Performance

Report

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| Name: | Huntingdon Gardens Aged Care Facility |
| Commission ID: | 2590 |
| Address: | 1-11 Connemarra Street, BEXLEY, New South Wales, 2207 |
| Activity type: | Site Audit |
| Activity date: | 27 February 2024, 2 April 2024 to 5 April 2024 |
| Performance report date: | 18 April 2024 |
| Service included in this assessment: | Provider: 1531 Huntingdon Nursing Home Pty Ltd  Service: 960 Huntingdon Gardens Aged Care Facility |

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 Huntingdon Gardens Aged Care Facility (**the service**) has been prepared by Kate Roulston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

On 18 April 2024, the Approved Provider advised they would not be submitting a response to the site audit report via phone.

# 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 said they were treated with dignity and respect, and their culture and backgrounds were valued. Staff were able to demonstrate their understanding of the consumers’ preferences and were observed delivering respectful care. Care documentation included information on how care was tailored to each consumer to align with their preferences and cultural needs, whilst preserving and maintaining their identity and dignity.

Consumers said staff respected their culture and background, and the care they received was culturally safe. Staff demonstrated knowledge of how to record and access cultural and religious preferences within the Electronic Care Management System (ECMS). Care documentation reflected consumers’ cultural backgrounds, and evidenced how care delivery was changed to accommodate different needs, including gender specific staffing requests for cultural reasons.

Consumers said they were supported to make choices about the care and services they received. Furthermore, consumers said they were provided with the opportunity to maintain relationships with people they choose, and to communicate their decisions to staff. Staff described strategies for supporting consumers to exercise choice and independence, including supporting participation in cultural activities of interest. Care planning documentation reflected information about consumers’ individual preferences and detailed how to involve the people important to them.

Consumers said they were supported to take risks, which enabled them to live the best life they can. Staff discussed areas in which consumers wanted to take risks, and how consumers were supported to understand the benefits and possible harm. Care planning and organisational documentation identified risk mitigation strategies were captured to ensure safety for consumers who have chosen to take risks.

Consumers confirmed the service regularly provided information about the care and services available to them, enabling them to make informed decisions in relation to their care needs. Consumers and representatives said they were kept informed of changes via regular emails and phone calls. Staff described the various communication channels with consumers and included strategies to communicate with consumers living with cognitive or neurosensory impairment. Posters and pamphlets were displayed in the service’s foyer and in each wing, which provided information relevant to consumer needs.

Consumers said their privacy was always respected. Staff explained how they ensured the confidentiality of consumers’ personal information and provided privacy, which included strategies such as gaining consent to be photographed and observing do not disturb signs on consumer doors. Additionally, consumer information under the ECMS was password protected and access limited to information only relevant to roles. Staff were observed knocking on doors and waiting to be invited into consumer rooms and respectfully addressing them by their preferred name.

Based on the evidence above, I find the Approved Provider Compliant with Standard 1 Consumer dignity and choice.

# 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

Staff explained the assessment and planning processes, using validated risk assessment tools to understand consumer needs and consider risks. Care planning documentation included outcomes of assessment and strategies developed to manage risks. Practice was guided by policies, procedures, and a flow chart, with assessment tools embedded within the ECMS. The Assessment Team reported assessment and planning deficiencies relating to consumer ability to independently use the keycode to open the front door. This resulted in the potential for some consumers to be environmentally restrained, without appropriate consent and behaviour support strategies. Management undertook investigation and identified some consumers who may require assistance to open the door. Continuous activity improvements were developed and included undertaking further assessment and planning, to identify if consumers could independently open doors. I consider the service had not intended to subject consumers to environmental restraint as a strategy to support changed behaviours, and this is evidenced through making the door access code readily available. In coming to my decision of compliance, I have placed weight on evidence within the Site Audit report of effective assessment, planning, and consent processes for consumers identified as being subject to environmental restraint, demonstrating appropriate understanding and practice.

