Performance

Report

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| Name: | Uniting AgeWell Strathaven |
| Commission ID: | 8760 |
| Address: | 9 Strathaven Drive, ROSETTA, Tasmania, 7010 |
| Activity type: | Site Audit |
| Activity date: | 4 June 2024 to 6 June 2024 |
| Performance report date: | 8 July 2024 |
| Service included in this assessment: | Provider: 9609 Uniting Agewell Limited  Service: 5057 Uniting AgeWell Strathaven |

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 Uniting AgeWell Strathaven (**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
* 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 treated them with dignity and respect and gave practical examples of being supported by gender specific staff when receiving personal care, as per their preferences. Staff had knowledge of consumers’ unique life experiences, cultural backgrounds and explained how these influenced the delivery of care. Staff were observed interacting with consumers in a dignified and respectful manner.

Consumers confirmed staff were aware of their cultural identities and provided culturally safe care consistent with their preferences. Staff had knowledge of consumers’ cultural backgrounds and identities and explained how care was tailored to meet cultural needs. Care documentation reflected consumers’ religious, cultural, and personal preferences.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and they were afforded privacy when their partner visited. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring care is provided in line with their preferences and supporting family involvement in consumers’ lives. Care documentation recorded consumers’ care needs and preferences, who was involved in their care and people of importance to them.

Consumers and representatives gave practical examples of how consumers were supported to take risks and live life as they chose, such as leaving the service independently to go shopping and socialise with friends in the community. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers and representatives had made informed decisions regarding risk.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs, particularly via the activities calendar, menu and newsletter. Staff explained information was provided to consumers in person, at meetings and in ways which met their differing sensory and communication needs. Care documentation evidenced consumers’ communication needs and preferences, whilst noticeboards in communal areas promoted menus and the activities calendar.

Consumers gave practical examples of how their privacy was respected, such as staff knocked on their doors and sought consent before entering their rooms. Staff explained, and observations confirmed, consumers’ privacy was respected by ensuring doors were closed when providing care, particularly for those consumers with shared bathrooms. Consumers’ personal information was observed to be kept confidential in a secure electronic care management system (ECMS).

# 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 and pressure injuries, 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, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. 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, such as medical officers and allied health professionals, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, with specialists’ recommendations included in planning processes.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented and consumers and representatives could request a copy of the consumer’s care plan at any time. Care documentation was observed in the ECMS, which evidenced the 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 addressed. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed quarterly and reassessment occurred when their health status, preferences or circumstances changed, such as following a fall.

# 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:

Most consumers and representatives gave positive feedback about the care they received, however, one consumer said they had sustained a skin tear during personal cares, resulting in staff being reminded of being gentle when assisting consumers to dress. Staff were knowledgeable about consumers’ individual personal and clinical care requirements and explained how those were met, which mostly aligned with their assessed needs. Care documentation evidenced consumers mostly received individualised care, however, as wound management plans were not always followed, an additional registered nurse (RN) had recently been appointed to monitor clinical documentation and improve management of consumers’ wounds.

Consumers gave positive feedback about how the service managed risks associated with their care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as infection, and explained how these were managed and prevented. Care documentation evidenced risks to consumers, such as complex clinical conditions, were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were supported by their medical officer and kept comfortable through pain monitoring and comfort care, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and meet their needs and preferences, with their treatment choices respected. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changes in their overall conditions, particularly changed behaviours, with any changes documented and the consumer escalated to clinical staff or medical officers for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their requirements and preferences, 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, as did visiting allied health professionals. Care documentation evidenced information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as dieticians and dentists, and referrals were timely. Staff explained the referral process and said consumers had access to individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and allied health professionals, such as speech pathologists, whose recommendations informed the delivery of care.

Consumers gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them, including attending art classes. Staff had knowledge of consumers’ daily living needs and preferences and explained individual activities were planned in consultation with consumers and representatives, with the goal of enhancing overall health. Care documentation evidenced consumers’ life experiences, cultural and religious needs, preferred lifestyle activities, social connections and supports required to pursue their activities of interest.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through attending regular religious services which accommodated consumers’ diverse beliefs. Staff advised they supported consumers by spending one-on-one time with them when their moods were low, with psychological support available from a counselling service. Care documentation evidenced consumers’ emotional, spiritual and psychological needs and preferences, with strategies to enhance their well-being.

