Performance

Report

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| Name: | Bupa Morphettville |
| Commission ID: | 6915 |
| Address: | 29 - 31 Austral Terrace, MORPHETTVILLE, South Australia, 5043 |
| Activity type: | Site Audit |
| Activity date: | on 25 September 2024 to 27 September 2024 |
| Performance report date: | 24 October 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 4325 Bupa Morphettville |

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 Bupa Morphettville (**the service**) has been prepared by J Wilson, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 14 October 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 | **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 and representatives confirmed consumers are treated with dignity and respect with their identity, culture and diversity valued and described how the service accommodates their specific needs and preferences to ensure culturally safe care and services are provided. Consumers described how they are supported by the service to maintain relationships of choice and make decisions about the care and services they receive and confirmed the service supports them to take risks to enable them to live their best life, with the risks discussed and mitigation strategies implemented in consultation. Consumers and representatives expressed satisfaction with how the service communicates information and described the various methods used, which enables them to exercise choice and make decisions. Consumers felt their privacy is respected and their personal information is kept confidential, with observations confirming staff practices were consistent with maintaining consumers privacy and confidentiality.

Staff described how they ensure they treat consumers with dignity and respect, recognise their culture and identity, and use this to inform care and service delivery. They were observed to be knocking and seeking permission prior to entering rooms and maintain the consumer’s privacy and dignity while using the shared bathrooms. Staff described how they maintain confidentiality and privacy by not discussing information in communal areas and respecting consumers’ right to personal space.

Staff demonstrated an awareness of consumer’s culture and how this impacted on care and service delivery and confirmed undergoing cultural awareness training. Staff described how they support choice and decision making in delivering care and services and were knowledgeable in the risks consumers choose to take and described the strategies they implement to safely support consumers.

Care documentation includes information about consumers’ background, personal preferences, traditions and cultural practices. Care documentation reflected evidence of choice and decision making in partnership with consumers and their representatives. Management and service policies support staff in supporting risks, including undertaking reviews and risk mitigation strategies were observed to be implemented and were consistent with care documentation and interviews.

The service has policies and procedures to guide staff practices and ensure consumers are supported in culturally appropriate ways, and processes and systems are in place to maintain confidentiality, including password protected systems with access restrictions appropriate to the staff members role.

Based on the assessment team’s report, I find all requirements of Standard 1 Consumer dignity and choice compliant, therefore the Standard is 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

Consumers and representatives expressed satisfaction with assessment and planning processes, and described how the service undertakes risk assessments, consults them on their current needs, goals and preferences, and discusses end of life wishes and advanced care planning with them. Consumers and representatives confirmed they are involved in the assessment and planning process in relation to the consumer’s care and services, along with others involved in their care and services. Consumers and representatives indicated outcomes of assessment and planning are effectively communicated and they are offered a copy of the consumer’s care plan. Consumers and representatives confirmed being contacted on a regular basis to discuss the consumer’s care and services, which are also reviewed following a change in condition or incident occurring.

Staff demonstrated knowledge of assessment processes and the validated assessment tools used to identify risks and implement mitigation strategies and were familiar with the risks associated with the care of individual consumers and the mitigation strategies implemented, which were consistent with care documentation. Staff described processes to involve consumers, their representatives and other services and supports involved in the consumers care in assessment and planning, which was demonstrated through care documentation and interviews with visiting health professionals. Staff described communication processes to ensure information is shared and confirmed consumer care plans are current and have accurate and sufficient information documented to inform safe and effective care and services. Staff were knowledgeable of review processes and the conditions which would trigger an additional review, and care documentation demonstrated reviews are undertaken post incidents, and monthly in line with service policies and procedures.

Care documentation evidenced validated assessment tools had been used in the assessments of risk, and associated mitigation strategies were documented and the consumers current needs, goals and preferences were assessed and documented, which included advance care planning or end of life care.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore the Standard is 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 and representatives expressed satisfaction with the care and services provided, and said consumers receive the services to meet their needs, goals and preferences, and the risks associated with their care are effectively managed. Representatives described end of life discussions occurring and expressed satisfaction with the end of life care provided to consumers. Consumers described staff know them well and were confident in staff abilities to identify changes to their condition, and representatives described being notified by staff when incidents or changes in the consumer’s condition have occurred. Consumers and representatives confirmed referrals are placed appropriately and in a timely manner and expressed satisfaction with infection control practices within the service.

Care documentation demonstrated the high impact or high prevalence risks associated with the care of consumers were effectively managed with interventions implemented to prevent harm, including wound care, falls prevention and management and weight loss. For consumers who had passed, care documentation demonstrated their needs, goals and preferences are recognised and addressed, their comfort maximised and dignity preserved. Care documentation demonstrated when a consumer deteriorates or changes their condition occur, the service recognises and responds in a timely manner, with internal and external referrals undertaken promptly where appropriate.

