**Performance**

**Report**

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| Name: | Greater Geelong City Council |
| Commission ID: | 300021 |
| Address: | 137-149 Mercer Street, GEELONG, Victoria, 3220 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 159 Greater Geelong City Council  
Service: 18812 Greater Geelong City Council

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8489 City of Greater Geelong  
Service: 25384 City of Greater Geelong - Care Relationships and Carer Support  
Service: 25383 City of Greater Geelong - Community and Home Support

**This performance report**

This performance report for Greater Geelong City Council (**the service**) has been prepared by D.Soich, 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 Quality 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 on 29 April 2024, indicating acceptance of the assessment team’s assessment.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 | **Not Applicable** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers described their interactions with staff as always respectful and how they felt their cultural backgrounds were understood and respected. Staff demonstrated their knowledge about consumers’ identity, culture and diverse backgrounds. The provider’s client management system documented the consumers personal circumstances, what is important to them and their cultural background and goals. Management advised consumers and/or representatives are encouraged to provide ongoing feedback on issues and make suggestions in areas where improvements can be made.

Care planning documentation showed what was important to consumers relating to their culture and beliefs. Training registers evidenced staff had completed culturally sensitive training including translation and interpreter services. Staff, management and consumers described how staff interacted with consumers inclusive of their cultural beliefs. Consumers confirmed staff are paired with them based on their cultural preferences and language background and they found this very beneficial.

Consumers, staff and management confirmed consumers’ needs, preferences and goals were all discussed during the care planning process. They also provided examples of how consumers are supported to exercise choice, such as nominating when their services are delivered and who they are delivered by. Consumers described how the service and staff involve their representatives with their care and that they feel included in the decision-making as well.

Observations confirmed that staff were trained to ensure consumer choice was paramount and this was evident in discussions with staff and consumers. Staff were aware of procedures that required them to discuss potentially risky behaviours or action with consumers and their representatives to ensure potential risk and harm are known. Sampled consumer files showed where risk was identified, strategies to mitigate the identified risks were documented. Staff described the support and assistance measures in place to ensure consumers are as safe as possible whilst supported to take risks such as the use of mobility aids whilst going for walks.

Information packs provided to consumers on commencement were found to be current, accurate and easy to understand. It included information to guide consumers on how to access services and obtain information about service provision. Staff confirmed they work closely with family, friends and representatives to ensure all consumers were supported to understand information available to them including those with memory or sensory loss.

Care plans demonstrated that consumer information was accessed only staff who were authorised to do so, or by those authorised by the consumer. Care plans were also held securely in the provider’s customer relationship management (CRM) system under password protection, with access according to roles. Staff were knowledgeable of the organisation’s privacy procedures and described ways of protecting consumer’s privacy including sharing only information with the consumer or relevant staff member. Consumers stated they felt confident their privacy was being respected.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 1.

# Standard 2

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

Findings

Care planning documentation evidenced assessment at commencement of services, and planning was undertaken with consumers and/or representatives including completing relevant risk assessments such as mobility, home safety assessments in conjunction with ongoing assessments based on needs. Consumers and/or representatives interviewed provided positive feedback regarding the assessment and care planning processes. They confirmed they received in-home assessments prior to the commencement of services as well as at regular intervals. Management advised in-home safety assessments are conducted during the onboarding meeting prior to delivering services to consumers along with a comprehensive assessment form that identifies any potential risks.

Care planning documents showed that consumers’ needs, goals and preferences have been discussed and documented including Advance Health Directives if applicable. Staff confirmed care plans have a section that identifies how the support workers will assist the consumer. The consumer’s care plan is provided to the worker which also contains notes and provides directions specific to that consumer. Consumers advised the care and services they are currently receiving from the service are in line with their needs, preferences and goals.

Consumers and representatives said they are involved in deciding who is involved in planning consumers’ care and services, and they have a say in the types of care and services consumers receive. Documentation for nine sampled consumers showed input from representatives and other medical professionals in assessment and planning processes.

HCP consumers confirmed they understood their care plans and had their own copies to refer to when needed. CHSP consumers advised they had not received copies of their care plans however when management was interviewed to discuss the finding, they implemented immediate strategies such as sending CHSP consumers their care plans to mitigate the gap in service. Staff and management also confirmed their understanding of this requirement by advising consumers and representatives are consulted in the development of care plans.

