**Performance**

**Report**

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| Name: | Darling Downs Hospital & Health Service CHSP |
| Commission ID: | 700692 |
| Address: | Cnr Tor and Hogg Streets, TOOWOOMBA, Queensland, 4350 |
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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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7556 Darling Downs Hospital and Health Service  
Service: 25146 Darling Downs Hospital and Health Service - Care Relationships and Carer Support  
Service: 25145 Darling Downs Hospital and Health Service - Community and Home Support

**This performance report**

This performance report for Darling Downs Hospital & Health Service CHSP (**the provider**) has been prepared by K. Jarvie, 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 services, 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 Quality Audit report, which was informed by a site assessment, observations at the services, review of documents and interviews with staff, consumers, representatives and others.

The provider did not submit a response to the Assessment Team’s report for the Quality Audit.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | CHSP |
| 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 reported they felt staff treated consumers with dignity and respect. Staff described practices which showed they respected the consumers and treated them with dignity. Management said there had been no reported incidents or complaints relating to disrespectful behaviour of staff and described the process used if disrespectful behaviour occurred. Staff and management were observed speaking respectfully about consumers.

Consumers and representatives confirmed staff knew the consumer’s background, and what was important to them. Staff understood the importance of getting to know the consumer first and tailoring the care and service delivery to each consumer’s needs and preferences. Management described the training, policies and procedures governing the practices of delivering culturally safe care and services. Documentation adequately reflected the consumers’ backgrounds and culture and showed staff receive relevant training in cultural practice.

Consumers and representatives described feeling they had autonomy to make decisions regarding consumers’ care and services. Staff described ways they supported consumers to exercise choice and decision-making including when to involve other people in discussions about the consumer’s care. Management explained how the provider employed a collaborative person-centred approach to care and service delivery across the services. Documentation showed each consumer’s relationships, representatives and support persons were recorded.

Consumers and representatives confirmed staff encouraged and supported consumers to maintain their independence. Staff demonstrated their knowledge and understanding of the importance of affording consumers the dignity and right to take risks. Management described the process should a consumer choose to take risks.

Consumers and representatives stated consumers received monthly statements, correspondence, and newsletters. Staff described how they tailored communication based on consumers' needs and preferences. Management explained how various systems and processes ensured consumers received accurate and timely information. Documentation confirmed invoices were easy to understand, and regular newsletters were provided to consumers.

Consumers and representatives did not report any concerns relating to privacy and confidentiality. Staff described the process they undertook to ensure consumers’ privacy was respected and how they maintained the confidentiality of consumer information. Management demonstrated how this requirement underpinned various systems and processes implemented. Documentation showed staff completed mandatory cybersecurity training.

Based on the information summarised above, I find the provider, in relation to the services, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 confirmed consumers are provided with an opportunity to discuss their care plan and associated risks. Staff described how assessment and planning occur and how this informs the delivery of consumer care and services. Management described the process for assessment and planning. Documentation showed evidence of assessment tools and processes used to inform the delivery of safe and effective care and services.

Consumers and representatives confirmed the care and services provided address the consumer’s current needs, goals and preferences. Staff and management confirmed assessment considers each consumer’s needs and preferences, with advance care planning and end of life planning discussion held. Documentation showed needs, goals, and preferences were discussed, assessed, planned and documented and advance care planning was discussed.

Consumers and representatives confirmed they participated in the planning and review of the services the consumer receives. Management and staff described how they work in partnership with others when undertaking assessment and care planning. Documentation evidenced involvement of consumers, representatives and others in the assessment and planning of services.

Consumers and representatives reported being satisfied with the information they received from the service about the consumer’s assessment and care planning. Staff confirmed a copy of the care plan is accessible in the consumer’s home and electronically. Management stated that a copy of the care plan was provided to consumers and was accessible to staff at the point of care. Documentation showed the service maintains copies of signed care plans.

