Performance

Report

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| Name of service: | AnglicareSA Trott Park |
| Service address: | 4 Kangaroo Thorn Road TROTT PARK SA 5165 |
| Commission ID: | 6929 |
| Approved provider: | Anglicare SA Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 May 2023 to 3 May 2023 |
| Performance report date: | 7 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for AnglicareSA Trott Park (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff, management and others; and
* an email from the provider received 22 May 2023 indicating a formal response to the Assessment Team’s report would not be provided.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers sampled were satisfied staff treat them with dignity and respect and value their identity, diversity and culture when delivering care and services. Care files sampled detailed consumers’ interests, past history and matters of importance specific to their individual culture and identity. Staff described how they treat consumers with respect and were observed providing care and assistance to consumers in a dignified manner.

Staff are provided training and have access to a suite of policies and procedures to support them in delivering culturally safe care and services. Care files included information relating to each consumer’s preferences, backgrounds and culture, and documentation, such as the lifestyle calendar, organisational policies and procedures, newsletters and the Resident handbook demonstrated care and services provided are culturally safe. Staff were aware of consumers’ cultural needs and preferences and consumers sampled felt comfortable and safe to express themselves.

Consumers and representatives were satisfied consumers are supported to make or be involved in decisions about their care and services. A Dignity and risk policy describes how each consumer will be supported to exercise choice and independence, including to make informed decisions about their care and services and the way these are delivered. Care plans sampled detailed relationships of importance to consumers, including friendships made within the service, and consumer choices about how care and services are to be delivered to meet their preferences. Staff described how they assist consumers to make choices and help them to access the support they need.

Consumers and representatives confirmed consumers are supported to do the things they wish to do even where risk is involved. They indicated the risk is discussed, and they feel staff manage the risks with consumers so they can do the things they want. Risk assessments are completed in consultation with consumers and/or representatives and include discussion relating to risk and development of mitigation strategies. Where required, Allied health services are involved in the risk assessment process.

Consumers confirmed they are provided accurate information to enable them to make choices about their care and services and felt the information they receive keeps them up-to-date about the service. Information is provided through a range of avenues, including newsletters, meeting forums, noticeboards, public address announcements and the Resident handbook. Consumers felt their privacy is respected and raised no concerns about the management of their personal information. Approval to obtain and release information forms are completed by consumers on entry to provide permission for personal information to be used by the service. Privacy information is also outlined in the Resident handbook. Induction training guides staff on the requirement for consumer privacy and the correct use of consumers’ personal information.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals and strategies to manage identified risks. Staff described known risk issues for individual consumers and associated risk management strategies, consistent with care planning documentation, and consumers and representatives confirmed assessments are completed on entry and when consumers’ needs change or incidents occur.

Consumers and representatives confirmed assessment and planning identifies and addresses consumers’ current needs, goals and preferences, and representatives confirmed advance care directives are discussed on entry. Advance care planning and end of life planning discussions occur with consumers and/or representatives on entry, during reassessment processes and as required. When consumers enter the end of life phase, palliative care consultation occurs with consumers and families and personalised information, including wishes during the end of life phase which are captured to guide staff. Care and clinical staff were aware of where to access information relating to consumers’ end of life directives.

Care files sampled demonstrated consumers and representatives, and other organisations, individuals and providers of care are involved in assessment and care planning processes on entry and on an ongoing basis. Representatives are informed of changes to consumers' needs, including following incidents, medication changes or decline in consumers’ health and care needs. Consumers and representatives confirmed they feel they are involved in care through care plan reviews and when changes in health or incidents occur.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers and/or representatives. Care plans include detailed information and individualised strategies relating to consumers’ goals, needs and preferences for personal, clinical and lifestyle aspects of care. Consumers and representatives are informed of changes to assessments/care plans following care plan review processes, incidents or changes to consumers’ care needs. Staff said they have access to care plans and assessment reviews and are notified of any changes to consumers’ care and service needs through handover process. Assessments and care plans are reviewed six monthly and as required. All representatives sampled confirmed they are notified of the occurrence of consumer incidents and outcomes of reassessments promptly.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Consumers felt confident care is tailored to their individual needs and optimises their health and well-being.Care files were reflective of consumers’ individualised personal care needs and demonstrated appropriate management of specific aspects of clinical care, including weight management, behaviours, diabetes and restrictive practices, and evidenced input from Medical officers and Allied health specialists. Shift handover and organisational policies and procedures guide staff in best practice.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to falls, skin integrity, wounds, restrictive practices and behaviours. Assessments, care plans and charting are regularly reviewed and used to identify, assess, monitor and manage risks to consumers. Consumers and representatives were satisfied with the care consumers receive, including management of falls, wounds and pain.

