Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Uniting Boronia Gerringong | 15 June 2022 |
| Commission ID: | Activity type: |
| 0385 | Site audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (NSW) | 4 May 2022 to 19 May 2022 |

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 Uniting Boronia Gerringong (**the service**) has been considered by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted on 4 – 19 May 2022 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 8 June 2022

# 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 | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Sampled representatives consider consumers are treated with dignity and respect, and their identity, culture and diversity valued. Representatives consider they are given information to make informed choices on behalf of consumers and expressed satisfaction staff engage consumers in making choices. Visual tools are used to communicate with consumers living with cognitive impairment. Representatives describe staff as, kind, patient and understanding when communicating with consumers.

Representative feedback include staff being open, honest, treating consumers as family and observations of staff respecting consumers privacy. The service demonstrates consumers are supported to enable them to live the best life they can, taking into consideration the high dependency nature of the service, staff demonstrate how they support consumers in communicating their choice. Care and services are delivered demonstrating respect of consumers culture, diversity, background and life history. Representatives are kept informed of changes to care/services.

The Assessment Team observed staff to greet consumers when approaching them, including when cares are being delivered, and respectfully and gently interacting with consumers.

Consumers confidential information is kept securely, and care documentation is electronically recorded with password access required. Staff demonstrate knowledge of consumers’ backgrounds and preferences that influence the day-to-day care delivery and consistently refer to consumers in a manner demonstrating respect and understanding of their personal circumstances and life journey. Staff demonstrate knowledge and understanding of consumer’s backgrounds and how they provide culturally appropriate care including supporting consumers to exercise choice and independence and maintain relationships of choice.

Staff gave examples of methods used to maintain consumers’ confidentiality and privacy when providing care and communicating with others. Training documentation reflects staff training relating to these requirements.

Documentation such as strategic plans, diversity plans, progress notes and policies contain respectful and inclusive language. Care and services documentation detail religious/spiritual, cultural needs and personal beliefs and indicate discussions relating to risk mitigation strategies.

Policies and procedures guide staff in the provision of care relating to these requirements.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Sampled consumers (and nominated representatives) are involved in initial and ongoing care planning, including end of life choices. Consumers and representatives consider staff involve them in the assessment and planning of care upon entry, on a regular ongoing basis, when incidents occur and/or consumers’ needs change and express satisfaction copies of care plans are readily available. They said staff explain care needs/outcomes and risks relating to individual choices and discuss end of life wishes.

Most consumers and representatives said they are included and informed in the outcomes of assessment and care and services planning, they generally have access to care plan documentation and medical officers, specialists and other health professionals are included in this process.

Clinical and care staff described the assessment, care and services planning and review processes and how staff involve consumers and others where required. Clinical risk assessments are completed. A review of the clinical risk register identified timely reassessment. Incidents are categorised and investigations completed within scheduled timeframes. Sampled care plans demonstrate review on a regular basis, when circumstances change or when incidents occur.

Overall, the service demonstrates a partnership approach with consumers and/or representatives to involve them in assessment and care planning. The organisation has a documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes. Staff demonstrated knowledge of their responsibilities and gave examples of positive consumer outcomes.

The Assessment Team reviewed assessment and planning documentation, including advanced care plans/end of life plans and identified reviews and case conferencing meetings are regularly completed, with input from consumers and others of their choosing. Care plans evidenced comprehensive assessment and planning and individualised risks relative to consumer’s health and well-being, including agreed mitigation strategies. Assessments are recorded in the electronic care system which automatically transfers/updates to care plans. Documentation reflects involvement by consumers, their representatives, medical officers, specialists (including palliative care), dementia support teams and other allied health professionals.

Representatives and appropriate medical and allied health professionals are involved when circumstances changes and/or when incidents occur. Care plans demonstrate individualised behaviour support plans with specific strategies aimed to reduce/prevent escalating behaviours. Recommendations from other services include speech pathology, dementia specialists, palliative care teams, clinical nurse co-ordinator, psycho- geriatrician, general practitioners and allied health professionals.

Policies and procedures guide staff in the provision of care relating to these requirements.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Overall, sampled consumers and representatives (on their behalf) consider consumers receive quality care and services when needed, from knowledgeable and capable staff. The service demonstrates safe consumer care, clinical staff manage consumer’s specific clinical needs, appropriate action is taken when consumers health deteriorates, and regular medical reviews occur in response to changing needs. Representatives said they are contacted when a change in consumer’s health occurs and clinical staff, specialists and medical officers implement appropriate clinical care needs; staff have knowledge of consumers individualised clinical care needs.

Consumers’ needs, goals and preferences when nearing end of life are recognised and addressed to ensure their comfort and dignity is maintained. Care planning documentation reflects end of life wishes and staff demonstrate knowledge of managing care for consumers nearing end of life.

