Performance

Report

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| Name: | Mercy Community Services - Emmaus |
| Commission ID: | 5125 |
| Address: | 131 Queens Road, Nudgee, Queensland, 4014 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 28 June 2024 |
| Performance report date: | 5 August 2024 |
| Service included in this assessment: | Provider: 6987 Mercy Community Services SEQ Limited  Service: 3482 Mercy Community Services - Emmaus |

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 Mercy Community Services - Emmaus (**the service**) has been prepared by Denise McDonald, 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 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 Site Audit received 9 July 2024
* other information and intelligence held by the Commission relating to the performance of the service

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff consistently treated them with dignity and respect and their identities were valued through being supported to participate in activities which bought them enjoyment. Staff had knowledge of consumers’ identities, cultural needs and unique preferences and were observed treating them with kindness, care and respect during interactions. Care documentation evidenced consumers’ identities, cultural backgrounds, social preferences and provided guidance for staff in delivering dignified care.

Consumers confirmed staff valued their cultural backgrounds and provided care tailored to their needs and cultures, particularly for consumers whose faith formed part of their cultural beliefs. Staff had knowledge of consumers’ cultural backgrounds, identities, individual values and explained how care was tailored to meet cultural needs. Care documentation evidenced consumers’ cultural needs and preferences, spiritual needs and how care was personalised to meet their individual requirements.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections and maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to maintain relationships, such as ensuring couples participated in activities together, as per their preferences. Care documentation evidenced consumers’ care preferences and how they were supported to maintain important relationships.

Consumers and representatives gave practical examples of eating foods of their choice, though dietary changes had been clinically recommended, as how they were supported to live life as they chose. Staff understood risks to individual consumers and explained the mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to pursue activities which involved risk and the strategies in place to promote their safety.

Consumers confirmed they received timely information in ways which enabled them to make choices and said they were well informed about lifestyle activities and menus. Staff explained information was provided to consumers in person, in writing, by phone and in regular scheduled meetings. Care documentation evidenced consumers’ communication needs and preferences, whilst meeting minutes evidenced, meetings were well attended and information was shared with consumers and representatives.

Consumers gave practical examples of staff not disturbing them when they had visitors, as how their privacy was respected. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms, whilst confidentiality was maintained by keeping their personal information secure in an electronic care management system (ECMS). Staff were observed ensuring consumers’ room doors were closed when providing care.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored, managed and used to develop the care plan, which informed how they delivered care. Risks associated with consumers’ care were identified during the entry process using validated assessment tools embedded in the ECMS, following which staff and consumers discussed how to minimise those risks. Care documentation evidenced risks to consumers, such as falls, were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, including for advance care and end of life, if they wished. Staff confirmed discussing end of life wishes with consumers during the assessment and planning of their care. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and health care providers informed the assessment and planning of consumers’ care. Care documentation evidenced consumers, medical officers and allied health professionals were routinely consulted during care reviews.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives. Care documentation evidenced outcomes of assessment and planning were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, following which their changed needs were updated in their care plan. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs. Care documentation evidenced consumers’ needs were reviewed as scheduled, and reassessment occurred in response to incidents and when their circumstances changed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the care consumers received, which met their personal and clinical care needs. Staff were knowledgeable about consumers’ individual personal and clinical care requirements and explained how those were met, in line with their assessed needs and preferences. Care documentation evidenced staff followed the individualised care strategies in place to deliver care to each consumer.

Consumers confirmed risks associated with their care and services were effectively managed. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation evidenced risks to consumers such as falls and specialised care requirements, were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced involvement of their representative, and they were supported by palliative care specialists and kept comfortable through pain monitoring, comfort care and spiritual, psychological and cultural support. Staff understood how to care for consumers nearing end of life to ensure their comfort and meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions, health or abilities, and responses were timely. Staff explained consumers were monitored for changes in their overall conditions, with any changes documented and the consumer escalated to clinical staff or medical officers for review, with additional support available from a hospital outreach service, if needed. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood consumers’ requirements and delivered the care they needed. Staff explained changes in consumers’ care and services were documented and communicated as needed throughout the day, during shift handovers, and they accessed information in the ECMS. Care documentation contained sufficient information to ensure consumers conditions and needs were shared with those involved in the consumer’s care.

