Performance

Report

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| Name: | Southern Cross Care Holland Park - Duhig Village |
| Commission ID: | 5114 |
| Address: | 85 Seville Road, HOLLAND PARK, Queensland, 4121 |
| Activity type: | Site Audit |
| Activity date: | 9 October 2023 to 12 October 2023 |
| Performance report date: | 9 November 2023 |
| Service included in this assessment: | Provider: 1102 Southern Cross Care (QLD) Ltd  Service: 3471 Southern Cross Care Holland Park - Duhig Village |

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 Southern Cross Care Holland Park - Duhig Village (**the service**) has been prepared by Katherine Richards, 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.
* the provider’s responses to the assessment team’s report received 02 November 2023 and 07 November 2023.

# 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

Requirement (1)(f)

The Assessment Team were not satisfied the service demonstrated each consumer’s privacy was respected and personal information kept confidential. Formal handover with discussion of consumer condition and personal information was observed being held in a public space with potential to be overheard by other consumer and visitors. A representative had installed a video camera device within a consumer’s room which was considered a breach of the consumer’s privacy, and the camera was being used for purposes outside those discussed with the service.

The provider’s response indicates they do not agree this represents non-compliance with the Requirement, providing the following information relevant to my findings:

* The location staff chose for handover is not standard nor acceptable practice, all staff involved were immediately spoken to, and written reminders and ongoing training for all staff to ensure privacy is maintained. Management continues to monitor and confirmed staff all staff are complying.
* Management had discussed the placement of the device with the representative and were of the understanding it was used for communication between the representative and consumer, verified through the written request by the representative.
* Management was unaware it was used for surveillance processes until identified by the Assessment Team. It was immediately removed, use discussed with the representative, and escalated to the organisation for development of guidance for use of surveillance devices, resulting in a new policy.
* Consent was obtained from the representative, who had legal authority to make this decision on behalf of the consumer suffice to the choices being consistent with those the consumer would have reasonably made, had they capacity to do so.

Evidence was also provided in relation to timely communication with staff on the installation of the camera in the form of an email to clinical staff and management, and handover processes, including diary notes.

Whilst the provider has acknowledged areas for improvement, based on the evidence in front of me I find the service complaint with this Requirement. The Assessment Team’s report included evidence of consumers and staff describing actions to maintain privacy and confidentiality and supportive observations. There is no insight into why handover was not conducted in a private area, however, the service has said this is not standard practice and taken immediate action to rectify. In relation to the camera, I find the service ensured its use was consented to by the legally authorised person, agreed to by management, and communicated to staff. I acknowledge that following identification of the device being used for surveillance, which was outside the assessed and agreed usage, actions were taken at a service and organisational level to better assess and manage use of such equipment in a more effective way.

Other Requirements

Consumers described how staff treated them with kindness, dignity, and respect, demonstrating familiarity with their identity and background. Staff interactions were respectful, and staff could explain treating consumers with kindness, empathy, and respect. Care planning documentation demonstrated the service sought information from the consumers to enable staff to provide care that considers their identity, culture, and diversity.

Consumers said the service was respectful of culture, beliefs, and values, and supported them to participate in activities relating to their culture. Staff spoke of spending time with consumers to understand their cultural needs, which are then captured within care planning documentation and used to inform appropriate care. The service’s policies and procedures support staff to deliver inclusive and culturally safe care recognising diverse needs of consumers.

Staff explained how consumers are supported to exercise choice to make decisions and maintain relationships and consult with them to confirm choices and satisfaction. Consumers said they felt supported to make decisions, including identifying when family should be involved in care, with provided examples observed to be captured within care planning documentation.

The service had policies and procedures, including risk assessments, to support consumers wanting to take risks. Consumers said they were supported to live their best lives, even if this meant taking risks. Staff explained the consultation and assessment process to identify risks and strategies to minimise harm.