Staff describe clinical, emotional, spiritual, cultural care needs for individual consumers and gave examples of organisational supports to guide them in delivering clinical care that is best practice, individualised and tailored to consumer’s specific needs. The service’s restrictive practice management policies and procedures reflect best practice and include information such as risk assessment and documented consideration of alternatives to restraint.

Documentation review demonstrates staff identify high-impact/prevalence risk through assessment processes and document individualised strategies for effective risk management. Clinical and care staff demonstrate knowledge of sampled consumer’s personal and clinical care needs and risk strategies, such as falls, weight loss, pain and complex behavioural needs. Clinical staff demonstrate an understanding of individual and organisational risks, strategies utilised to minimise risk and gave examples of improved consumer outcomes. Staff are trained in the process for reporting incidents and escalating issues of concern, including knowledge of the Serious Incident Response Scheme reporting requirements. Risks are reported, monitored and analysed to ensure effective management and improvement identification.

The Assessment Team observed strategies to minimise and prevent risks of falls, including appropriate use of falls prevention equipment and alert notifications, positioning of beds, pressure-relieving mattresses, walking aids and daily exercise programs to enhance consumers’ mobility and dexterity.

Clinical and care staff are aware of triggers, strategies and desired outcomes for consumers experiencing complex behavioural needs. Staff identify high prevalence risks for individual consumers and implement mitigations strategies. Review of clinical documents identify medications are regularly reviewed with a focus to reduce/or discontinue use of chemical restraint. Non-pharmacological interventions are documented and trialled prior to administration of medication. A register contains details of those consumers prescribed psychotropic medications.

Information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where care responsibility is shared. The service demonstrates deterioration or change of consumers’ mental health, cognitive/physical function, capacity or condition is recognised, and consumers are referred to specialists and allied health services in a timely manner. Review of care documents of consumers who recently died and interviews with staff evidence consumers nearing end of life are cared for according to their needs and preferences. Reviewed care plans detailed generally individualised personal and clinical care management strategies based on assessed needs, consultation with consumers and/or representatives and referral to a range of specialists and health professionals.

The service demonstrates effective implementation of standard and transmission-based precautions to prevent/minimise infections and promotion of appropriate antibiotic use. An outbreak management plan is continuously reviewed/updated to support COVID 19 preparedness. Staff demonstrate understanding of infection control and antimicrobial stewardship principles.

Policies and procedures, work instructions and flow charts guide staff in the provision of care relating to these requirements.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Sampled consumers (and representatives) consider consumers receive services and support for daily living that are important to health and well-being and enable them to do things of choice. Various methods are utilised to engage consumers and representatives to provide input into care delivery.

Consumers and representatives express positive feedback in relation to staff supporting consumers to maintain relationships; attend activities of choice both within and external to the service; attend spiritual services; and satisfaction with the variety, quality and sufficiency of meals. Representatives said consumers were able to access support in promoting their emotional, spiritual, and psychological well-being and gave examples of staff supporting consumers to participate in meaningful activities. They express satisfaction with the cleanliness of well-maintained equipment.

Staff demonstrate knowledge of consumer’s individual preferences/needs and describe services and supports to assist independence. They gave examples of supporting consumers to participate in leisure/lifestyle activities and methods of supporting/promoting emotional, spiritual and psychological wellbeing. There are processes to seek consumer/representative input into the lifestyle program and meal preferences. The lifestyle program caters to include consumers in activities of choice including individual support for those who prefer not to join group settings.

Management and staff describe emotional, spiritual and psychological supports including access to community service groups, attendance at spiritual services and spending individual time for those who require emotional support and prefer not to participate in communal activities. Many activities which involve outside volunteers and organisations are recommencing due to lifting of COVID-19 restrictions.

The service demonstrates effective sharing of information about the consumer’s needs and preferences, which is communicated within the organisation and with others where responsibility of care is shared. Care planning documentation details information relevant to consumer’s life story, spiritual, emotional and psychological needs and preferences, family and social connections/relationships and dietary preferences. Staff describe how they engage external organisations and volunteers to help supplement activities offered within the service.

The Assessment Team observed consumers moving throughout the environment and staff providing support as needed, including witnessing a staff member sensitively and effectively diffuse a consumer interaction. Staff engage consumers of varying functional and cognitive ability to participate in diverse activities; consumers were observed accessing outdoor areas and eating meals. The Assessment Team observed the service environment, including furniture/fittings to be clean, suitable for consumer use and in well-maintained condition.

Policies and procedures guide staff in the provision of care relating to these requirements.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider consumers feel safe and comfortable within the service environment. They expressed a range of satisfaction including consumers rooms are personalised to assist them in feeling at home and visitors are welcomed. Several seating areas are accessible for consumers to meet with others and the Assessment Team observed outdoor areas to have well maintained garden areas. Positive feedback was communicated relating to maintenance and cleanliness of the environment and equipment. Consumers and representatives said repairs are attended to without delay and staff are gentle when using equipment.