Consumers and representatives confirmed consumers had access to other health care providers, such as medical officers and allied health professionals, and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and allied health professionals, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly as there was a COVID-19 outbreak during the Site Audit. Staff were observed following infection prevention protocols and using personal protective equipment when delivering care. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, either by participating in group activities or spending time on solo interests. Staff had knowledge of consumers’ daily living preferences and explained individual leisure and lifestyle plans were developed and updated in consultation with consumers and representatives. Care documentation evidenced consumers’ individualised needs, goals, preferences and how they were supported to maintain their independence.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through receiving regular pastoral care visits. Staff described a range of ways consumers’ emotional and psychological needs were met, such as participation in an intergenerational program where they received regular visits from students, whom consumers considered their ‘Grand friends’. Staff were observed spending one-on-one time with consumers, whilst the activities calendar offered religious services, and brochures promoted access to the Community Visitors Scheme.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, and to spend time with family and friends. Staff explained they supported consumers to maintain important relationships by arranging video calls with family, whilst social connections were formed through the Community Visitors Scheme, whose volunteers spent meaningful one-on-one time with consumers discussing shared interests. Consumers were observed participating in activities, returning from outings to the community and socialising with each other and visitors.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their daily living needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, by staff memos and dietary folders, and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ needs, preferences and changed conditions which could be shared with others who had responsibility for their care.

Consumers confirmed when additional support was needed, they were promptly referred to individuals and other services. Staff explained consumers participated in a lifestyle assessment during the entry process, which facilitated the referral process, such as to external friendship groups and pastoral care volunteers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements. Staff had knowledge of consumers’ nutrition and hydration needs and preferences, including cultural needs, and explained consumers had access to food and drinks between mealtimes. Meeting minutes evidenced the menu was developed and changed with consideration of consumers’ feedback.

Consumers said they felt safe when using equipment provided by the service, such as mobility aids, which were clean, suitable for their needs and maintenance staff attended to issues promptly. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming and consumers felt at home, particularly as rooms were personalised with their own belongings and they could share meals or have coffee with loved ones in communal areas. Staff explained they supported consumers’ sense of belonging by helping them decorate personal rooms, so it was homelike, which reinforced a sense of wellbeing and independence. Consumers were observed spending time with each other and visitors in communal sitting areas, whilst families spent time together in furnished, shaded outdoor areas.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, with maintenance issues promptly addressed. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely between the indoors and outdoors, and whilst one access door was restricted due to repairs, alternate doors were available for use, and staff facilitated access to the gardens, if needed.

Consumers confirmed fittings and equipment were clean, well maintained and suitable for their use, with maintenance requests promptly actioned. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were supported to raise concerns and gave practical examples of speaking with staff, attending consumer meetings, sending an email and completing feedback forms, as ways they could give feedback. Management explained the complaints process and said consumers also provided feedback during their morning walk-through of the service. The consumer handbook included detailed information on how to submit a complaint or provide feedback.

Consumers were aware of how to raise an external complaint or seek support from an advocacy service. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Posters, leaflets and the consumer handbook promoted access to the Commission, advocacy and language services.

Consumers gave practical examples of improved garden maintenance, as appropriate action taken in response to their complaints of gardens appearing neglected. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Meeting minutes evidenced consumers received an apology in response to complaints, which in turn were used to inform continuous improvement activities.

Consumers gave practical examples of how their feedback and complaints resulted in improved laundry processes, so their clothes were washed according to manufacturers’ instructions. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation and meeting minutes evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Most consumers gave positive feedback about staffing levels and confirmed their needs were promptly met; however, two consumers said their needs were not promptly met due to the large floor area covered by staff which caused delays at times, though they had not experienced adverse impacts to their care. Management explained the roster was developed based on consumers’ feedback and their clinical needs, and care minute targets were being met. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers said staff were kind, caring and respectful when care was provided. Staff were familiar with consumers’ needs and preferences, which they learned from care documentation to facilitate an understanding of their individual backgrounds. Staff were observed interacting with consumers in a kind, caring and personable manner, and used their preferred names during conversations or when assistance was provided.

Consumers and representatives confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained staff competency was determined through pre-employment checks, an orientation and buddy program, mandatory training which reflected the Quality Standards, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management and infection control, with additional training arranged at the request of staff. Training records evidenced high rates of completion in mandatory training.

Management advised staff performance was assessed and monitored through probationary and annual performance reviews, with informal appraisals through staff meetings, feedback processes, regular one-on-one catchups, observations and discussions with consumers and representatives. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal. Personnel records evidenced one quarter of formal performance reviews were completed, with all other staff scheduled for review before the end of March 2025.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through regular meetings. Management advised consumers contributed to service evaluation through scheduled meetings, the feedback process, participation in audits and during care consultations. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as improved laundry processes, and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a range of committees, and it received regular reports on infection control, clinical incidents, emerging trends, operational risks and management plans. Meeting minutes evidenced the board received regular reporting which supported oversight of the service’s performance against the Quality Standards, however newly legislated advisory bodies were yet to be established.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)