Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Villa Maria Catholic Homes Bundoora Aged Care Residence |
| Service address: | 1424-1428 Plenty Road BUNDOORA VIC 3083 |
| Commission ID: | 3511 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 2 November 2022 to 4 November 2022 |
| Performance report date: | 5 December 2022 |

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 Villa Maria Catholic Homes Bundoora Aged Care Residence (**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; 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’s response to the assessment team’s report received 24 November 2022
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(d) - the Approved Provider ensures outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan which is readily available to the consumer or their representatives

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Staff were observed to demonstrate respect towards consumers and showed an understanding of consumers' care preferences. The service had a documented diversity policy and procedures which outlined how the service provided a living environment which was culturally appropriate for consumers and how consumer care, lifestyle, dietary customs, emotional support, and participation were to be delivered by the staff.

Consumers and representatives said consumers’ varied backgrounds and cultures were respected and consumers could express their cultural identity and interests. Staff demonstrated knowledge of each consumer’s identity and articulated how they met the individual needs of each consumer. Care planning documentation included information about each consumer's community connections, cultural identity and practices, and religious beliefs.

Consumers and representatives felt they were involved in and supported to make decisions about their care and when others were involved in their care. Consumers said they were supported to make and maintain connections and relationships, including intimate relationships. Staff provided an overview of the care planning and review processes and described how consumers were involved and exercised choice and independence.

The service had policies and procedures which supported consumers to take risks. Staff said they support the consumer’s wishes to take risks and to live the life they choose, including the choice to smoke or leave the service independently. Consumers said they were involved in meetings and were encouraged to ask questions about their care, and said they received information about risks, outcomes, and options when making decisions involving balancing risk and their quality of life.

Consumers said information was presented to them in a way they understood. Copies of the activities schedule were available in the consumer's rooms, as well as in the dining rooms and activities areas. Staff described diverse ways information was communicated to make sure it was easy to understand and accessible to all consumers, including using strategies to compensate for cognitive impairments, visual or hearing loss. Documentation demonstrated information provided to each consumer was accurate, timely, relevant and delivered in a way which met consumer’s needs.

Consumers said staff respected their privacy and sought consent before offering care. Staff described strategies for ensuring confidentiality, including discussing consumer's care in private areas, knocking on doors before entering, asking permission to undertake care, closing the door when providing personal care, and keeping consumer files in a secure area. The service had a privacy policy which outlined how the service maintained and respected the privacy of personal and health information for consumers.

# Standard 2

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

The assessment team recommended this requirement was not met.

* 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 optimises their health and well-being.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced deficiencies in processes ensuring the consumer’s care plan was readily available as 4 named consumers or their representatives gave negative feedback advising they were not aware they could request it, did not have a recent copy of, nor had they been offered a copy of the care plan during care consultations. Additionally, despite the service’s policy indicating a copy of the care plan is provided during care consultations, records of consultations did not evidence a copy of the care plan had been given or offered.

The provider’s response on 24 November 2022 provided clarifying information, clinical record extracts, assessment forms, procedures, meeting minutes, and care consultation records.

I acknowledge the providers response which affirms it is their policy to ensure a copy of the care plan is offered or given to a consumer or their representative at the time of care evaluations. However, I note the clinical extracts detailing the evaluation, evidence that while the outcomes of assessment and care planning have been discussed with the consumer or their representative, there is no evidence to support staff were offering or providing a copy of the consumers care plan nor were they advised a copy could be provided if requested.

I acknowledge the corrective actions undertaken immediately, commenced or planned to remedy the deficits included advising consumers and representatives of their ability to access the care plan and the improvements made to procedures to prompt staff to offer or provide care plans during care evaluations, however, I consider these corrective actions will take time to embed and demonstrate their effectiveness.

Overall, I have placed weight on the feedback provided by consumers and their representatives who were not aware the care plan was readily available.

Therefore, I find Requirement 2(3)(d) is non-compliant.

I find the remaining 4 requirements of Quality Standard 2 compliant as:

Consumers and representatives stated they felt assessment and care planning was adequate, included the consideration of risks, and informed the delivery of safe and effective care to each individual. Consumer assessments and care plans included information to ensure care delivered was safe and effective and demonstrated how the risks to consumers’ health and well-being were considered. The service had documented clinical policies and procedures to guide staff practice in the completion of assessments and care plans.