Consumers explained how the service communicated information to inform decisions, including through meetings and printed calendars. Staff described processes to share information, explaining how they adapted communication style to meet varying needs of consumers. Information displayed included activities calendars and menus.

Based on this evidence, I find the service Compliant with all Requirements in 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 assessment and planning processes, detailing how these were used to identify risks to consumers’ health, safety, and well-being. Care planning documentation was personalised, identifying risks used to inform management strategies. The service’s Clinical documentation, assessment, and care planning guidelines informs staff of best practice assessment and planning processes.

Consumers and representatives described involvement in assessment and planning processes to understand consumer needs, goals, and preferences, capturing advance care directives and end-of-life wishes. Staff explained how they approached discussion of end-of-life care during assessment and review processes. Needs, goals, and preferences of consumers were captured in care planning documentation, including end-of-life wishes recorded within the Statement of choice form.

Consumers and representatives described the ongoing partnership with the service for assessment and planning of consumers’ care and services. Staff gave examples of involvement of other providers and how they incorporated directives into care and services plans. Clinical management explained how care and services are guided by what the consumer wants and who they want to be involved in care planning and delivery. Policies and procedures identified consumers and representatives as partners in care planning, and involvement of other relevant health professionals.

Consumers and representatives explained how they are updated about contents of the care and services plan following routine review or when changes occur, with a written copy available. Clinical staff described consulting with consumers and representatives, with updates made to the care and services plan communicated to other staff and providers within handover processes. Care planning documentation was readily available to staff on the electronic care management system and contained details of consumers’ assessed needs and preferences.

Care plans demonstrated evidence of regular review, with ad hoc review undertaken in response to incident, change in circumstance, or deterioration of consumer condition. Clinical staff could describe the care plan review process, including monitoring of progress notes and incidents to trigger need for reassessment. Consumers and representatives confirmed reviews were undertaken regularly and if there was a change to consumer needs, goals, or preferences.

Based on this evidence, I find the service Compliant with all Requirements in 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

Consumers said they received care that recognised and respected their preferences and needs. Care planning documentation reflected provision of personalised care that safely and effectively met consumer needs in relation to wound care and skin integrity, pain management, medication management, and use of restrictive practices. Staff were familiar with care requirements for consumers that optimised health and well-being. Management stated staff receive ongoing training, tools, and guidelines to ensure delivery of best practice care.

Staff could describe high impact and high prevalence risks for consumers and outline strategies to reduce risk, decrease frequency of incident, or minimise harm. Care planning documentation identified key risks for consumers and mitigating strategies.

Staff described how they adapted care for consumers nearing end-of-life, consulting with representatives, providing emotional support and focusing on comfort care, including pain management. Care planning documentation captured end-of-life wishes, including religious needs and funeral directives if known. Representatives described the service’s approach as compassionate and respectful, keeping consumers as comfortable as possible.

Consumers and representatives said staff identified and communicated changes to consumer condition, with timely and appropriate response. Staff explained monitoring for gradual deterioration or change in condition and followed guidelines and escalation processes to manage significant changes or medical emergencies. Care planning documentation reflected identification and response to consumer deterioration or change in health.

Representatives gave examples of staff awareness of consumer needs, even when changes occurred. Staff described how they remained informed of consumer condition, needs, and preferences through reviewing assessments, charting, care plans, progress notes, and handover processes. Care planning documentation contained sufficient information to inform staff of changes to consumer condition, needs, or preferences.

Clinical staff described referral processes to other providers and organisations, with timely and appropriate referrals reflected in care planning documentation. Consumers and representatives identified having access to a range of relevant health professionals, including Allied health staff and specialist services.

Consumers, representatives, and staff described infection prevention precautions used by the service. Staff detailed processes to prevent infection and reduce need for prescribing of antibiotics. The Infection prevention and control lead’s explaining monitoring of staff practice and application of precautions for unwell consumers to avoid outbreak. Outbreak management protocols were available to manage infectious outbreaks, including for COVID-19.