Consumers and representatives gave practical examples of how consumers were supported to participate in the service and wider communities, such as being provided a dedicated garden bed to continue gardening as a hobby and leaving the service independently to spend time with friends. Staff explained they supported consumers to make social connections by attending group activities and joining local community clubs, whilst personal relationships were supported by ensuring family and friends felt welcomed to visit. Consumers were observed participating in group activities, where they were being encouraged and supported by staff.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their lifestyle needs and dietary preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, dietary files and they accessed care documentation in the ECMS. Care documentation in the ECMS evidenced reciprocal sharing of information between staff and consumers’ healthcare providers.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback about the services and supports they received. Staff explained volunteer programs were engaged to facilitate activities, such as art classes, and spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

Most consumers and representatives said meals were enjoyable, there was variety in the menu and portions served were sufficient, however, 3 consumers said the quality and variety of meals could be improved, resulting in individualised solutions to their complaints implemented, in response. Staff explained the menu was developed and updated based on consumers’ feedback gathered at food focus meetings and in-person discussions, with additional input from a dietician. Meal service was observed, and consumers appeared to enjoy their meals.

Consumers and representatives said consumers felt safe when using equipment provided by the service, such as mobility aids, and maintenance staff attended to issues promptly and efficiently. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Staff were observed cleaning shared equipment between each use and personal mobility aids were clean, functioning correctly 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, easy to navigate and consumers’ sense of belonging was encouraged by decorating their rooms with personal items. A range of items and activities, such as puzzles, were observed in communal areas and consumers appeared to enjoy interacting with each other. The service had wayfinding signage which made it easy to navigate and hallways were well lit.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, which were attended to daily. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around the service and accessing communal dining rooms, lounge areas and courtyards.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for their use, with staff regularly checking equipment to ensure it functioned properly. 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

Consumers and representatives said they were encouraged and supported to raise concerns and gave practical examples of speaking with staff, attending consumer meetings and completing feedback forms, as ways they could give feedback. Staff explained consumers and representatives could also make complaints and provide feedback by email and phone, with assistance provided if needed. Meeting minutes, the consumer welcome pack and an information booklet evidenced consumers and representatives were encouraged to provide feedback and raise issues of concern.

Consumers and representatives understood how to access external complaints and advocacy services, though were comfortable raising issues directly with staff. Staff described the complaints, advocacy and language services available to consumers and confirmed they would support them to access these, if required. Posters, pamphlets and brochures promoted consumer access to the Commission, advocacy and language services.

Most consumers confirmed appropriate actions was taken in response to their complaints, however, one consumer said their complaints were yet to be resolved, with management reminding staff to adhere to agreed privacy processes, in response. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers and representatives gave practical examples of toasters being placed in kitchenettes, as to how their feedback had been used to improve their services. Staff explained feedback and complaints were regularly reviewed to identify trends, with agreed actions assigned to individual staff members who had accountability for the concerns raised. Complaints documentation, meeting minutes and the CIP 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:

Consumers and representatives gave positive feedback about staffing levels and confirmed consumers’ needs were promptly met. Management explained the roster was developed based on meeting legislative responsibilities, with a focus on matching staff skills with consumers’ clinical needs. Rostering documentation evidenced consistent staffing across shifts.

Consumers and representatives said staff were kind, caring, familiar with consumers’ needs and preferences and respectful of their identity, culture and diversity when care was delivered. Staff were observed to be kind, caring and respectful when interacting with consumers. Policies and procedures guided staff on behaviour expectations, including respect for consumers’ diversity, privacy and cultures.

Consumers confirmed staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was determined through pre-employment checks, an orientation and buddy program, observations, audits, competency assessments, ensuring professional registrations and criminal history checks. Personnel records evidenced staff had position descriptions which required competencies and clinical registrations relevant to their roles monitored for currency.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained, and staff confirmed, training was completed in fire safety, manual handling, hand hygiene, restrictive practices, medication management, falls management, care planning, dementia care, nutrition and wound management. Training records evidenced most staff had completed mandatory training as scheduled.

Management advised, and staff confirmed, staff performance was assessed and monitored through annual performance reviews, and informally through audits, team meetings, feedback processes, observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and found the process of benefit, and they were supported by management. Personnel records evidenced most staff performance reviews had been completed as scheduled.

# 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 confirmed they were supported to evaluate their care and services through consumer meetings and gave positive feedback on being regularly consulted on building refurbishments consultation processes. Management explained consumers and representatives further contributed to service evaluation through the quality care consumer advisory body, during care consultations, audits and feedback and complaints processes. Meeting minutes and complaints documentation evidenced consumers were engaged in evaluating their care and services, which were included in the CIP.

Consumers and representatives confirmed consumers 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 clinical governance and quality safety and care committees, and it received regular reports on operational updates, infection control, clinical practice, consumer engagement, feedback and complaints, identified risk, clinical incidents, the workforce, notifications made to the Serious Incident Response Scheme (SIRS) and continuous improvement initiatives. Meeting minutes evidenced the board had oversight of consumers’ care and was accountable for the quality of services delivered.

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)