Consumers’ end of life goals, needs and preferences are recognised and respected, with care provided to maximise their comfort and dignity. A care file for a consumer who had recently passed evidenced consultation with the family and Medical officer, involvement of the Chaplain, implementation of appropriate medications and regular assessment to ensure the consumer remained comfortable.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to Medical officers and/or Allied health specialists. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff and care plans updated to reflect any changes to consumers’ care and service needs. Staff demonstrated an understanding of their roles and responsibilities, including identifying and reporting signs of deterioration, and consumers and representatives confirmed referrals are initiated in a timely manner in response to identified changes in consumers’ health or well-being.

The service demonstrated appropriate application of standard and transmission based precautions used to minimise the risk and prevent transmission of infections to consumers. Care files demonstrated the use of antibiotics is minimised through initiating non-pharmacological measures to assist in the management of infections and pathology is collected prior to treating symptoms of infection. COVID prevention and Outbreak management plans are available to guide staff practice and were noted to have been reviewed in response to a recent outbreak. An Infection prevention control lead is in place and staff demonstrated a clear understanding of infection control practices and antimicrobial stewardship principles. Consumers and representatives confirmed they were well informed of what was occurring during recent outbreaks.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives believe consumers receive services and supports which optimises their independence, health, well-being and quality of life. Individual consumer goals, needs and preferences are used in care planning to support consumers’ services and supports for daily living, as well as capturing preferred activities. Staff were familiar with consumers, including their individual needs and preferences. Information relating to consumers’ history, emotional, psychological needs and religious affiliations are gathered on entry and are integrated into care plans. Consumers’ spiritual needs are supported through provision of regular church services and a Chaplain is available to provide emotional and psychological support for consumers and their loved ones, regardless of their religious beliefs. Referrals to other providers of care are initiated, where required, to further support consumers’ emotional and psychological well-being.

Consumers felt supported to participate in activities within and outside of the service and do things of interest to them. Consumers indicated they value the friendships they have developed in the service and are being able to maintain connections with loved ones and local community organisations. The activity calendar included a variety of external providers to supplement the lifestyle program, and care files sampled captured consumers’ interests which were consistent with the services provided.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated. Care staff described how they are kept up-to-date with consumers’ changing needs and preferences and consumers and representatives confirmed consumers' needs and preferences are well understood by staff and other services involved in care.

Consumers were satisfied with the quality, quantity and variety of the meals provided and indicated alternative options are available. Meals are prepared in line with a menu which is reviewed by a Dietitian to ensure consumers are receiving the required nutritional requirements. Care and kitchen staff were knowledgeable of consumers’ meal preferences and dietary requirements and said meals can be substituted if a consumer changes their mind. Consumer satisfaction with the menu is monitored through Food focus groups and consumer meeting forums, with a hot breakfast implemented as part of the service’s continuous improvement process.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Staff described how they maintain equipment, including escalation of maintenance issues. Consumers said they felt safe when using equipment and equipment is easily accessible and suitable for their needs.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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

The service environment was observed to be welcoming, well-lit and easy to navigate, and consumers’ rooms were observed to be personalised. The main outdoor area has well-maintained gardens, clean and clear walkways, several seating areas and raised garden beds in the communal garden for consumers to access and maintain.

The environment was observed to be safe, clean, well-maintained and most consumers were observed to move freely both indoors and outdoors. Cleaning is undertaken in line with run sheets and there are reactive and preventative maintenance processes, supported by contracted services. Staff described how they report maintenance issues and hazards, in line with the service’s processes. Consumers said the environment is safe, clean and well maintained and maintenance staff are quick to help. All furniture, fittings and equipment was observed to be safe, clean, and well maintained and consumers were satisfied with the cleanliness of the furniture.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives were aware of avenues available to them to make complaints and provide feedback, including feedback forms and consumer meeting forums, and they felt supported by management and staff to utilise these avenues. Targeted surveys are also used to gather information from consumers and/or representatives about specific areas of care and services, with responses reviewed by the management team. The Complaints register included feedback gathered through various avenues, including consumer meeting forums, verbally, emails and feedback forms.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing. Feedback forms and external complaints information was observed on display.