Based on this evidence, I find the service Compliant with all Requirements in 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 explained supports and services were available linked to their needs, goals, and preferences, which were captured in care planning documentation. Staff described how services and supports were available for consumers, adapting to their needs, and supporting independence, quality of life, and well-being.

Consumers said staff take the time to make sure they are okay, and support their emotional, spiritual, and psychological well-being. Staff explained strategies to support consumer’s emotional health, checking on their well-being, tailoring supports. Care planning documentation captured consumer preferences for spiritual and emotional care, including strategies to support consumers. Scheduled activities included church services and pastoral care visits.

Consumers described how they were supported to form and maintain relationships, do things of interest, and participate in the community. Staff described getting to know consumers and facilitating connections with other consumers, maintaining connections with family, and coordinating events for couples. Consumers were observed being supported to participate in activities of choice and socialising with others, and the service offered regular outings within the local community.

Consumers reported the service effectively communicated their needs and preferences. Staff explained how change of information is documented and shared with differing areas, including lifestyle and kitchen staff.

Staff described how they partner with external organisations for consumer well-being, describing referrals to external providers, such as volunteers. Consumers said supports from external organisations were appropriate. Care planning documentation identified services and supports used by consumers.

Consumers were satisfied with the meals provided, describing the food as of good quality and sufficient quantity. Food preferences, including dislikes and allergies, were captured in documentation, with consumers saying staff were aware and found alternative meals if the food was unsuitable or not to taste. The service’s rotating seasonal menu includes input from consumers, through the food focus group, and ongoing consultation.

Provided equipment was described by consumers as safe, comfortable, and well maintained. Staff advised they had sufficient access to equipment, including for personal care and lifestyle activities, and they checked and cleaned equipment before use and knew to report hazards or repairs. Maintenance records were up to date with preventative and responsive actions undertaken in a timely manner.

Based on this evidence, I find the service Compliant with all Requirements in 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 described the services as safe and comfortable, allowing them to feel at home and welcoming visitors. Consumer rooms were spacious and personalised with memorabilia to connect consumers with their history. The service was easy to navigate independently, with clean, light, and spacious corridors supporting consumer movement with or without mobility aids.

Staff described cleaning processes, following documented schedules to ensure all tasks were completed and management undertook auditing for quality. Consumers described the service environment as clean, well-maintained, and comfortable. Outdoor areas were accessed by consumers, and consumers were observed moving freely through communal areas.

Consumers said furniture, fittings, and equipment were suitable, monitored for condition and safety, and well-maintained. Staff described processes to report safety issues and hazards, with timely action and effective maintenance processes. Furniture, fittings, and equipment were observed to be clean and well-maintained, with staff describing cleaning processes for shared items.

Based on this evidence, I find the service Compliant with all Requirements in Standard 5 Organisation’s 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 and representatives said they felt safe and encouraged to raise concerns or provide feedback, describing verbal and written methods available. Management and staff described processes to capture feedback, comments, suggestions, compliments, and complaints in line with policies and procedures, and the service undertakes feedback through an annual survey which includes measures for satisfaction with follow up to feedback.

Consumers, staff, and management were aware of available advocates and language services, and able to describe access pathways. Information of external services was available within the Resident handbook and displayed on noticeboards, and an advocacy service visited consumers and spoke at the consumer meeting to discuss consumer rights and available supports.

Overall, consumers and representatives were satisfied complaints were responded to appropriately and in a timely manner. Whilst some representatives said they were dissatisfied with the outcome, they were unable to identify what could have been improved, acknowledging prompt response, clear communication, and actions consistent with an open disclosure process. Complaints were captured within the feedback log in a timely manner, with records evidencing apology, investigation, responsive actions, and evaluation in line with policies and procedures. Staff and management were familiar with complaint processes and use of open disclosure.

Management described service improvements made in response to feedback and complaints, for example, development of a ‘grant a wish’ project for consumers, resulting in obtaining an ice cream cart holding a variety of flavours. Staff explained the importance of capturing feedback and complaints within the electronic system, and records showed responsive actions were detailed and incorporated into continuous improvement activities.

