

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Lutheran Services - Wahroonga |
| Commission ID: | 5128 |
| Address: | 1 Wahroonga Street, BILOELA, Queensland, 4715 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 28 November 2024 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3485 Lutheran Services - Wahroonga |

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 Lutheran Services - Wahroonga (**the service**) has been prepared by J. Bayldon, 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 staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 are treated with respect and dignity, and they feel known by staff as individuals with unique cultural, social and family backgrounds. Staff demonstrated knowledge of consumers and what is important to them. Staff reported and training records confirmed staff receive training in dignity and choice.

Consumers of diverse cultural background described their specific needs arising from their values and beliefs. Care documentation evidenced the service is identifying and supporting these preferences. The service has a diversity policy and staff interviewed confirmed they receive training in diversity and cultural awareness.

Consumers/representatives said they make their own decisions about their personal care and other services they received. Care documentation identified the people to be involved in decision making, and staff demonstrated awareness of and communication with these representatives.

Consumers/representatives said consumers are supported to live the best life they can, including situations involving risk. Documentation evidenced discussions of risk with consumers/representatives. Staff described the principles of dignity of risk and how that is actualised for individual consumers.

Consumers/representatives said they receive information about activities via the calendar, menu, newsletter, and verbal reminders from staff. Staff could provide examples of how they communicate with consumers with cognitive impairments. The Assessment Team observed activities calendars and daily menus displayed throughout the service and in consumers’ rooms.

Staff described how they ensure consumers’ privacy during personal cares, sharing consumer information with other staff and representatives. The Assessment Team reviewed the consumers’ handbook with includes information about the service’s privacy policies and confidentiality of personal information that consumers receive on entry.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers/representatives said staff understand consumers’ individual care and service needs and their health and wellbeing is well supported. Care documentation included risk strategies to keep consumers safe and specialised clinical skill requirements for consumers with complex care needs. Care documentation also included evidence of clinical assessment tools used by registered staff when planning consumers’ care and services. Staff were able to give examples of how they are informed by registered staff and care documentation on how best to support the care and services needs for consumers with swallowing issues.

Staff spoke of consumers’ preferences and how care planning documentation guides them to meet individual consumer’s needs, goals, and preferences. Consumers/representatives said the service has initiated discussions with consumers relating to their end-of-life preferences and documented their wishes. Care documentation reviewed evidenced the needs and preferences of consumers which included having family close, choice of religious representative and if they preferred to have their end-of-life discussion at another time.

Consumers/representatives said consumers are consulted by the service and involved in decisions relating to their care planning and delivery of care and services. Registered staff were able to describe how consumers/representatives engage in consumers’ assessment and planning and how they involve other organisations and allied health professionals such as geriatricians, medical officers, physiotherapists and this information was evidenced in consumers care documentation by the Assessment Team.

Consumers/representatives said they are offered a copy of their care plan or know where they can obtain a copy if they wish. Staff said they access individual consumer’s information using the service’s electronic care management system (ECMS) and are updated by registered staff during shift handover of consumers’ needs.

Consumer/representatives said the service involves them in regular communication regarding the consumer’s care and services and when care needs change. Documentation identified assessments and referrals occurred when a change to a consumer’s condition was identified and documentation identified care changes had been updated. Staff said they are informed during shift handover when a change in consumer’s care circumstances occurs.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers/representatives spoke positively about the service’s approach to consumers’ personal and clinical care. Care planning documentation identified effective care delivery in relation to wounds, pain, weight loss, falls and changes to a consumers’ condition. Staff could describe the personal and clinical care needs of individual consumers and the supports they provide to keep the consumer safe. Management could provide examples of personal and clinical care practices including how the service has a post falls pathway for staff to manage falls including conducting neurological observations, contacting the medical officer, review and transfer to hospital for head strikes.

Consumers/representatives said their care is safe and right for them as staff explain risks and involve their input to reduce any risks. Registered and care staff were able to describe individualised consumer care implemented for managing risks from falling, choking, pain, pressure injuries, and unplanned weight loss. Registered staff could provide examples of how they conduct monthly weighs of all consumers, commence food and fluid charts for consumers with significant weight loss and refer the consumer to a dietitian for a review where required.

Consumers said the service has asked them about their wishes to be supported when they require end of life care, and they feel confident staff will uphold their wishes. Registered staff were able to describe the palliative care pathway and available resources to support and maintain the comfort consumers nearing their end of life, including one-on-one support for the consumer and their family.

Care documentation confirmed staff recognise, report and respond to changes in a consumer’s condition. Care staff demonstrated they understood each consumer’s usual physical, psychological, mental and emotional health and said they report any unusual signs or symptoms to registered staff. Management said when a consumer’s health changes staff follow a deterioration pathway to include review by the medical officer, medications, pain, recording of vital signs, regular observations, management of meals and charting of information.

