Performance

Report

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| Name: | Bethanie Waters |
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| Address: | 18 Olivenza Crescent, PORT KENNEDY, Western Australia, 6172 |
| Activity type: | Site Audit |
| Activity date: | 5 February 2024 to 8 February 2024 |
| Performance report date: | 27 March 2024 |
| Service included in this assessment: | Provider: 1009 The Bethanie Group Incorporated  Service: 5719 Bethanie Waters |

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 Bethanie Waters (**the service**) has been prepared by R Falco, 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; and
* the provider’s response to the assessment team’s report received on 1 March 2024.

# 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 | **Non-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

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

**Standard 3 requirement (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. This includes:
  + ensuring appropriate monitoring and management of continence care, weight loss, skin integrity and actions following adverse medical events.

# 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

The Quality Standard is assessed as compliant as all requirements assessed have been found compliant. The assessment team recommended requirement (3)(f) in Standard 1 Consumer dignity and choice not met.

**Requirement (3)(f)**

The assessment team recommended requirement (3)(f) in this Standard not met as they were not satisfied consumers’ privacy was respected due to four consumers being impacted by other consumers entering their rooms uninvited.

* Consumer A would regularly enter the rooms of three consumers uninvited. This resulted in one consumer often locking their door, especially at night, so their sleep was not interrupted.
* Consumer B had items taken from their room by other consumers.
* On two separate occasions staff were observed discussing the sensitive care needs of consumer C in front of a member of the assessment team.

Management was aware of consumers entering the rooms of other consumers uninvited and implemented strategies to prevent this from occurring. A discussion was had with the family of consumer A to determine available options. At the time of the discussion, the family did not wish to move consumer A to a memory support unit but agreed to have their movements monitored hourly. Consumer B had the items taken returned to them. The consumer and their family were offered and agreed to move the consumer from the memory support unit to another area within the service to avoid similar incidents.

The provider acknowledged the feedback in the assessment team’s report and following the incident regarding consumer C, discussions were held in staff huddles and education provided relating to respecting consumers’ privacy and confidentiality. In relation to consumer A, a meeting with their family was held whereby it was agreed to transfer consumer A to the memory support unit.

I have come to a different finding to the assessment team’s recommendation of not met and find requirement (3)(f) compliant. I acknowledge four consumers were impacted by not having their privacy respected, however, the service was implementing strategies to try and resolve the issues. I do not consider the evidence presented demonstrates systemic deficits in ensuring each consumer’s privacy is respected and personal information is kept confidential.

In coming to my finding, I have placed weight on the evidence provided in the assessment team’s report that overall, consumers and representatives confirmed their personal information is kept confidential and their privacy is maintained. Apart from the incident relating to consumer C, staff ensured the privacy and confidentiality of consumers was respected by not talking about consumers care in front of others, conducting handovers in private areas, and ensuring care is delivered in appropriate areas with doors closed. The electronic care management system is password protected and observations showed staff knocking on consumers’ doors and announcing themselves before entering their rooms. The plan for continuous improvement also includes an ongoing item to identify consumers with wandering behaviours and if identified, a management plan will be developed to manage the behaviours and ensure ongoing compliance of this requirement.

For the reasons detailed above, I find requirement (3)(f) in Standard 1 Consumer dignity and choice compliant.

**In relation to all other requirements in this Standard**, observations showed staff to be kind and respectful when interacting with consumers and surveys to assess consumers’ satisfaction with the care and services provided are undertaken on a quarterly basis. Consumers and representatives said staff are respectful, use their preferred names, and provide care and services in line with their preferences.

Staff deliver care and services that considers consumers ethnicity, culture, and relationship status. Consumers are supported to exercise choice and documentation identified consumers’ individual choices around when care is delivered, who engages in their care, and how the service supports them in maintaining relationships. Consumers and representatives said consumers receive care that is right for them and are given choice about when care is provided.

Staff are aware of the risks taken by consumers and said they support consumers’ wishes to take risks and live the way they choose. Discussions are held with consumers to ensure they understand the benefits and risks when making informed decisions and consumers described how the service supports them to take risks.

Information is provided to consumers and representatives via emails, newsletters, and meetings. Staff inform consumers about activities consumers may wish to participate in and observations showed activity calendars displayed throughout the service. Consumers said information is available to help them make choices about personal and clinical care, food options, and lifestyle activities.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) 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

An assessment planner guides staff through the consumer assessment process and staff were knowledgeable of processes to assess and identify consumers’ risks. Documentation showed the service identifies risks and undertakes assessments to plan for care. Consumers and representatives said they are satisfied the service identifies consumers’ risks and appropriately plans care.

Consumers’ preferences, current care needs, people important to them, and end of life wishes are documented. Consumers who wish to have resuscitation is also recorded and this information is generally displayed on handover sheets ready for staff to access. Consumers and representatives confirmed consumers are asked about their end of life preferences.