Consumers and representatives stated the service took their needs, goals, and preferences into consideration when undertaking assessment and planning, including for end-of-life care. Staff described how assessment and planning identified and addressed the consumer’s current needs, goals, and preferences and how they would undertake conversations about advance care and end-of-life planning if the consumer and representative wished. The service had policies and procedures to guide staff practice about assessment, planning and the identification of needs, goals, and preferences for individual consumers.

Consumers and representatives gave positive feedback stating they were involved and partnered in the assessment, planning, and review of the consumer’s care and services and the service. Care planning documentation demonstrated the involvement of consumers, representatives, and other organisations and individuals through routine contact and when changes occurred to the health status of consumers. Staff described the importance of consumer-centred care planning and explained how they initiated conversations around care planning with consumers and representatives via face to face discussions or over the telephone.

Staff described the process of regular review of consumer's care plans and gave examples where the care plan had been reviewed following an incident or change in care needs. Care planning documents reflected regular evaluation of consumer needs, goals, and preferences. The service had policies and procedures to guide staff practice in relation to regular and responsive care and service review processes.

# Standard 3

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

Findings

Policies and procedures, referencing best practice, supported effective delivery of personal and clinical care, relating to wound management, restrictive practices, skin integrity and pressure injury prevention. Representatives gave positive feedback stating consumers were offered effective and received individualised personal and clinical care. Care planning documentation reviewed reflected individualised care which was safe and tailored to each consumer’s needs.

Staff described using validated assessment tools to determine high impact risks for each consumer. Care documentation for consumers living with complex care, demonstrated care was consistently attended to, in line with care planning instructions for each consumer. Policies and procedures were available to guide staff practice in relation to the management of high-impact or high-prevalence risks, such as falls, weight loss, and skin integrity.

Policies and procedures guide staff in palliative and end of life care. Staff demonstrated knowledge of care provided to consumers and described how care needs were monitored to ensure the consumer was comfortable and had their dignity preserved. Care documentation for a consumer who had recently passed away, supported their pain levels were frequently monitored with any pain managed and pastoral support was provided as per the consumer’s wishes.

Care planning documentation evidenced the service was able to identify and promptly respond to the deterioration or change of consumer's health condition, function or capacity. Staff described steps undertaken if consumer deterioration was identified, such as referring to the clinical staff, medical officer, and consumer representatives. Representatives of consumers who had experienced deterioration indicated it had been identified and responded to quickly.

Consumers and representatives said staff communicated changes to consumers’ condition between themselves and others were appropriate. Staff described changes were communicated through verbal handover, meetings, and accessing care plans. Documentation, such as progress notes and care plans, identified adequate and accurate information was shared to support effective and safe consumer care.

Consumers and representatives said referrals to other providers of other care or services was timely. Policies and procedures guided staff practice on the involvement of others when further clinical assessment and planning by specialists was required. Staff gave examples of how referrals were conducted when additional support for behaviours, nutrition, complex care restrictive practices was needed.

Policies and processes promoted the minimisation of infection-related risks through the implementation of infection prevention and control, and antimicrobial stewardship principles. Staff described strategies to reduce the inappropriate use of antibiotics such as increasing fluids, completing pathology testing, and providing personal hygiene to prevent infection. All staff, visitors, and contractors were screened before entry, and were required to wear personal protective equipment.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said consumers felt supported to pursue activities of interest to them and were provided with appropriate supports to do so. Staff explained what was important to consumers and what they enjoyed doing, and this aligned with the information in the consumer’s care plan. Care documentation contained lifestyle and pastoral care assessments which identified the consumer’s individual preferences, likes, dislikes, interests, social, emotional, cultural, and spiritual needs.

Consumers described how they were engaged in meaningful activities, which satisfied them and explained how the service promoted their spiritual, emotional, and psychological well-being. Staff said they knew consumers well and if they noticed a consumer was withdrawn, they engaged them to find out why, and assist them if they could. Staff said the consumer would be referred to the pastoral care worker or the doctor and monitored in case of a noted change in emotional or psychological status.

Consumers and representatives said consumers were supported to participate in activities, within and outside the service, and to stay connected with people who were important to them. Consumers described making new friendships with other consumers living at the service. Staff described how they supported consumers to participate in the community, engage in activities and gave examples of those who undertake individual activities outside the service. Consumers participated in a diverse range of activities tailored to the cultural needs of consumers.