Consumers/representatives said consumers’ care needs and preferences are effectively communicated between staff, and consumers receive the care they need. Registered and care staff confirmed they receive up to date information about consumers during handover and via the ECMS. The Assessment Team observed the service’s shift handover between staff. Relevant information about each consumer was communicated, including any changes in physical, emotional, and cognitive state.

Consumers/representatives said the service is very prompt with referring consumers to other organisations and services for an assessment. Management and staff described how changes in consumers’ health or well-being would prompt referral to a relevant health professional. Review of care documentation identified, and consumers/representatives confirmed, other health professionals assess consumers and provide directives for their care.

Review of care documentation confirmed antibiotics or antivirals are only obtained once pathology results confirm an infection is present, reducing antimicrobial resistance. Registered staff outlined strategies utilised prior to commencement of antibiotics including perineal hygiene, increased fluids, pathology to confirm pathogens and medical officer review and strategies used in the prevention and control of infections including hand hygiene and personal protective equipment.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal care and clinical care at the time of the performance report decision.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Staff demonstrated a knowledge of consumers’ needs and preferences, and care documentation detailed how staff support the consumer to pursue their interests and independence as safely and effectively as possible. Lifestyle staff spoke about, and care documentation confirmed the supports and supervision provided to consumers so that they can pursue their activities.

Consumers said they can access the support they need from staff and services within the facility to meet their individual emotional, spiritual, and psychological needs. Staff said they provide support for consumers who are feeling emotional or down by spending time listening to them, ask them what they can do to help, and seek to engage the consumer with an activity that might help them feel better. The Assessment Team observed, and documentation confirmed the service arranges regular and varied faith services to meet the spiritual needs of consumers.

Staff demonstrated how the service has engaged with other organisations to provide a range of opportunities for consumers and their friends and families to do things they enjoy, such as coffee mornings, craft groups, and veterans’ activities. Review of care documentation confirmed the interests expressed by consumers and the ways in which they are supported to engage.

Consumers/representatives expressed confidence in the knowledge staff have about consumers, what the consumers need, and the other organisations and activities with which the consumer engages. Care staff said changes to consumers’ dietary needs and preferences are communicated via handovers at shift change and updated in the ECMS.

Consumers described being supported to access other organisations and providers so they could continue to enjoy the range of activities and interests important to their quality of life and relationships. Staff said and documentation confirmed external organisations and individuals are encouraged to visit the service to enable consumers with cognitive and functional impairment to engage with others and activities of interest to them.

Staff demonstrated a knowledge of consumers’ nutritional requirements, alerts and preferences, and this was confirmed by care and kitchen documentation. The Assessment Team observed mealtimes in the three dining rooms which appeared to be quiet and calm with unobtrusive background music and modified to suit all consumers including those with mobility aids. Management advised menus are developed with clinical advice and consumers’ input through surveys and feedback forms. A review of consumer care documentation identified food modification requirements and strategies to support consumers to eat food safely, including specialised cutlery.

Consumers who own their mobility aids said they would ask for assistance if needing maintenance and staff described how the aids are checked for serviceability on a regular basis. Staff said that when shared equipment is used by consumers, it is cleaned between use to ensure appropriate standards of hygiene. Staff described, and training records confirmed, staff receive mandatory training in the use of equipment. Maintenance documentation confirmed regular servicing for consumer equipment is facilitated by the service through an external contractor.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team observed several small gardens cared for by consumers outside their rooms. Consumers and visitors were observed in the courtyards around the wings during the day, socialising and engaging in lifestyle activities. Consumers/representatives said the service supports them to decorate their rooms with personal items and mementoes that are important to them.

Consumers/representatives said they are satisfied with the standard of cleanliness of their room and bathroom and other spaces. Maintenance staff advised they utilise external contractors for certain works and provided evidence of a preventative inspection and maintenance schedule for equipment, safety systems and pest control. The Assessment Team observed the maintenance log and noted completion of items in a timely manner.

The Assessment Team observed furniture, fittings and equipment to be clean, safe and well maintained with regular maintenance checks undertaken every six months. Organisational training documentation confirmed mandatory training in manual handling and use of equipment to support consumers.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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/representatives described what they would do if they wanted to give feedback to the service about some aspect of the care and services for consumers. Staff explained how they support consumers to make a complaint if staff were unable to resolve the issue quickly to the consumer’s satisfaction. Consumers are provided with information about the complaints process in the handbook on entry and in monthly newsletters and in residents’ meetings.

Consumers were informed of advocacy services, and alternative means to express concerns about care and services. Staff identified consumers’ representatives as the primary source of advocacy for a consumer.

Consumers generally expressed satisfaction with having concerns resolved quickly and effectively by staff. Staff described open disclosure principles and processes, and documentation confirms staff receive training in this. Organisational documentation evidenced the use of open disclosure when a complaint is received. Training records evidenced staff receive training in open disclosure and complaints processes.