Based on this evidence, I find the service Compliant with all Requirements in 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 and representatives reflected on the challenges to ensure sufficient staff but said consumer care had never been adversely impacted with staff responding to needs in a timely manner. The service had processes for filling vacant shifts from current staff, the regional network, and could draw on agencies as a last resort, with management using monitoring processes to ensure consumer needs were met, including reviewing vacancies and care and service needs during daily meetings with team leaders. Rostering processes included rules to ensure appropriate numbers and mix of staff with necessary skills for consumer care, and rosters demonstrated shifts were filled and monitored on the daily running sheet.

Staff interactions with consumers were observed to be kind, caring, and respectful of consumers, and staff aware of consumer identity and cultural needs. Staff said they participate in cultural safety education and use principles from this to inform how they interact with consumers. Consumers reported the workforce interactions were kind, caring, and respectful demonstrating understanding of cultural needs.

Consumers and representatives were satisfied with staff skills and competencies. Management described assessment of capability and competency for roles through review of qualifications, knowledge, and experience, and identify areas for staff development to meet consumer needs. Records demonstrated checks had been undertaken on staff to ensure they have necessary qualifications, knowledge, and security clearances to perform duties detailed within position descriptions.

Management described processes to ensure the trained and equipped to meet standard outcomes, with mandatory training programs and monitoring of incidents, audits, and feedback to identify areas for improvement. Staff said adequate training was available to perform assigned duties and meet legislative obligations, and they could seek further training if required or where improvement was identified. Records indicated compliance with mandatory training.

Workforce performance is monitored through annual mandatory performance development assessments, with records demonstrating high compliance. Staff described the process for annual performance review, including self-assessment and discussion with their supervisor. Completed assessment records identified training needs and processes used to assess, monitor, and review staff performance.

Based on this evidence, I find the service Compliant with all Requirements in 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 engagement in the development, delivery, and evaluation of care and services through feedback processes and consumer meetings. Management and staff described how feedback information from consumers was collated and used to inform improvements to care and services through continuous quality improvement activities.

Management described how the Board are involved with, and accountable for, the delivery of care and services in line with the documented governance framework. The Board promotes a ‘known and loved’ model of care, identified by staff as encompassing safe, inclusive, and quality care and services designed to fit the older person. An organisational chart details the structure of the governing body, including subcommittees and reporting lines, with meeting minutes demonstrating discussion, outcomes, and responsibilities and accountabilities for all actions, including monitoring of compliance with the Quality Standards.

Effective organisational governance systems were demonstrated for information, continuous improvement, workforce and financial governance, regulatory compliance, and feedback and complaints. The Board, made up of professionals including a Medical practitioner, provides direction and support to management and staff through informing policies, procedures, training, and communication expectations to all staff. For example, regulatory compliance is managed through monitoring of legislated changes, with changes or new decisions made and communicated to management, staff, and consumers.

Management and staff described the process to identify and manage high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Risk escalation processes informed management, and the Board through subcommittee reviews, who were responsible for ensuring they were managed or mitigated through guidance of relevant policies. Consumers were supported to live their best lives through dignity of risk processes. Staff were aware of incident reporting processes and obligations.

A clinical governance framework, made up of policies, procedures, service delivery practices, and training informed staff provision of clinical care. Staff described processes for management of antimicrobial stewardship, overseen by Infection prevention and control lead and committees reporting to the Board, including Medication advisory, Care governance, Quality Management and Infection prevention and control committees. Staff demonstrated with how the service and organisation’s approach minimised the use of restrictive practice through policies, training, and monitoring. When things go wrong, the open disclosure policy outlines the commitment to communicating and working with consumers and representatives, with management and staff demonstrating practical understanding of how this is applied.

Based on this evidence, I find the service Compliant with all Requirements in 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)