Staff confirmed care plans are reviewed regularly face to face with HCP consumers and higher-risk CHSP consumers, and via telephone with lower-risk CHSP consumers. Consumers felt confident the services would notice changes to their circumstances and provided examples, such as an increase in level of care that resulted in additional services being added accordingly to assist the consumer.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 2.

# Standard 3

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| Personal care and clinical care | | HCP | 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers expressed satisfaction with the care and services they receive, including that their nursing care, wound care, personal care, allied health and medication support, was high quality and personalised. Staff demonstrated an understanding of consumer’ service needs and preferences. Clinical governance framework, and other organisational policies and procedures in relation to consumers receiving best practise and tailored clinical care was examined to determine compliance.

Consumers and/or representatives described how consumers receive care and services to maintain their wellbeing and independence. One representative provided an example of how their family member’s wound and falls risks have been effectively managed. Staff and management described processes for the management of consumers’ identified risks. For consumers sampled, care planning documentation reflected key high impact and high prevalent risks were identified and addressed. The service has processes in place for the monitoring and oversight of the provision of care and services for consumers including consumer risk registers, vulnerable person registers and these are reviewed and discussed monthly.

Staff and management described how consumers’ palliation and end of life wishes are discussed with consumers and/or their representatives and care and services are implemented to ensure comfort care as per the consumers’ wishes. The services maintain relationships with a palliative care service to facilitate care needs.

Consumers and/or representatives sampled felt confident that staff would notice if consumers’ health changed and would respond appropriately. Staff and management described processes to report and respond to changes related to consumers. Care plans showed progress notes documenting deterioration had been reported and actioned with results also documented and monitored.

Consumers and/or representatives confirmed consumer care is consistent, they have continuity of care and they do not need to repeat their needs and preferences to multiple people. Staff and management described communication processes within and outside the service and confirmed relevant progress notes about the consumer’s care and services are effectively communicated and care planning sighted confirms same.

Evidence showed timely and appropriate referrals to individuals, other organisations and providers of other care and services for consumers. Staff and management explained the process for referring consumers to other health professionals and all care plans evidenced supported collaboration with other organisations where appropriate.

Infection related risks are minimised through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives felt the service and staff keep consumers safe using personal protective equipment (PPE) whilst also cleaning and screening questions. The service has policies, procedures, training and monitoring processes that are in place to prevent and control the risk of infections. Management also advised they have a Direct Response Team to deliver care and essential services to consumers who have contracted COVID-19 or influenza. Consumers expressed their satisfaction the precautionary measures implemented by staff whilst in their homes performing services.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 3.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives said services and supports for daily living enhances consumers’ well-being and quality of life and provided examples such as receiving assistance with cleaning and food preparation. Staff confirmed their understanding of the needs of individual consumers and how they provide optimal care. One example was for a consumer who receives both domestic cleaning and food service.

Consumers were satisfied services and supports for daily living promoted their well-being. Staff demonstrated an understanding of individual consumer’s needs such as providing support to consumers who are feeling low or overwhelmed. The service also caters to the consumer’s emotional and logistical requirements whilst demonstrating a commitment to the consumer’s well-being and care. An example of this was management working with consumers to encourage them to create a diversity plan to address any special needs the consumer may have.

Consumers and representatives said consumers are assisted to do the things they like to do, including maintaining social relationships. Staff demonstrated flexibility in providing social support whilst tailoring activities based on the preferences of their consumers.

Relevant information about consumers’ services is documented and communicated effectively through the organisation so care managers, rostered staff, and sub-contracted staff can deliver safe and effective care and services in line with consumer’s needs, goals and preferences. Consumers and representatives said staff know consumers’ well and felt information about their condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared.

Staff confirmed that if they identify an additional need for the consumer, they refer the consumer to referral partners such as My Aged Care. Consumers also detailed that when their needs changed, the service would refer them appropriately such as when a higher-level package was required.

The meals provided are varied and of suitable quality and quantity. Consumers described their satisfaction at the flexibility of the meal options. Management advised that staff schedule home visits or phone calls with consumers to cover their dietary requirements, this information is relayed to the meal service contractors. Consumer documentation reviewed also confirms likes, dislikes and allergies are recorded.

Equipment provided is safe, suitable, clean and well maintained. Management and staff confirmed equipment needs are assessed by allied health professionals and supplied as per their recommendations. They also described the cleaning and maintenance processes relevant to equipment when it was provided. Documentation confirmed consumers are referred appropriately and regular communication is maintained to providers to ensure the equipment is provided in a timely manner.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 4.