Care plans showed evidence of other organisations or individuals being involved in the care of consumers. A care conference is undertaken annually to discuss care and services and consumers can choose who they would like to be involved in the discussion. Consumers and representatives felt involved in the assessment and planning process.

Staff stated they have access to electronic care plans and care plans and copies are provided to consumers and representatives if requested. Consumers and representatives stated they had either seen a care plan or had it discussed with them.

Staff update care plans and communicate changes at handovers if consumers’ needs change. Documentation showed care plans are updated when incidents occur and are regularly reviewed. Consumers and representatives said care and services are updated to reflect the care needs of consumers when circumstances change.

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. | Non-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 non-compliant as one of the requirements has been assessed as non-compliant. The assessment team recommended requirement (3)(d) in Standard 3 Personal care and clinical care not met.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as consumers with changes in their condition were not recognised or responded to in a timely manner. The service recognised there were gaps in care and have reported one incident of neglect to the Serious Incident Response Scheme (SIRS). However, following the report to SIRS, instances were still occurring where consumers with a change in condition were not recognised or responded to in a timely manner. The assessment team’s report provided the following evidence relevant to my finding:

* Consumer D had sustained weight loss over several months and was not referred to a dietician as per policies and procedures. During the same period the consumer experienced a pressure injury which was not promptly identified and in addition, documentation showed staff were not effectively monitoring continence care or taking the appropriate actions.
* Consumer E had an unwitnessed fall, and no further action was taken when their vital signs were shown to be out of range. Consumer E was transferred to hospital a few days later after their condition deteriorated and continence care was not managed in a timely manner.
* Consumer F was administered medication, and their vital observations was not monitored as per the medication’s instructions. There was no evidence showing consumer C was reassessed or vital observations monitored after taking the medication.
* Consumer G was not monitored following a medical event. There was no evidence vital observations were taken or they were assessed for any injuries post event as per their care plan.

The provider acknowledged the deteriorating conditions for the consumers identified in their response and a plan for continuous improvement and training schedule was submitted to promote best practice care. Actions included but are not limited to; clinical nurses to evaluate progress notes at the start of each shift and investigate identified gaps or concerns; clinical deterioration training to be undertaken by all staff.

I acknowledge the providers response and the actions planned and/or implemented. In coming to my finding, I have considered that whilst the service did identify gaps in care and is reviewing processes, I have placed weight on evidence in the assessments team report. In particular, the insufficient management of continence care, weight loss, skin integrity and actions following adverse medical events that showed appropriate actions to a change or deterioration in health for the four consumers identified, did not occur in a timely manner. I have not placed weight on the consumer reported to SIRS as the service recognised and reported the incident of neglect appropriately after identifying gaps in the delivery of care. I consider time is required to embed and monitor staff practices after implementing improvements to ensure any deficiencies in identifying and responding to changes in consumers condition, is managed effectively and in a timely manner.

For the reasons detailed above, I find requirement (3)(d) in Standard 3 Personal care and clinical care non-compliant.

**In relation to all other requirements in this Standard**, staff described how they tailor care to consumers’ needs. Documentation showed consumers had strategies in place to manage risks and observations showed these strategies were generally in place. All consumers on restrictive practices were reviewed and there has been a reduction in the use of medication for restrictive practices. One consumer’s psychotropic medication was not identified as a restrictive practice and when feedback was provided to management, they acknowledged this was a form of restrictive practice and have managed this appropriately. Consumers and representatives said they are satisfied with the care consumers receive.

The needs, goals and preferences of consumers nearing end of life are recognised and their dignity preserved. Observations showed staff considered the needs of consumers and representatives during end of life care with consumers’ comfort and dignity a priority.

Care staff are informed about consumers’ care needs by clinical staff at handovers and observations showed a number of different tools are used by staff to communicate information. Overall, consumers and representatives stated that staff know consumers and what their care needs are.

Documentation showed most consumers are referred to other service providers in a timely manner. Staff described the referral process and provided examples of when a referral would be made. Consumers and representatives stated consumers have access to external care providers when required.

Risks of infection are minimised through implementing transmission-based precautions that prevent and control infections. Organisational policies and procedures are followed to promote appropriate antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics. Staff attend relevant training, prevent transmission of infections, and apply antimicrobial stewardship principles in their practice.

Based on the Assessment Team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(e), (3)(f) and (3)(g) 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

Lifestyle assessments are undertaken with consumers and their families and are reviewed regularly or when changes occur to inform care. Consumers and representatives said consumers are supported with the provision of mobility and adaptive equipment which helps them optimise their independence and wellbeing.

Staff described ways in which they provide emotional and spiritual support to consumers. Documentation showed referrals to external psychology services were made when required and consumers experiencing a low mood are encouraged to complete meaningful activities or tasks. Consumers were confident their emotional and spiritual well-being was a priority of staff.

Staff support consumers to participate in the community and engage in activities of interest to them. However, it was noted that consumers in princess chairs had limited participation in group activities and on number of occasions were observed watching television during group activities. Consumers said they are supported to participate in the community, stay connected with people who are important to them, and do the things of interest.