Consumers and representatives said assessment and planning processes considered consumers’ needs, goals, and preferences, with opportunities to discuss advance care and end-of-life planning. Care planning documentation identified and addressed current needs, goals, and preferences for consumers and aligned with consumer and staff feedback. Staff explained how they approached discussions relating to advance care and end-of-life planning, supported by policies and procedures.

Staff detailed processes to involve consumers, representatives, and others in assessment and planning. Care planning documentation included evidence of care conferences which included consumers, representatives, and other providers, such as Medical officers, Allied health staff, and specialist providers. Consumers and representatives verified involvement in assessment and planning processes and were aware of others involved in their care.

Consumers and representatives described receipt of regular updates to explain outcomes of assessment and planning and inform of consumer health changes. Care planning documentation recorded regular communication with consumers and representatives, and care and services plans were generated, and copies provided following change or when requested, as verified by representatives. Staff said information in care and services plans informed consumer needs and was easily accessible.

Clinical staff explained processes for regular review of care and services, as well as actions taken following incident or change in care needs. Care planning documentation demonstrated review and evaluation following change of consumer needs, goals, or preferences. Consumers and representatives gave examples of how care and services were altered following review.

Based on the evidence above, I find the Approved Provider Compliant with Standard 2 Ongoing assessment and planning with consumers.

# 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

Staff explained how personal and clinical care was tailored to consumers, providing examples in line with care planning documentation. Strategies and monitoring practices detailed within care planning documentation were reflective of best practice interventions, informed by policies and procedures and specialist guidance where required. Consumers and representatives identified care was provided in line with needs and preferences to optimise health and well-being.

Consumers and representatives said risks for consumers were effectively managed. Following incidents, consumers were assessed and monitored. A multidisciplinary approach was taken for consumers with high risks of falls. Staff demonstrated awareness of consumer risks and responsive strategies.

Staff outlined processes to recognise consumers nearing end-of-life and adapted care to focus on consumer dignity and comfort. Staff practice was supported by policies, procedures, and palliative care specialists. Care planning documentation for consumers receiving end-of-life care reflected monitoring and management of pain and palliative symptoms. Emotional and spiritual needs were addressed in line with information captured within assessment and planning processes.

Care planning documentation included monitoring processes to identify change of health, and appropriate action taken for deterioration and acute changes. Consumers and representatives reported timely identification and communication of change of consumer condition, with appropriate response. Staff explained actions taken following identification of consumer deterioration, following documented management and escalation processes.

Staff explained how information about consumers was communicated through care planning documentation, verbal and written handover processes, and within meetings. Consumers and representatives said staff were well informed of needs and preferences. Care planning documentation included adequate information to support effective understanding of consumer care. Management undertook monitoring of progress notes to stay informed of each consumer’s condition.

Consumers and representatives described timely and appropriate referrals to providers. Staff practice was informed by policies and procedures, and staff provided examples of referrals made for consumers. Care planning documentation demonstrated referrals were made and responded to promptly following identified consumer need.

Consumers and representatives explained processes used by staff to prevent and manage infections. Staff explained practices to prevent infection and ensure appropriate antibiotic prescribing. Infection prevention and control practices were supported by policies, procedures, an outbreak management plan. Additionally, an organisation Infection prevention and control lead supported the service whilst current staff undertook the required training to fill the role. Further evidence included vaccination programs, screening processes for visitor entry, cleaning procedures, and staff education.

Based on the evidence above, I find the Approved Provider Compliant with Standard 3 Personal care and clinical care.

# 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 gave practical examples of how they were supported to participate in activities of daily living as they wished, and explained what supports were available to meet individual preferences. Staff explained the detailed assessment process to capture consumer history and when consumer needs and preferences change. Care planning documentation evidenced individualised services and supports which aligned with consumers’ needs, goals, and preferences to aid in maintaining independence.

Consumers said they were offered emotional, spiritual, and psychological support. Staff described how support to consumers was provided when a change in well-being was identified. Staff were also aware of consumers’ religious beliefs and their preferences to attend church services, both within the service and in community parishes. Care planning documentation contained information about the emotional, spiritual, or psychological well-being of each consumer, including the use of one-on-one support from staff or community visitors where required.

