Performance

Report

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| Name of service: | The Bays Aged Care Facility |
| Service address: | 86 Victoria Street HASTINGS VIC 3915 |
| Commission ID: | 3175 |
| Approved provider: | The Bays Healthcare Group Inc. |
| Activity type: | Site Audit |
| Activity date: | 7 August 2023 to 9 August 2023 |
| Performance report date: | 19 September 2023 |

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 The Bays Aged Care Facility (**the service**) has been prepared by K. 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; 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.

The provider did not submit a response to the Assessment Team’s report.

# 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 Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers stated staff were respectful and valued their culture and identity and were polite and kind. Staff knew individual consumer’s backgrounds, identities and preferences and described how this was used to tailor care. Consumers’ care plans detailed backgrounds, preferred languages, religious and spiritual beliefs, and incorporated them into care requirements. Staff were observed communicating with consumers in a kind and respectful manner.

Consumers and representatives said staff knew their background, culture and what was important to them. Staff demonstrated an understanding of consumer’s cultural needs and preferences and described how they ensured these were respected. The service had a written policy to guides staff in the delivery of culturally safe care.

Consumers reported they were supported to make their own choices and decisions around their care, decide who else was involved in their care, and maintain relationships. Staff described how they supported consumers to exercise choice and make and maintain important personal relationships, enabling consumers to maintain their independence. Care planning documents showed consumers and their representatives were consulted on decisions about the care and services provided, and who else was involved in providing care.

Consumers and representatives described supportive actions to take risks and live the life they choose. Staff said they develop strategies with consumers to support the consumer’s preferences to take informed risks and maintain independence. Care planning documents captured individual risk profiles for each consumer and risk management strategies. The service had a documented policy regarding consumers’ right to take risks. Staff were observed supporting consumers to engage in activities involving risks.

Consumers and representatives said they were provided with up-to-date information that enabled them to make decisions in relation to their daily living and care. Staff explained how they provided accurate and timely information to consumers and supported them to make decisions and choices. A variety of methods of communicating information to consumers was observed being used at the service.

Consumers and representatives were satisfied the service respected their personal privacy kept personal information confidential. Staff described how they respected and protected each consumer’s privacy such as by knocking before entering personal rooms, ensuring doors were closed prior to providing care, maintaining dignity during care, and only discussing consumer’s care needs in private. Staff described how confidential personal information was stored on a password protected electronic system and they ensured they logged off before stepping away from the computer. The service had written policies instructing staff in respecting consumers’ privacy and protecting their personal information. Staff were observed being respectful of consumer’s privacy throughout the Site Audit.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives reported the service assessed and planned their care, including addressing any risks that were identified. Consumers’ care plans were individualised and considered risks such as complex care needs, falls, pressure injuries, diabetes, and behaviours. Management could describe how the assessment and care planning process ensured risks were identified and managed and staff demonstrated awareness of care strategies for individual consumers. The service had policies and processes in place to guide staff in the assessment and planning in order to provide safe and effective care and services.

Consumers and representatives reported they received care that met their needs, goals, and preferences, and they were asked about their end of life wishes. Care planning documents included advance care directives and individualised goals and preferences. Management described how they obtained and reviewed information related to advance care and end of life wishes, and staff were supported by relevant policies. While 2 consumers’ palliative care plans appeared incomplete, their palliative care needs had been discussed and were recorded in other parts of their care planning documents.

Consumers and representatives said the service involved them and others they wished to involve in their care planning decisions, including other health professionals and specialist services. Management explained how they maintained a partnership with consumers and representatives regarding their care, ensuring information from other health professionals involved was communicated clearly. The service’s Assessment, Care Planning and Documentation Policy and Procedure stated that assessment and care planning occur in close collaboration and partnership with the consumer and their family where required.

Consumers and representatives reported they were kept well informed and had been offered a copy of their care plan, or knew they could request a copy, if they wished. Management described how summary care plans were provided to consumers and representatives during reviews or upon request, and staff receive updates and alerts of changes. The service had documented policies and procedures in relation to documenting and communicating the outcomes of assessment and care planning to consumers and representatives.

Consumers and representatives reported the service provided an update with overview of care following regular care reviews, when incidents occurred, and when care needs changed. Management described the frequency of care plan reviews, with interim monitoring scheduled, and the processes in place to ensure all aspects of consumers’ care and services were reviewed for effectiveness. Care planning documents showed care plans were reviewed and updated as scheduled and in response to incidents and changes in care.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the standard of personal and clinical care provided by the service. Staff were knowledgeable about the service’s provision of best practice personal and clinical care, tailored to the needs of consumers. Care planning documents, policies and clinical assessment tools showed the service monitors and evaluates effectiveness of personal and clinical care, leading to positive outcomes for consumers.