Consumers and representatives said staff regularly communicated with them about the services consumers receive and make changes to meet the consumer’s current needs. Staff were aware of incident reporting processes and that changed circumstances including deterioration would trigger a review for a consumer. Management confirmed care plans are reviewed on a scheduled basis and when circumstances change for the consumer. Documentation evidenced reviews were conducted for consumers.

Based on the information summarised above, I find the provider, in relation to the services, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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 confirmed clinical and personal care received was safe, effective, and optimised the health and well-being of the consumer. Staff demonstrated their knowledge of consumer needs, goals, and preferences and described how each service was customised to meet each consumer’s needs. Care planning documentation described individual consumer’s personal and clinical care needs in enough detail to guide staff in delivering care and services.

Staff demonstrated knowledge of risks relevant to individual consumers and strategies implemented to manage those risks. Management confirmed emerging risks were considered and addressed. Documentation evidenced management of high-impact and high-prevalence risks associated with the care of consumers.

Staff stated additional assistance for consumers would be provided if a consumer was nearing end of life with referrals to other services if palliative care needs were identified. Management and coordinators confirmed there were processes in place to refer consumers to additional services if end of life care needs were identified. Documentation showed the service has policy to guide staff on collaborating with other health care professionals to support consumers nearing end of life.

Consumers confirmed staff recognise deterioration and respond appropriately. Staff described how they identify deterioration and escalate identified issues. Coordinators described the processes in place to respond to deterioration in consumers. Documentation showed evidence of staff recognising, reporting, and responding to consumer condition changes.

Consumers and representatives said they were satisfied with the care and services consumers received and stated staff work well together to meet the consumer’s personal and clinical care needs. Staff confirmed they are provided information about new consumers or changes in condition to a consumer. Documentation showed care plans and relevant information were available on the care management system, including an activity plan detailing when the care and service is due.

Consumers and representatives confirmed they had been referred to other services when required. Staff discussed how referrals are made when needed. Documentation evidenced prompt action to refer consumers when needed, with input from other health care professionals sought.

Consumers and representatives confirmed that infection mitigation measures were used by staff to minimise the transmission of infectious diseases. Staff and management described actions taken to ensure the risk of infection transmission is minimised. Management emphasised the importance of removing non-essential services when a consumer was unwell, although confirmed in cases where the service was deemed essential, it would be delivered with minimal contact. Documentation evidenced infection control strategies used by staff.

Based on the information summarised above, I find the provider, in relation to the services, compliant with all Requirements in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 provided examples of how the services support consumers to maintain their independence and quality of life. Staff interviewed had a good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves, if this is the consumer’s preference. Documentation evidenced individualised care planning and included the services and supports provided and specifics on the way they are to be provided for each consumer.

Consumers and representatives provided examples of how the staff provide emotional support to consumers. Staff demonstrated an understanding of what is important to the consumer and gave examples of how they have supported the wellbeing of consumers when the consumer has been feeling low. Care planning documentation included information on consumers’ emotional and psychological well-being needs where appropriate.

Consumers and representatives confirmed the organisation was flexible in the delivery of services, enabling consumers to participate in the community and do things of interest to them. Staff provided examples of consumers who were supported to maintain their relationships and how they supported them in doing their preferred activities. Management confirmed each service supported consumers by providing resources, guidance and encouragement to help them maintain their independence. Care planning documentation identified individual consumer’s activities of interest and guidance to staff on how to support the consumers in achieving things of interest to them.

Consumers and representatives said they were satisfied that information about the consumer’s care and services is shared within the service and with others involved in their care. Staff said they received information about the consumer and were informed of any changes to the consumer’s condition. Documentation demonstrated effective communication through progress notes, and roster reports within each service and with other organisations or providers involved in supporting the consumer’s lifestyle needs.