Consumers gave examples of the things they enjoyed doing and explained how they were encouraged to maintain friendships and spend time with people of importance. Staff described how they organised activities for consumers to attend outside of the service, in addition to the scheduled activities available to consumers. Care planning documentation contained information on individual consumer interests and identified the people important to them.

Consumers and their representatives explained information was effectively communicated between staff, and those who provided their care understood their individual needs. Staff and management explained how they are informed of changes to consumer needs and preferences, through efficient and effective communication channels. A review of care planning documentation identified effective communication of consumers conditions, needs, preferences between staff and management.

Representatives explained consumers were referred to and supported by organisations and providers of other care and services. Staff detailed the organisations who work in partnership with the service to ensure appropriate services were available to consumers. Care planning documentation evidenced collaboration with external services to support diverse care needs.

Consumers stated they were satisfied with their meals, their food preferences are met, and alternative choices were available to them. Staff could describe the various ways they meet consumers’ dietary needs and preferences. The menu was designed in consultation with consumers and processes were in place for consumers to provide feedback on meals.

Consumers and representatives confirmed equipment was safe, clean and well maintained. Consumers stated they were comfortable raising issues with equipment and confirmed items were repaired or replaced quickly, when required. Staff were aware of cleaning and maintenance processes and documentation evidenced reactive and preventative maintenance for all equipment used by consumers.

Based on the evidence above, I find the Approved Provider Compliant with Standard 4 Services and supports for daily living.

# 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 said the environment was welcoming, easy to navigate and they felt at home. Staff described how consumers were supported to decorate and personalise their rooms, and explained a safe and comfortable environment is maintained by undertaking regular audits to ensure suitability for consumers. Consumers were observed to be utilising the various areas around the service, and rooms were decorated with personal effects including paintings and photos.

Consumers said the environment was clean, well-maintained, comfortable and they felt safe. Staff detailed how consumers were able to move freely between their rooms, into the communal lounge and dining room, and most doors were observed to be unlocked or able to be opened via a push button. The service is secured by keypad for entry and exit, and management acknowledged a deficiency in effective planning and assessment processes to support independent access through the front door, which is addressed in Requirement 2(3)(a). Consumers were observed moving freely around the service environment.

Consumers confirmed furniture, equipment and fittings were cleaned and maintained regularly. Staff described processes for cleaning and maintaining equipment, furniture, and fittings. Management explained consumer equipment was sourced and obtained promptly when there was an identified need. Maintenance staff detailed the preventative maintenance schedule and processes for repairs or additional maintenance where required. An observation of communal areas identified furniture and fittings were clean and in good condition.

Based on the evidence above, I find the Approved Provider Compliant with Standard 5 Organisation service environment.

# 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 said they felt comfortable in providing feedback and complaints and were able to describe the various compliant avenues available to them. Staff described the methods for consumers to provide feedback and complaints, including locked feedback letter boxes for forms to be submitted anonymously if desired. A review of organisational documentation identified processes and systems for consumers to raise concerns about care and services.

Consumers stated they were aware of external services to support raising a complaint including the assistance of advocacy services. Staff demonstrated knowledge of advocacy and language services available for consumers who may not be capable of using the usual feedback methods. Information about advocacy and translating services were displayed throughout the service.

Overall, consumers and representatives who had raised complaints said the organisation responded appropriately and in a timely manner. The site audit report included evidence of some representatives who were dissatisfied with the action taken in response to complaints, however the Assessment Team found no evidence systemic issues in relation to the complaints and feedback process. Staff and management demonstrated an understanding of open disclosure and explained how they took appropriate action in response to complaints. A review of documentation identified the use of open disclosure and timely management of complaints, in accordance with the feedback and complaints policies and procedures.

Consumers and representatives detailed how feedback and complaints were used to improve care and services. Staff provided examples of how feedback and complaints have resulted in improvements in care and services. A review of organisational documentation established how feedback and complaints were trended, analysed and used to inform improvement, captured in the Plan for Continuous Improvement.