Consumers and representatives reported the service identified and managed risks to consumers’ health and well-being. Management described how high impact and high prevalence risks were identified and managed in accordance with the service’s policies and procedures, and staff demonstrated awareness of consumers’ risk management strategies. Risk management strategies for one consumer were not available for one consumer when undertaking activities outside the service, however, with awareness of the issue management was able to provide a solution. The service had appropriate written policies to guide staff in the identification and management of risks associated with the care of consumers.

Consumers and representatives of consumers receiving palliative care felt supported by the service and said their needs, goals and preferences were respected, and their dignity and comfort maintained. Care planning documents showed the steps taken to meet the needs and wishes of consumers receiving end of life care, including pain management strategies. Management and clinical staff could describe the processes and procedures around palliative care and how they ensured the care was personalised to the wishes of the consumer.

Consumers and representatives reported the service identified and responded appropriately to a deterioration in condition or change in their health status. Clinical staff described the steps taken in response to signs of change or deterioration, including monitoring, documentation, and timely escalation for review. The service had policies and procedures in place to support staff in identifying and managing deteriorating consumers.

Consumers and representatives reported staff were well-informed about consumers’ current condition, needs and preferences. Staff described the processes in place for documenting and communicating information including through shift handover, progress notes, messaged alerts, and care plans. Staff demonstrated understanding of consumers’ current condition, needs and preferences. An afternoon handover was observed being conducted in a private area, where staff shared current information about consumers’ condition and needs.

Consumers and representatives described the involvement of other health care services in consumer care, including allied health practitioners, medical officers, geriatricians and dementia specialists. Management described the resources available to support consumers and the triggers for referral to other health care providers. Care planning documents showed evidence of prompt and appropriate referrals of consumers to other providers of care and services. The service’s written policies outlined when referral was required in response to incidents and deterioration.

Consumers and representatives said staff followed infection control protocols, including wearing personal protective equipment. The service had a designated Infection prevention and control lead, and staff described their roles in preventing and controlling infections and antimicrobial stewardship. The service had a documented outbreak management plan and associated policies and procedures, including protocols for antimicrobial stewardship practices.

**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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met their needs, goals and preference, and enhance consumer quality of life. Lifestyle staff provided evidence that consumer preferences and needs were considered when providing supports for daily living. Staff said they can modify or provide additional support or assistance to facilitate consumers’ participation in activities. Care plan documents effectively captured the lifestyle needs, goals and preferences of individual consumers.

Consumers confirmed the service effectively supported their emotional, spiritual, and psychological well-being, giving examples of how staff have helped. Staff discussed their role in promoting consumers' emotional, spiritual and psychological well-being and said information about consumers’ needs was gathered during the admissions procedure and monitored through regular interactions. Staff said they could detect shifts in consumers' moods during frequent check-ins and by observing body language and would take actions to address concerns or offer reassurance. Care plans recorded details about consumer’s spiritual and emotional needs and preferences and staff were observed supporting consumers emotional needs.

Consumers said they were supported to maintain social relationships, participate in the community, and do things that interested them. Staff outlined their role in facilitating outings, activities and communication with family and friends, including assisting consumers make calls and participate in social activities. Care planning documentation specified consumer preferences for activities, outings, and maintaining relationships. Consumers were observed receiving visitors throughout the day and leaving the service for community activities. Staff were observed encouraging consumers to participate in activities.

Consumers were satisfied that information about their condition, needs and preferences was effectively communicated between staff and others involved in their care. Staff explained how relevant information was shared between stakeholders involved in care and services through communication during shift handovers, accessing the electronic care management system and verbal updates. Regular operations meetings were attended by representatives from each division, including hospitality and lifestyle, to communicate incidents and changes to needs.

Consumers said they received support from additional providers of other care and services. Staff explained how the service collaborated with external organisations and individuals to improve consumers’ quality of life, describing referrals to volunteers for consumers at risk of isolation. Care planning documents showed external providers were often engaged to improve consumers well-being and support consumers to participate in activities.

Consumers expressed satisfaction with the meals provided, highlighting the available choices and the quality of food. Kitchen staff explained the effective systems in place for preparing meals to meet specific consumer’s dietary needs and preferences in line with care planning documentation. Consumers could provide input to the menu and feedback through the Resident and Relative Meetings and through established feedback channels. Meal service was observed to be welcoming, engaging, and respectful to consumers who required assistance.

Consumers said the equipment they used, such as mobility aids and activity resources were suitable, clean and well-maintained. Staff reported they had ready access to the supplies and equipment they needed to support consumers and ensured cleaning regimes were adhered to. Cleaning records and maintenance logs showed the service actively monitored and maintained equipment for safety, suitability, and cleanliness.

# 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 Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers expressed a sense of feeling at home in the service and said it was easy to navigate, and they could move freely with the aid of staff or mobility equipment, in the case of those who were unable to walk independently. Staff said they encouraged consumers to decorate their rooms with photographs and artwork and consumers’ rooms were observed to be personalised. The corridors and common areas were spacious and well-organised, with wayfaring signage to guide consumers and visitors through various living spaces for consumers to utilise. The service was well lit, and handrails were seamlessly integrated as part of the design.