Staff were familiar with the individual needs, goals, preferences and risks associated with the care of consumers and described the mitigation strategies implemented and how they tailor care to meet the consumer’s preferences. Clinical and care staff were familiar with processes to monitor and manage high impact and high prevalence risks and processes to ensure referrals to internal and external services were undertaken in a timely manner. Staff could describe how they provide end of life care to consumers, ensuring their needs are met, and they remain comfortable and dignified. Staff were familiar with processes to recognise and respond to changes in consumers conditions, and confirmed changes to care were communicated and documented. Staff were familiar with infection control practices and confirmed undertaking training, which was observed through staff practices. Staff demonstrated knowledge of antimicrobial stewardship and the use of personal protective equipment.

The service has systems and processes in place to identify, monitor and effectively manage consumers with high impact or high prevalence risks, while ongoing high impact and prevalence risk management is monitored through progress notes and clinical meetings. Policies and procedures to guide staff practices in delivering personal and clinical care, deterioration and infection control are in place. The service maintains an infection control log, and discussions on infection control and antimicrobial stewardship (AMS) is discussed in clinical meetings and medication advisory committee (MAC) meetings.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal and clinical care compliant, therefore the Standard is 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 confirmed consumers receive safe and effective services and supports for daily living which improves their quality of life, health and well-being and promotes their independence. Consumers described emotional, spiritual and psychological supports provided, and are confident staff would provide additional support when they are feeling down. Consumers expressed how the service supports them to participate in activities both within and outside of the service environment and have opportunities to form and maintain relationships. Consumers felt staff know them well and are knowledgeable about their preferences and needs and described timely and appropriate referrals being undertaken with they are required. Consumers expressed satisfaction with meals provided, and confirmed there is always enough to eat, and a wide variety of meals to choose from. Consumers and representatives confirmed the equipment provided for activities of daily living is safe, suitable and well maintained and assists them in promoting their independence.

Staff demonstrated familiarity with the individual needs for consumers and described how they support consumers’ spiritual, emotional and psychological well-being, and provide equipment, services and supports to promote their independence. Staff described how consumers are supported to participate in activities of interest to them, with the service’s lifestyle calendar informed by feedback from consumers to ensure it meets their needs. Staff from all areas of the service confirmed information regarding a consumer’s condition, needs or preferences relevant to their role is effectively communicated. Staff demonstrate knowledge of referral processes to internal and external service providers and were familiar with service processes in relation to cleaning and maintenance processes for equipment for daily living and lifestyle programs. Staff described how they support consumers with meals in line with their needs, and preferences, and described a menu which is rotated seasonally and can be adjusted to suit the individual needs of consumers.

Care documentation demonstrated consumers are involved and engaged in activities that meet their needs, goals and preferences and described how staff support their emotional, spiritual and psychological well-being. Documentation demonstrated the dietary needs and preferences of consumers are documented and communicated. Referrals and recommendations for internal and external service providers were reflected in care documentation and communicated to staff.

Service documentation included a lifestyle program which demonstrated various activities available to consumers, and consumers were observed to be participating in group activities, meeting with visitors and leaving the service. Staff were observed to be encouraging and supporting consumers in participating in activities of interest. Lifestyle equipment was clean and well maintained in communal areas, and consumer equipment was observed to be clean, well maintained and available for consumer use.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore the Standard is 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

Consumers and representatives confirmed the service environment is welcoming, easy to understand, supports their independence and provides a sense of belonging. Additionally, consumers indicated the services is clean, tidy and comfortable and were familiar of maintenance and cleaning processes. Consumers confirmed they are enabled to move freely around the service, both indoors and outdoors, and feel safe residing in the service. Consumers and representatives confirmed furniture, fittings and equipment are safe, clean, well maintained and suitable for use.

The service environment was observed to be clean and well maintained, with wayfinding signage visible throughout to facilitate navigation. Consumer rooms were individualised, spacious and private, with communal spaces, both internal and external, furnished with hard and soft furnishings. Service equipment, furniture and fittings were observed to be clean and in good condition.

Staff confirmed the service has proactive cleaning schedules, audits and preventative and reactive maintenance programs. Staff confirmed processes for additional cleaning of the service environment when required and were aware of processes to report maintenance issues. Staff were familiar with processes for cleaning equipment following use and reporting any concerns to maintenance for repair. Service documentation and staff confirmed processes to ensure the service is well maintained and safe, and includes fire safety, water testing and electrical equipment.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore the Standard is 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 expressed satisfaction with the service’s feedback and complaints mechanisms, describing how they are encouraged and supported to provide feedback or complaints, and how management responds to complaints in a timely manner. Representatives were aware of advocacy and language services available for support, and confirmed feedback and complaints are used to improve the quality of care and services provided and the service environment.

Staff were knowledgeable of complaints processes and described how they support consumers and representatives to provide feedback and were familiar with escalation processes to ensure complaints are actioned. Management confirmed feedback and complaints processes consistent with the service’s policies and procedures and provided examples of how feedback and complaints have been used to make improvements in the service environment and the care and services provided.