# Standard 5

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| Organisation’s service environment | | HCP | 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. | Not Applicable | Not Applicable |
| 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. | Not Applicable | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

The service does not offer services from a service environment. Therefore, this requirement was not assessed.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and/or representatives knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raised issues or concerns. Management advised there are policies and procedures in place and staff can raise concerns. An annual survey is also distributed to consumers and staff so feedback can be provided.

Consumers and/or representatives said they had been provided information about advocacy and language services. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. The Assessment Team viewed documentation which includes information about external complaints and advocacy services.

Consumers and/or representatives provided positive feedback on their experience of the complaints management process. Staff demonstrated their understanding of the complaints management system and how they would respond to complaints from consumers including the use of open disclosure. For example, a consumer was unhappy that a staff member hung up on them whilst in a telephone call. Management called the customer back to apologise and explained that the line disconnected, the staff member did not hang up on the consumer. The consumer was satisfied with management’s response.

Management confirmed complaints are discussed at monthly meetings, quality meetings and continuous improvements are discussed. Trending analysis is conducted by management to mitigate risks moving forward.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 6.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives were not satisfied with the number of staff to deliver the consumer’s services as there was always someone new or services were cancelled. To mitigate this risk moving forward, management said they have put strategies in place, such as no longer accepting new consumers and undertaking recruitment programs such as taking on trainees to ensure consumers are not negatively impacted moving forward. On the balance, I am satisfied the provider has met its obligations under this requirement, as no significant impact or risk was identified by the Assessment Team, the issue is known by management, and strategies have been put in place to minimise impact to the consumer.

Consumers and representatives stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Management confirmed they conduct random quality audit checks to ensure these interactions remain positive.

Management advised that selection criteria included qualifications and knowledge needed for each role and these requirements guided their recruitment. Management described having a recruitment process and an initial onboarding and monitoring process to ensure that the workforce is competent to perform their roles. Consumers felt staff were competent and skilled in the roles they performed. All staff receive a hardcopy staff manual that outlines policies, procedures, grievance processes, boundaries, code of conduct, privacy and other information required to perform their roles. All police checks were up to date.

Staff advised they receive ongoing training and guidance whilst feeling supported to undertake their duties safely and efficiently. Additional ongoing training is provided to staff members and regular performance meetings are held to ensure staff feel adequately supported. Evidence analysed highlighted that levels of training were dependant on level of the staff member. Staff confirmed they receive ongoing training and must update their police check, immunisation record and car information such as registration, insurance and driver license details.

A performance development process was analysed whilst the Assessment Team was on-site and they concluded it was sufficient. For example, any performance issues that are identified are escalated to management and human resources to investigate. In addition, staff confirmed being involved in regular performance management meetings with their supervisors.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 7.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumer satisfaction surveys that were sampled showed examples of how services are delivered to meet their diverse needs. All consumers who were surveyed indicated they had an overall positive view of the service and are regularly consulted on the care and services they receive. One area of improvement was identified from the consumer surveys around a perceived lack of transport options, the service is addressing this as part of their continuous improvement program.

Management described, and provided documentation, regarding the processes and procedures they have, and the meetings held at organisational level to monitor they are delivering safe, inclusive, and quality care and services. Risk assessments and process improvement is driven through regular meetings between Directors and Community Managers. The Assessment Team viewed the governance framework that details how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and is consistent with the Charter of Aged Care Rights. Sub-committees are utilised to ensure comprehensive review of differing parts of the organisation. The provider’s executive management conduct regular meetings to review incidents and identify trends, review outcomes of internal and external audits and update policies and procedures as needed. In addition, the service has an established Continuous Improvement Plan process in place to ensure the continuation of safe and effective care and services that also adopts clear policies and outlines best practises.

An incident management policy and register is in place that is overseen by management. In addition, the incident management policy outlined the recording, escalation to management and tracking of action. An example of an incident was provided, and actions undertaken to address the issue were discussed. Staff are aware of advocacy and external complaints agencies, such as the Commission and demonstrated their understanding of how to source support if they needed. Consumers provided examples of how the service helped them live their best life by stating their appreciation of the staff’s understanding of their needs, including receiving assistance to mobilise where they once had difficulties.

The organisation’s clinical governance framework guides staff in relation to education and training, internal clinical audits, clinical effectiveness, research and development, open disclosure, restrictive practices, and risk management. Clinical services such as nursing and allied health are provided through subcontracted service providers.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 8.

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)