Consumers advised their rooms were regularly cleaned, well maintained, and they could easily access indoor and outdoor areas within the service. Cleaning staff described their processes for maintaining cleanliness in accordance with schedules and cleaning logs. Staff members described how they support consumers to move freely throughout the service. The service environment was observed to be safe, clean, and well-maintained, with clear pathways for consumers to easily navigate the service.

Consumers said furniture, fittings and equipment was kept clean and well-maintained. Staff described cleaning processes for shared equipment and explained how they logged maintenance concerns. Maintenance staff explained the procedures for both preventative and reactive maintenance to ensure the furniture, fittings and equipment was safe and suitable for consumers. The equipment, furniture, and fittings in the service appeared to be safe, clean, and suitable for consumer 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 Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives stated they felt comfortable making complaints and knew how to provide feedback. Management described the various processes available to consumers and representatives used to provide feedback and make complaints to the service, including verbally, through consumer meetings, focus groups, and feedback forms. Feedback forms and collection boxes were observed around the service and meeting minutes demonstrated seeking and recording of feedback.

Consumers stated they were aware of advocacy, if required. The Residential Care Handbook provided to all consumers outlined how they could access advocacy and language services. Pamphlets about the Aged Care Quality and Safety Commission and posters for the Older Persons Advocacy Network (OPAN) and Elder Rights Advocacy were displayed at the service. Management was aware of external advocacy and translation services and said consumers were encouraged to reach out to advocacy services if they had a concern and described visits from OPAN to meet with consumers to explain available services.

Consumers and representatives who had made complaints felt the service dealt with their complaint appropriately and they were satisfied with the outcomes. Management described the open disclosure process used when an issue was identified, or concern raised. The Quality Improvement Register recorded complaints with a description of the feedback and actions taken by management demonstrating use of open disclosure process. The service had documented policies and procedures in place to assist the service when addressing complaints.

Consumers and representatives said the service had improved due to their feedback and complaints. Management explained all complaints, feedback, and audit results were added into the Quality Improvement Register, investigated, and improvement actions initiated. The service had written policies and procedures which supported continuous improvement. Records confirmed the service had used feedback and complaints to make positive changes to benefit consumers.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said staff responded promptly to requests for assistance and considered there were sufficient staff to meet their care needs. Management explained there was effective planning and processes in place for ensuring the service was adequately staffed. The roster demonstrated shifts were filled by current staff where possible before booking agency staff. Staff were observed responding to call bells promptly and management monitored response times with assessment of impact on the consumer if delays occurred.

Consumers and representatives said the staff were kind, caring and respectful. Clinical staff explained how they were always respectful and kind when interacting with consumers. Interactions between staff and consumers appeared to be kind, caring and respectful.

Consumers and representatives felt staff were competent and had the knowledge to effectively perform their roles. Management explained using recruitment practices, performance appraisals, and training to ensure staff competency and ensured staff had the correct qualifications and registrations for their position at the time of recruitment. Documentation confirmed staff had the appropriate qualifications and knowledge to perform their duties in line with their position description.

Consumers and representatives were satisfied staff were adequately trained and equipped to perform their duties and provide quality care and services. Management explained staff were trained, equipped and supported to perform their roles through their initial and ongoing training. Clinical staff said they received adequate training to perform their roles and highlighted some of the training courses completed. A review of mandatory training records demonstrated staff were recruited, trained, equipped, and supported to effectively perform their roles as required by the Aged Care Quality Standards.

Management described how they regularly assessed, monitored and reviewed staff performance, to ensure they were providing quality care to consumers. All staff described the performance review process and confirmed details of their last performance appraisal. The performance appraisal logs demonstrated most staff had undergone a performance appraisal in the last year and the service was working towards completing all appraisals by the end of September 2023.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services. Management described the various methods used to engage with consumers such as through consumer meetings, focus groups, surveys, feedback forms, care plan reviews and informal discussion. Records showed that consumers were engaged in providing input regarding the delivery of care and services, and the service was actively working to within a continuous improvement model.

Consumers and representatives said the service was well-run, and the care provided was safe and effective. Management described how the Board actively promoted a culture of safe, inclusive quality care and services and supported the service to achieve this. The Board provides active oversight of the delivery of services through review and discussion of reports and performance indicators, as evidenced within meeting minutes.

Management described how the organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Staff could describe how they accessed the policies and procedures in the governance framework to manage risks to consumers. Management described financial governance processes, including pathways for seeking funding for expenses outside budgeted costs.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff confirmed they could access relevant policies on these topics and had received related training. Management described how the organisation, including the governing body, monitored various performance indicators to ensure effective identification and management of risks and related incidents.

The organisation had a clinical governance committee and framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood their responsibilities under the clinical governance framework and staff confirmed they had received training on these policies and systems.

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)