Consumers and representatives said they were satisfied that the service assisted with referrals to other services and supports if required. Staff described the process for referrals, including ensuring any referrals were completed in consultation with the consumer. Documentation demonstrated that timely referrals were made as appropriate, including supports through arrangements with other services and organisations.

Representatives stated the consumers enjoyed the meals provided and staff delivering the meals are aware of consumer dietary requirements. Staff stated the services conducted annual meal surveys to gather feedback on meal quality and quantity. Documentation showed assessments and delivery sheets reflect dietary needs and preferences and the assistance required by staff to support the consumers with managing their meals.

Consumers and representatives confirmed occupational therapy assessments occurred before equipment was provided for the consumer and the equipment supplied was suitable and met the needs of the consumer. Staff described the process for identifying and reporting risks to the safe use of equipment. Management described the processes for purchasing, maintaining, and replacing equipment, and educating staff and consumers to report any concerns with equipment.

Based on the information summarised above, I find the provider, in relation to the services, compliant with all Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 reported they feel comfortable and welcomed in the service environments. Management and staff demonstrated an understanding of how different consumers used the service environments in different ways and provided examples of how the service environments supported varying independence and ability levels. Observations showed the service environments fostered interaction and function for each consumer’s level of independence. Documentation evidenced how each service captured each consumer’s experience in the service environments and that data collected was used to inform service delivery.

Consumers and representatives reported consumers felt safe when in the various service environments and confirmed the environments were clean, well maintained, and consumers could move freely throughout. Management and staff described their responsibilities for managing risk and responding appropriately to a hazard, incident, or emergency when in the service environments. Observations and documentation evidenced processes in place to ensure service environments were clean and well maintained to minimise hazards and potential risks.

Consumers and representatives were satisfied with the range, suitability and safety of furniture, fittings and equipment provided within the service environments, with consideration given to physical and psychological needs and preferences. Staff and management described the processes in place to ensure furniture, fixtures and equipment remain clean and are suitable for consumers. Observations of the service environments demonstrated various options and availability of equipment, furniture and fittings and demonstrated where qualified staff assess suitability of equipment used for individual consumer’s needs. Documentation evidenced regular cleaning of equipment within service environments and regular maintenance conducted by qualified tradespeople.

Based on the information summarised above, I find the provider, in relation to the services, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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 confirmed they were informed of different methods for raising feedback and complaints. Staff described how they encouraged consumers to provide feedback and support them to make complaints. Management explained the processes each service used to provide consumers the opportunity to share feedback and complaints. Documentation showed consumers were provided with information about how to provide feedback and make complaints in the service agreement and information pack.

Consumers and representatives explained how the services ensured they were aware of support services for raising and resolving complaints. Coordinators and management discussed examples of these support services and how this information was made available to consumers. Documentation showed consumers were provided with information about other complaints mechanisms and support services.

Consumers and representatives reported that the services responded to their complaints promptly. They recalled staff being apologetic and of being satisfied with the outcome. Staff and management described the complaints management procedures and spoke about how the principles of open disclosure were embedded in their practices. Documentation showed appropriate action was taken in response to complaints, with clearly assigned roles for staff and regular discussion about feedback and complaints held at monthly coordinator meetings.

Consumers reported being satisfied with how the services managed their complaints. Staff and management described how the feedback and complaints data resulted in quality improvement initiatives. Documentation evidenced improvements to services implemented after complaints were raised.

Based on the information summarised above, I find the provider, in relation to the services, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | CHSP |
| 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 reported satisfaction with the number and mix of staff. Staff said they have adequate time to complete duties and sufficient time is rostered when travelling between clients. Management described workforce availability as a key risk but, provided strategies of how this is managed in practice. Documentation evidenced each service’s commitment to ongoing workforce planning and staff development to ensure continuity of care for consumers.