Policy and procedure documents are available to guide staff to identify, manage, escalate and resolve complaints. All complaints are entered into a Complaints register which identifies if a complaint is open or closed, and complaints data sampled demonstrated feedback and complaints are addressed in a timely manner. Staff were familiar with the concept of open disclosure and understood the importance of applying this, when necessary. Consumers and representatives were satisfied that all feedback is acknowledged and followed up and felt they are informed when things go wrong.

Feedback and complaints are reviewed and used to identify and drive continuous improvement. An electronic system is used to record, monitor and analyse feedback to identify trends, and the Plan for continuous improvement demonstrated feedback and complaints had been used to improve care and service provision. Complaint and feedback data is monitored at an organisational level to identify trends and areas for improvement. Consumers and representatives described improvements implemented as a direct result of feedback provided and stated these are discussed during consumer meeting forums.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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

Adequate staffing levels across the service were demonstrated, with contingencies and strategies in place for planned and unplanned leave to maintain quality care and services. Rosters are regularly reviewed, and consumer acuity, feedback, clinical indicators and call bell data is monitored to ensure the number and skills mix of staff meets consumer care needs. All staff were satisfied there are sufficient staff rostered with minimal shifts unfilled each week, and staffing levels were sufficient to ensure they are able to do what is needed, whilst honouring consumer preferences. Overall, consumers and representatives felt there were enough staff to care for consumers and felt their needs were met in a timely manner.

Consumers and representatives felt staff are kind and considerate and staff were observed engaging with consumers in a calm, positive and respectful manner. The organisation’s Code of conduct includes the values expected and the standard of care required to be provided by staff. Consumer satisfaction with staff engagement is encouraged through surveys, feedback processes and consumer meeting forums.

There are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Management ensure the workforce is competent through an initial recruitment and induction/onboarding process and ongoing through provision of universal and role-specific training. Where a clinical or other incident occurs, there are processes to review staff practice and identify training and development opportunities to improve future practice. Clinical and care staff said their practical competency is monitored following training and they are provided regular and ongoing training, including in-person competency assessments. Consumers and representatives were confident the workforce is skilled workforce and able to provide care and services.

The workforce is supported to deliver outcomes for consumers in line with the Standards through recruitment, audits, formal and informal training. A comprehensive onboarding process is undertaken for all new staff which includes mandatory training, an induction and buddy shifts. Training is provided ongoing and includes mandatory training components which are monitored for completion. Consumers and representatives were satisfied with the skills and knowledge of staff and indicated they were confident in staffs’ ability to provide the care and services needed.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Regular assessment and review of staff performance is undertaken annually with ongoing monitoring undertaken through review of feedback and complaints, call bell data, incident data, auditing processes and observation of staff practice. There are processes to manage poor performance. Staff confirmed they undertake regular performance reviews where they can identify their personal strengths and areas for improvement, as well as any additional training they may wish to undertake.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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

Consumers and representatives said the service is well run and they are actively involved in the development and delivery of care and services. Consumers are engaged through surveys, feedback processes and consumer meeting forums, including Food focus groups. Monthly Board meetings are held at AnglicareSA sites across the State to enable Board members to engage with consumers and staff prior to meetings to support the evaluation of care and services.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Clinical and Social care governance frameworks describe how the Board makes the care of each consumer experience a strategic and business priority and ensures executive members are accountable for systematic progress with achieving quality care and services for every consumer. A range of reporting mechanisms ensure the governing body is aware and accountable for the delivery of services. Data reported includes a summary of clinical indicator data against organisational key performance indicators and associated dialogue explaining changes or identified trends, planned actions, consumer feedback, Serious Incident Response Scheme (SIRS), and various human resource data relating to training, staff turnover and agency usage.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

Risk management is embedded as an integral part of governance and operations to ensure appropriate strategies, plans and systems are in place to identify and manage risk. The Board is responsible for overseeing management and ensuring risk management and accountability arrangements are in place throughout the organisation. Effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system were demonstrated.

Clinical and Social care governance frameworks include the organisation’s governance structure to monitor, report, review and improve the safety and quality of clinical care. The clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)