Management advised they actively seek feedback regarding satisfaction through a variety of means. A system ensures appropriate consent is gained relating to environmental security for those consumers who are not able to safely exit without supervision. The environment has been developed to ensure consumers (with limited mobility) are supported to freely move around the service. Consumers express satisfaction equipment supports them to move throughout the building, and staff were observed assisting when required.

The Assessment Team observed a welcoming environment and consumers using a range of assistive equipment. They observed rooms to be clearly identified with photo’s/name cards to assist consumers with wayfinding. Large glass doors lead onto courtyards with natural light entering communal areas and consumers’ rooms; dining rooms and nurses’ stations are centrally placed.

There is a preventative and responsive maintenance program, a cleaning program and a system to ensure appropriate stocks of goods and equipment are available. Staff described the process for ensuring equipment is cleaned, maintained and in good working order.

Procedural documentation guides staff in the provision of care relating to these requirements.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Sampled consumers and their representatives consider all are encouraged and supported to provide feedback/complaints, appropriate, timely action is taken, and issues are managed in a respectful manner. Several mechanisms capture feedback and complaints which lead to improvement.

Consumer representatives expressed a range of positive feedback including, confidence they could give feedback/suggestions in a safe environment, are familiar with the ways to do so, suggestions are used to improve services and gave examples of receiving prompt action and resolution. They describe management and staff as approachable, encouraging and understanding when issues are raised. They are encouraged and supported to participate in development and evaluation of care/services through meetings, feedback/complaint mechanisms, surveys, individual assessment and care planning discussions. Consumers and representatives said they are aware of access to advocates, language services and other complaints processes.

The service demonstrates a process by which appropriate action is taken when complaints are made; including implementing open disclosure practices. Staff gave examples of how they encourage consumers or representatives to voice their concerns and have received training in principles of open disclosure. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements.

Policies and procedures guide staff in the provision of care relating to these requirements. Documentation demonstrates feedback is analysed for trends and outcomes utilised to improve quality of care and services. Management gave examples of improvement resulting from feedback. Information is displayed throughout the service and in documentation regarding language services, advocates and external modes of complaints management.

**Standard 7**

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| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider consumers receive quality care and services in a timely manner from management and staff who are knowledgeable, capable, caring and kind. Consumers said staff are gentle, know what they are doing, there are adequate numbers of staff who have skills to meet their care and lifestyle needs. The Assessment Team observed staff attending to consumers in a calm and kind manner.

Interviewed staff express satisfaction they can complete allocated tasks and meet consumer’s needs. They said they are provided with equipment and ongoing support, training, professional development, supervision and feedback to enable them to perform duties of their role.

Management have oversight of rostering and staff allocations and demonstrated the system of replacing unplanned leave. The Assessment Team observed on occasions, staff providing individualised care for a consumer resulting in staff not being in unattendance for other consumers, however, did not observe negative impact due to this. Management monitor response times to requests for assistance.

There is a comprehensive recruitment process and management demonstrated their monitoring process to ensure staff have appropriate qualifications, plus they assess staff skills to ensue competency. An orientation and training process ensure staff receive training relevant to the service’s processes and consumer’s specific needs. Management utilise feedback from consumers, clinical indicator data/incidents and staff performance review processes to identify staff training needs.

Education and training records demonstrate staff training regarding the Aged Care Quality Standards, changes in legislative requirements and relevant competencies for designated roles. There are systems for regular assessment, monitoring and review of staff performance.

Policies and procedures guide the provision of care relating to these requirements.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Sampled consumers and their representatives consider the organisation is well run and they are supported to engage in the development, delivery and evaluation of care and services through a broad range of consultative strategies. Consumers and representative’s express satisfaction they feel management actively seeks feedback and their opinions/views are valued.

The service is part of an organisation-wide governance structure and framework. The executive management team demonstrate governance systems through which the board ensures the provision of safe, quality and effective consumer care compliant with legislative requirements and Quality Standards. They demonstrate effective organisation-wide governance systems in key areas of information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints and risk management systems. Local governance systems are supported by the overall organisational governance framework and accountability structure. There is a clear line of communication between the board and consumers/representatives.

Documented risk management policies and procedures form part of the overall governance framework and staff demonstrate application of this framework in care provision. A documented clinical governance framework includes a policy for antimicrobial stewardship, minimising restraint and principles of open disclosure. Staff demonstrate knowledge of organisational systems, regulatory requirements, feedback/complaints, clinical and risk management systems and processes for escalating issues of concern.

The Assessment Team observed documentation and management and staff demonstrate opportunities for improvement are identified, incidents and feedback are used to drive continuous improvement and there is a process for the board to monitor compliance with the Quality Standards.

The service demonstrated examples of consumer and representative engagement in decisions relating to care and services and implementation of continuous improvement. Examples of recent improvement include a new/additional position of care coach to provide education, support to staff in building relationships and sustainability of the ‘household model of care’ and introduction of an electronic application to enable communication between consumers and families.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)