Consumers/representatives reported when they raise a complaint with a staff member, they do not always receive feedback. However, the consumers/representatives acknowledged their concern is addressed to their satisfaction quickly and effectively. Management provided an example supported by documentation that evidenced actions taken and underway to improve the food and dining experience for consumers, including enhanced menus reflecting local preferences, portion control, consumer surveys, and trialling of new menus with consumers.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Management advised, and review documentation confirmed, the service conducts scheduled call bell audit reporting every month, whereby any extended call times or emerging trends are investigated and addressed. The Assessment Team reviewed the roster and staff allocation sheets which evidenced staff are allocated according to the needs of consumers in each wing. Where there are vacancies within the roster, they are filled by utilising staff within the service’s casual pool or extending the shifts of existing staff on duty where appropriate.

Consumers/representatives said consumers are treated kindly and with respect. Staff were observed assisting consumers with their meals with patience and speaking to consumers in a kind and caring manner. Management said they use consumer/representative feedback through complaints and surveys to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisation’s expectations.

Staff reported receiving support and assistance to ensure they have the skills and knowledge to undertake their roles. Management discussed how new staff provide evidence of qualifications and suitability to undertake their role to the service/organisation prior to commencement. Review of training records demonstrated staff complete annual competencies related to manual handling, hand hygiene, donning, and doffing, as well as ad hoc training, including the International Dysphagia Diet Standardisation Initiative and wound healing and management.

Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management monitors staff compliance with mandatory training through the learning management system (LMS) and provide staff with additional training if/when the need is identified. Staff were able to describe the training, support, professional development, and supervision they receive during orientation and on an ongoing basis.

Management advised all new staff undergo a 6-month probationary period, with ongoing informal check-ins throughout the process and formal reviews at 3 and 5 months. The Assessment Team sampled staff appraisals which identified staff and manager input and areas for development, as well as the management of poor performance.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 said they have multiple opportunities to provide feedback on care and services. Management demonstrated the organisation has a consumer advisory committee which is comprised of consumers/representatives from its various services and is attended by members of the organisation’s body to receive consumer/representative feedback and input.

A review of the organisation’s governance framework identifies a leadership structure with the governing body (the Council) holding overall accountability for quality and safety within the organisation. The service holds monthly heads of department meetings, attended by the organisation’s quality partner, which reports to the organisation’s quality and care committee, which reports to the Council. Reports reviewed by the Assessment Team included clinical indicators and operational risks within the service, which the Council uses to identify the service’s compliance with the Quality Standards, enhance performance and mitigate risks, and to monitor and take accountability for overall care and service delivery.

The organisation has established governance systems for the management and oversight of information, continuous improvement, financial governance, feedback and complaints, workforce governance and regulatory compliance. For example:

Staff advised consumer information is readily accessible within the ECMS to support them to undertake their role and provide care and services to consumers in line with their needs and preference. Management conducts regular staff meetings, including care staff and registered staff meetings, and minutes are available.

The Assessment Team reviewed the service’s PCI which identifies planned and completed improvement actions in relation to various areas of care and service delivery. The service’s PCI is discussed during the monthly heads of department meetings.

The service demonstrated systems are in place to monitor workforce competency and the organisation has documented policies, procedures and role descriptions that clearly articulate role responsibilities and accountabilities.

Management stated they are supplied an annual budget which includes funding for recruitment, staffing, equipment and consumables, plus a separate lump sum capital expenditure budget for facility upgrades.

Management advised the organisation regularly provides updates and resources for legislative changes, including education programs, to the service via the quality and service support team. Staff were able to demonstrate a shared understanding regarding the Serious Incident Response Scheme (SIRS) escalation and reporting requirements.

The service demonstrated systems are in place to encourage the provision of consumer/representative feedback and complaints to ensure appropriate action is taken. The Assessment Team observed the pathway for capturing consumer feedback and complaints and how this positively contributes to improvement initiatives and outcomes.

Management advised the service trends risks to consumers through review of monthly clinical indicator data at the service’s quality meetings. Management advised all incidents are recorded within the service’s incident management system (IMS) and investigated to identify causes and implement actions to prevent a recurrence where appropriate. Review of the service’s IMS identified all incidents requiring notification to SIRS were made within the reportable timeframes. The organisation has policies describing how to manage high impact and high prevalence risks; respond to abuse and neglect; support consumer choice and decision-making; and report and manage incidents. Staff sampled were aware of these policies and able to describe what they meant for them in a practical way.

Management described the clinical governance framework in place to ensure safe and quality care to consumers, including reporting processes, monitoring systems, analysis of clinical indicator data, and clinical training provided to staff. Management described the open disclosure process at the service, which is used in dealing with complaints and or incidents that occur and provided examples of how open disclosure had been utilised in managing complaints and used to improve processes and procedures within the service. Staff could describe ways they can minimise infection within the service and reduce the need for antibiotics through encouraging fluids for consumers, hand hygiene practises and using appropriate personal protective equipment (PPE).

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

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