The service encourages and collects consumer and representative feedback through various methods, including surveys and resident meetings. Feedback forms and secure boxes were observed throughout the service, with information on feedback, complaints, advocacy and language groups displayed on notice boards and contained within the consumer admission pack, and on the service’s website. Service documentation demonstrated feedback and complaints are recorded, with actions undertaken in response and the use of open disclosure where appropriate. Feedback and complaints information is analysed and trended with opportunities for improvement identified and reflected in the service’s plan for continuous improvement (PCI).

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore the Standard is 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

Consumers and representatives confirmed there are adequate numbers of staff with appropriate skills to provide safe and quality care and services and expressed confidence in the abilities of staff. Consumers described staff interactions as kind, caring and respectful of their identity, and diversity and said? staff are respectful of their culture. Consumers and representatives confirmed staff are competent, and are confident staff have the knowledge and training to effectively perform their roles.

Observations demonstrated sufficient staff numbers across all areas of care and services and staff appeared composed providing care and services, maintaining a calm environment. Staff interactions with consumers were observed to be kind, caring and respectful. Staff confirmed there is a sufficient workforce to provide care and services, with inexperienced staff partnered with experienced staff to ensure skill mix and guidance. Staff demonstrated sufficient knowledge of care needs and aged-related care and service topics and felt supported in their roles through ongoing training and guidance. Staff confirmed undergoing regular monitoring of their work, including performance appraisals, and described induction processes which included partnering with experienced staff until deemed competent in their role.

Management described processes to review the skills mix and number of staff rostered, including benchmarking and feedback from staff, which was confirmed through service documentation, with examples of increases in staffing following a roster review provided. Management described processes, both formally and informally, to monitor the performance of staff, with additional processes in place to support or manage staff with performance issues, which was reflected in staff files.

A master roster is in place which is managed centrally within the organisation, with the service responsible for allocating staff, with processes in place to cover planned and unplanned leave. The service has screening processes for potential employees, inclusive of police clearances, qualifications and reviewing the Commission’s banning order register, while onboarding and orientation processes includes mandatory training, information on the organisation’s expectations and values and buddy shifts. The service has a training program in place, including mandatory training to be undertaken by all staff, with management confirming additional training is provided where training deficiencies have been identified. Training programs are tailored to the individual’s role, and includes competency based training modules for staff to complete.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore the Standard is 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 felt the service is well-run and confirmed they are engaged in the development, delivery and evaluation of care and services and feel supported in doing so. Staff described how they engage with consumers to gather feedback and suggestions across a range of care and service topics, with various consumer forums in place to capture consumer feedback, such as resident and relative meetings and the consumer advisory body.

The organisation has systems and processes to collect, analyse and trend incidents and feedback which are discussed at local, leadership and governing body meetings. The governing body and executive members have the skills and experience in relevant disciplines, and are informed by sub-committees, including quality and clinical governance, to ensure they make informed decisions and are accountable for the delivery of safe and quality care and services. Systems and processes are in place to escalate risks to key personnel and accountabilities are outlined in organisational policy.

The organisation demonstrated effective organisational-wide governance systems overseen by the governing body and sub-committees with a documented governance framework, which detail key elements and provides an overview of governance systems, components, and tools. The framework defines the rules, relationships, systems, and processes by which authority is exercised and controlled within the organisation and includes managing consumer information electronically, addressing feedback and complaints and using them to drive continuous improvement processes within the organisation, ensuring appropriate delegations are in place for expenditure for service items, maintaining and managing the workforce, and complying with and implementing legislative and regulatory changes as they occur.

The service demonstrated effective risk management systems and practices, including management of high impact risks, identification and response to abuse and neglect, management and prevention of incidents and supporting consumers to live the best life they can. Quality indicators of care, incident, and mandatory reporting data is reported to the governing body for oversight and other sub-committees. The service maintains a clinical risk register which is reviewed by the clinical management committee who sends monthly trending and analysis of the risks to the clinical governance committee. Service management escalate individual high risks to internal areas of the organisation which provide additional support. Incidents are recorded and managed through an electronic computerised system. Trending and analysis of incidents are submitted to a quality and analysis committee who will provide advice or education to the service. The organisation has a serious incident response scheme (SIRS) policy and procedure, with mandatory training provided to all staff on SIRS and recognising and responding to abuse and neglect. A dignity of risk policy and procedure outlines processes to identify and discuss risks with consumers, document the discussion, implement control measures and evaluate and review strategies for their effectiveness.

The organisation has a clinical governance framework which provides a systematic approach to maintaining and improving the quality of consumer care. Elements of the framework include having an appropriately skilled workforce, risk management, measuring success, achieving clinical excellence and continuous improvement, with clinical governance structures from the service level to the governing body. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and the use of open disclosure when things go wrong. Clinical processes including assessment and review of consumer care needs, incident reporting and review, staff training, and policies and procedures ensure staff provide consistent clinical care. Staff demonstrated knowledge of minimising restrictive practice use and AMS principles and confirmed policies and procedures were easy to access and follow. Incident documentation demonstrated the use of open disclosure principles when things go wrong. Clinical governance meeting minutes demonstrated reporting and discussion of clinical issues within the service and at an organisational level.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore the Standard is 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)