Based on the evidence above, I find the Approved Provider compliant with Standard 6 Feedback and complaints.

# 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, representatives, and staff said there were enough staff to meet consumer needs. Rostering documentation for a sampled period demonstrated the service met legislative requirements for nursing hours, and all shifts were filled. Management explained how they considered staffing and outlined processes to cover unplanned leave, including use of casual staff, offering additional shifts, or working with other services within the organisation.

Consumers and representatives described staff as kind, caring, and respectful of individuals. Management explained education was provided to ensure staff were aware of expectations. Policies, procedures, and mandatory training documentation outlined expectations of staff interactions with consumers.

Staff said they received sufficient training to ensure they had the necessary skills and knowledge to perform their roles. Management explained monitoring processes for staff qualifications, visas, police clearances, professional registration, and competency assessments. Documented position descriptions detailed essential qualifications, and the organisation’s people and culture team completed eligibility checks for potential staff within recruitment processes.

Staff said they were supported to access training relevant to their work and participated in mandatory training sessions. Scheduled training included topics to ensure staff were familiar with the Quality Standards and required outcomes, such as antimicrobial stewardship. Management said they identified training needs through analysis of feedback, complaints, and incidents. Additional support for the delivery of safe, effective, quality care of best practice was available through external providers and specialists.

Management explained processes to monitor, assess, and review the performance of the workforce, including use of competency assessments and appraisals. Staff demonstrated awareness of formal and informal process to monitor their performance and could recall participating in annual appraisal of performance. Personnel files included evidence of monitoring and review of staff in line with policies and procedures, and annual appraisals were completed as scheduled.

Based on the evidence above, I find the Approved Provider Compliant with Standard 7 Human resources.

# 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 described how they were engaged in the development and evaluation of care and services, through care planning reviews, feedback and complaints, consumer meetings, surveys and the newly established Consumer Advisory and Quality Advisory Boards. Management and staff detailed how they assist consumers and representatives to be involved in the delivery and evaluation of care and services. A review of documentation identified consumer-focused, organisation-wide policies, procedures, and schedules to ensure the engagement of consumers.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services, by monitoring and reviewing reports and analytics relating to consumer experience and clinical indicators. Data was benchmarked within the organisation to identify and address wider trends, and manage risks to consumers. A review of governance documentation identified mechanisms for reporting to the governing body, and way the governing body interacts with the service, ensuring performance is managed.

Organisation-wide governance protocols were applied within a framework. Monitoring processes were used to determine effectiveness of systems to provide safe and effective care. Processes to ensure regulatory compliance included monitoring through a range of sources and actions to communicate and implement changes. Systems driving continuous improvement included methods of identifying deficiencies and development of corresponding activities at service and/or organisational level. The presence of the continuous improvement process was further demonstrated through incorporating feedback from the site audit to enhance practices.

The risk management system included processes to identify, monitor, and manage high impact or high prevalence risks associated with consumer care. Staff could explain processes for reporting incidents within the electronic incident management system, with management analysing risk and incident data and reporting findings to the Clinical governance committee. Policies and procedures informed staff on the identification of abuse and neglect, and staff demonstrated awareness of responsive actions required. Consumers were supported to live their best lives through a framework of policies and procedures supporting delivery of person-centred care, with principles evidenced within care planning documentation.

The clinical governance framework was overseen by the Clinical governance committee, and included policies, procedures, and systems to inform staff practice. Staff received training in provision of clinical care and use of open disclosure principles and could describe best practice care relating to antimicrobial stewardship and minimising use of restrictive practices. Management committed to reviewing the identified deficiencies within the assessment and planning processes to ensure whether consumers who were unable to independently access the front door had been subject to environmental restraint (see Requirement 2(3)(a) for further information). The service demonstrated efforts made to monitor use of restrictive practices to ensure they were a practice of last resort.

Based on the evidence above, I find the Approved Provider Compliant with Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)