Staff share information and are kept informed of the changing conditions, needs and preferences for each consumer via progress notes, handovers, and verbal communication. Information is provided to support the provision of safe and effective care to consumers and staff described how they support the referral process. Consumers said their needs and preferences are effectively communicated and they are satisfied with the referral process.

Observations showed meals were varied and of suitable quality and quantity. Alternative meals are available if consumers do not wish to eat the meal provided and documentation showed consumers’ specific dietary requirements and allergies are recorded. Consumers and representatives said consumers are satisfied with the variety and quantity of food being provided.

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

Indoor communal spaces and well-maintained outdoor garden areas are available for consumers to sit, relax, or participate in activities. Walkways are fitted with handrails and signage throughout the service assists consumers navigate the service. Consumers’ rooms were observed to be spacious and personalised often including photographs and personal items. Consumers said they felt safe and at home in the service.

Consumers can move freely throughout the service, which is comfortable, clean, and well maintained with regular maintenance. The carpets in one consumer’s room were noted to be worn and after reviewing the condition of the carpet, management advised the flooring will be replaced. The memory support unit is large and makes it difficult to supervise consumers in this area. The service is currently looking at options to divide the unit into two areas for better supervision and safety of consumers. Consumers and representatives stated they feel safe in the service.

Fittings and equipment were safe, clean, and suitable for consumers. A cleaning and maintenance schedule ensures the service environment is maintained. Consumers felt safe when staff used equipment and said they did not have any maintenance concerns.

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 are encouraged to provide feedback and staff described ways they support consumers make complaints. Documentation showed feedback is encouraged and supported at the service and consumers and representatives said they know how to provide feedback about care and services.

Information about advocates and other methods of raising complaints is displayed throughout the service and annual Advocare sessions are held to educate consumers and relatives. Consumers described the advocacy services available and were aware complaints that are not resolved by the service can be reported to the Aged Care Quality and Safety Commission.

Staff described open disclosure principles and said management always follow up issues in a timely manner. Documentation showed actions taken in response to feedback and complaints are recorded. Consumers and representatives are satisfied with the response to feedback and complaints and said open disclosure was used when things went wrong.

Management described the process for monitoring complaints and feedback and how this information is used for continuous improvement and evidence was provided showing where feedback and complaints were used to improve the quality of care and services. Consumers and representatives said they were satisfied feedback is used to improve care and services.

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

Staff have sufficient time to undertake their duties and documentation showed the organisation has processes in place to ensure there are enough staff rostered to provide quality care and services. Observations showed consumers were being attended to in a timely manner and consumers and representatives felt the service has enough staff.

Staff were knowledgeable of consumers’ culture and interactions observed between staff and consumers were kind and considerate. Consumers said staff treat them with kindness and staff are caring and respectful.

Systems ensure staff have the right competencies and qualifications to perform their roles and regular training enables them to effectively perform their duties. Documentation showed care and services are provided based on consumers’ assessed needs, goals, and preferences. Consumers and representatives felt safe and confident staff knew what they were doing.

The recruitment process assesses the applicant’s qualifications, skills, and experience against the relevant role and documentation showed an effective recruitment process which included the appropriate checks. Consumers and representatives said they were satisfied with the skills and the knowledge of the staff.

Performance development and planning processes ensures staff performance is reviewed and assessed and performance development meetings provide staff an opportunity to discuss any support and professional development training required. Consumers said they are satisfied with the performance of staff providing care and services.

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 are encouraged and supported to engage and contribute to the development of care and services by providing feedback, attending meetings, and completing surveys. Documentation showed consumers are actively engaging with the service and making suggestions about the provision of care and services they receive through the mechanisms provided. Consumers felt the organisation supports and encourages them to be involved in designing and improving care and services.

A culture of safe, inclusive, quality care and services is promoted, and documentation showed procedures are reviewed and updated regularly to support this. Clinical and risk data is collected and analysed and provided to the board and sub committees. Consumers and representatives said they felt the service was being run well.

A range of policies and procedures are in place to ensure effective organisational governance. The electronic system which manages and communicates information is password protected and data collected is used to identify areas of improvement. Service departments receive monthly budget updates and budget allocations are made in consultation with management. Each role has specific job descriptions listing clear responsibilities and accountabilities and staff performance is monitored. Changes to legislation and regulations are provided to staff through emails and staff meetings. Mechanisms are in place for consumers and representatives to provide feedback and examples were provided of where feedback was used to drive continuous improvement.

Effective risk management systems and analysis of care and incident data ensures consumers are supported to live the best live they can. Staff described their responsibilities when investigating and recording any change or instances of harm or abuse and documentation showed the organisation reports incidents appropriately.

Clinical care provided is governed by an overarching clinical governance framework, including but not limited to antimicrobial stewardship, minimising the use of restraints and the use of open disclosure. Documentation showed antimicrobials are prescribed according to best practice and staff said they use open disclosure in their daily practice. Consumers said they are receiving clinical care that is appropriate for their needs.

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 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)