management and staff described how feedback and complaints were reviewed to inform improvements to care and services, such as through complaints trending. Policies and procedures guide staff in documenting, investigating, resolving, and evaluating 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management described the workforce planning and management systems and processes in place to enable an appropriate number and mix of staff to deliver safe and quality care and services. For example, management said consumers’ clinical care needs were considered when completing the staff roster, and management described the contingencies in place to account for unplanned leave. Documentation evidenced the service had processes in place to maintain oversight of the management and delivery safe and quality care and services through adequate staff levels.

Consumers and representatives said staff were kind and caring, and staff were observed to interact with consumers in a caring and respectful manner. Management explained staff were provided training which guided workforce interactions with consumers in a way that respected consumers’ individuality, culture, and diversity. Policies and procedures outlined the service’s organisational values and expectations of staff in delivery of person-centred care that was respectful of each individual’s identity, culture, and diversity.

Management described how the service ensures staff are competent and capable to perform the functions required by their job description through orientation and regular training programs that capture the Quality Standards. Key competencies are outlined in position descriptions. Human resource documentation evidenced staff had the required qualifications and knowledge in line with their respective position descriptions.

Consumers and representatives were satisfied staff are equipped with the knowledge to deliver required care and services. Management described how staff were supported in their roles through regular training of topics relevant to the Quality Standards and explained the processes in place to maintain oversight of staff training needs. Staff reflected they were trained and supported in their role. Documentation evidenced training was up to date, and covered topics such as manual handling and incident management.

Management described how staff performance was monitored through annual formal performance appraisal process, continuous informal monitoring and review, and performance management as required. Staff said they were supported by management during performance reviews and provided with opportunities for improvement. Documentation evidenced staff performance appraisals were up to date.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 8(3)(e) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response in coming to my decision.

Regarding Requirement 8(3)(e), the Site Audit report found the service was unable to demonstrate it had a framework which minimised the use of restrictive practice, due to deficiencies associated with the identification and monitoring of environmental restraints. This was specifically in relation to several consumers who wore wandering bracelets which triggered the service’s front door to close. Consumers had behaviour support plans with restrictive practice assessments completed, however, the Assessment Team found no valid consent was recorded. An interviewed representative did not express any concerns about the use of the wandering bracelet and advised the consumer they represented was assisted to move freely throughout the service environment. Management and staff said the consumers were supported to move freely within and outside the service environment, with assistance provided as required. Management and staff advised that consumers wearing the wandering bracelet were supported to go outside via access through the rear gardens and café areas, and that a side door near the front entrance was accessible for consumers to exit the service. In response to feedback raised by the Assessment Team during the site audit, the service engaged a contractor to deactivate the service’s front door locking mechanism from being triggered by the wandering bracelets.

The Approved Provider’s response disagreed that the use of wandering bracelets was a form of environmental restrictive practice for the consumers concerned, or indictive of systemic failure regarding the clinical governance framework. The response clarified the wandering bracelets which triggered the front door closing mechanism was not intended to restrict the free movement of the consumers concerned and was used as an alert to ensure consumer safety. The response provided supporting evidence of the exit and entry points described in the Site Audit report, and clarified that consumers were able to re-enter the service via the front door. The response advised the use of wandering bracelets for consumers concerned has been reviewed, and provided evidence of the restrictive practice assessments, behaviour support plans, and informed consent in place.

Based on the balance of evidence, I find there are limited grounds to demonstrate systemic impact or risk associated with the clinical governance framework. Consumers subject to environmental restraint within the secured memory support unit were assessed and managed in line with legislative requirements. Therefore, I find Requirement 8(3)(e) compliant. I have placed emphasis on strategies to support the consumers free access of the service environment, improvements made, and note there was no consumer impact identified. In addition, I have considered other evidence reflected in the Site Audit report and response which demonstrated the clinical governance framework and systems were supported by policies, procedures, reporting and internal audit mechanisms, which were implemented into practice to minimise the use of restraint.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers said they were able to provide feedback about the operations of the service, and management described how they supported consumers in doing so, such as through meetings, surveys, care plan reviews, and conversations. Documentation evidenced consumers and representatives were actively engaged in the development, delivery, and evaluation of care and services.

Management described the various ways the governing body maintained oversight of the delivery of safe, inclusive, quality care and services. For example, the governing body maintained clear communication with the service, and reviewed reports which outlined matters relevant to care and services. Documentation demonstrated the governing body was kept informed and was accountable for the performance of the service.

Management and described, and documentation evidenced organisation wide governance systems were effectively supported by policies, procedures, training, audits, feedback, and reporting mechanisms. For example, management described how finance is governed through a budget overseen by the Chief financial officer through regular expense reports to ensure the service operated within expectations.

Management and staff described the risk systems, practices, and policies to identify, respond to, and manage high-impact or high-prevalence risks, abuse and neglect, and incidents. Consumers were supported consumers to live the best life they can through consultation and risk assessment processes, and a dignity of risk policy.

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)