Consumers and representatives were satisfied with workforce interactions and described staff as kind, caring and respectful of consumers’ individuality. Staff demonstrated an understanding of how to respond to the diverse needs of consumers, and provided examples of how they value consumer needs and preferences when delivering care and services. Management advised each service monitors consumer satisfaction with the workforce by collecting feedback through annual review meetings. Observations demonstrated the workforce interacts with consumers in a gentle and respectful manner. Documentation evidenced the services were committed to providing respectful value-based care and services to consumers.

Consumers and representatives expressed trust in the workforce, noting competence and alignment with their individual health and well-being needs and preferences. Staff explained how they work within their responsibilities and scope of practice, receive training and support from management, and offered opportunities for professional development to effectively perform in their roles. Management described how the recruitment process considers requirements for workforce suitability and explained how the workforce is supported in ongoing development opportunities. Documentation evidenced how the services collected and maintained workforce competencies to ensure ongoing role suitability.

Consumers and representatives said they felt staff were appropriately trained and have the skills required for their roles. Staff stated orientation and mandatory training prepares them for their role prior to commencing care provision. Management and staff described the ongoing training, support, professional development, and supervision available for staff to carry out their roles. Documentation evidenced functional programs in place in relation to workforce recruitment, induction, training and development, including where subcontracted staff are engaged.

Consumers and representatives said they are satisfied with the workforce and are provided the opportunity to give feedback on staff performance. Staff stated performance appraisals are completed annually and described how this process informs performance development. Staff said they feel supported in performing their roles and reported management is responsive when feedback is provided, or additional training needs are requested. Management described the staff monitoring and appraisal processes. Documentation review confirmed performance appraisals are conducted regularly with outcomes implemented and monitored.

Based on the information summarised above, I find the provider, in relation to the services, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

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| Organisational governance | | CHSP |
| 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 described how each service seeks their feedback to improve the delivery of care and services. While surveys are currently limited, management spoke of the consumer engagement plan and various strategies already implemented to gather feedback from consumers to guide service improvements. Staff described ways they encourage consumers to provide feedback and an understanding of their reporting obligations when receiving feedback. Documentation demonstrated a commitment to ongoing continuous improvement for engaging consumers in developing and evaluating care and services.

The governing body has established reporting and oversight processes with relevant committees to ensure a culture of safe, inclusive and quality care is provided. Management stated the governing body is provided with information through regular meetings. Management and staff described how strategically planned mandatory training supports a culture of safe, inclusive and quality care. Staff described the practices which align with organisational objectives. Documentation evidenced strategies used to improve consumer outcomes.

Information management systems are guided by data, records, information management and cyber security policies with data stored electronically. Continuous improvement plans are in place, with management responsible for the delivery of continuous improvement actions. Financial governance systems and processes include financial planning, external auditing and acceptance into service types being contingent on capacity available. Workforce governance systems and processes include training, regular meetings and a workforce recruitment and retention plan. Management maintains subscriptions to relevant external and peak bodies to ensure policy and legislative changes are identified and implemented to meet regulatory compliance expectations. Feedback and complaints systems include a risk management system used to record, analyse and trend data with management responsible for allocating actions and closure of items.

Consumers reported being supported to live their best life. Staff reported they received training in relation to elder abuse and neglect, incident reporting and management, changes in consumer condition and person-centred care. Management and staff described the incident management process and responsibilities for escalating risk. Management stated the services conduct risk and incident analyses and tailor strategies for risk prevention. Documentation showed all services maintain risk registers, used an incident management system and reported risk and incident information to the governing body and discussed risks and incidents at staff meetings.

Consumers and representatives confirmed consumers received safe and effective clinical care which is tailored to their needs and preferences. Staff confirmed they received training on relevant clinical practices including restrictive practices and infection prevention and control. Management and a member of the governing body described adherence to a clinical governance framework through a mandatory training program, regular meetings, consultation with clinical staff, and a systematic approach to clinical care delivery. Documentation evidenced strategies used to support safe clinical care delivery and improvement.

Based on the information summarised above, I find the provider, in relation to the services, compliant with all Requirements in Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)