Staff described ways in which information was shared and how they were kept informed of the changing condition, needs, and preferences of each consumer, including via handover. Consumers and representatives said the consumer's condition, needs, and preferences were effectively communicated with others responsible for care. The care management system was observed to contain entries made by physiotherapists, doctors, speech therapists, podiatrists, dentists, hairdresser, and internal staff.

Care documentation reflected the collaboration of other providers to support the diverse needs of consumers. Staff described how the consumer or representatives were actively involved in referrals and how consent was obtained. Consumers or representatives said where the organisation had been unable to provide a suitable service or support, a prompt referral to other organisations to meet their changing services and supports needs was undertaken.

Consumers and representatives offered positive feedback about the variety, quality, and quantity of the food provided and confirmed they could take part in menu planning. Staff demonstrated knowledge of consumers’ nutrition or hydration needs and preferences advising food and drink were also available out of meal service. The consumer dining experience was comfortable and unhurried, and consumers were assisted in a dignified and timely manner.

Consumers said they felt safe using the equipment, they know how to report any concerns and maintenance staff attend to issues quickly. Equipment was observed to be safe, suitable, clean and well maintained. Staff advised all equipment was regularly checked and updated and if it were unsafe, then they would raise a maintenance request form and add it to the handover sheet to notify other staff.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said they found the service welcoming and easy to navigate. Staff described how new consumers were supported to make it feel like home and with their photo placed on the door to assist with identifying their room, when the consumer provided consent. The service was observed have directional signage installed, the corridors were wide with handrails and photographs and artwork were displayed to create a home-like environment.

Consumers and representatives reported the service was cleaned regularly, and maintenance was done quickly. Consumers and visitors were observed to have access to common lounge and dining areas with other private areas available if required. Most exit doors leading to the courtyards, were unlocked or had a keypad allowing consumers free movement between the inside and outside areas. The outside courtyard areas were free of trip hazards, had clear pathways and contained seating and tables.

Staff said they had access to sufficient, well-maintained equipment and consumers said equipment was well-maintained and clean. A scheduled maintenance plan was in place, with specialist contractors identified, where needed. Staff were observed cleaning equipment between use and checking for damage or issues before using the equipment.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they were encouraged and felt supported and comfortable to provide feedback or complaints. Staff described avenues available for submission of feedback, and what they would do if an issue was raised with them directly. Feedback forms and lodgement boxes were available to encourage the submission of feedback. Complaint’s avenues were described in various written material available to consumers.

Consumers and representatives confirmed they were aware of other avenues for raising a complaint but approached management and staff first. Staff described how they acted as advocates by raising consumer concerns with management and assisting consumers to complete feedback forms as required. Information on advocacy and language services was displayed.

Consumers and representatives said management promptly addressed and resolved their concerns after making of a complaint, or when an incident had occurred. Documentation evidenced open disclosure processes were applied following an adverse event. Management gave examples of how they had responded to consumer complaints which included providing an apology.

Consumers described the improvements made to care and services based on their feedback. Staff described how feedback was used to improve quality and how consumers were consulted to evaluate the effectiveness of any improvements made. Documentation supported feedback and complaints were trended, analysed, and used to improve the quality of care and services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there was adequate staff and when they call for assistance, staff were prompt to attend. Staff said there was ample staff to meet consumers’ needs and preferences, and they have sufficient time to undertake their allocated tasks. Management said they had strategies in place to recruit and retain staff, such as encouraging student placement, to ensure steady recruitment and continuity for the consumers and service.

Consumers and representatives provided feedback stating staff engaged with them in a respectful, kind, and caring manner. Staff demonstrated an in-depth understanding of the consumers, including their needs and preferences which aligned with care planning documentation and consumer feedback.

Consumers and representatives said they felt confident staff were suitably skilled and competent to meet their care needs. Position descriptions outlined the minimum qualifications required, and there was a onboarding process for new staff, consisting of buddy shifts, mandatory training, and core competency checks. Documentation evidenced staff qualifications, including registrations and police clearances, were monitored for currency.

Consumers and representatives expressed confidence in the abilities of staff, felt staff were well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Staff reported they completed annual mandatory training including modules such as infection control, manual handling, mandatory reporting, and fire safety.

Management advised, and staff confirmed, probationary and ongoing performance review systems were in place to monitor their performance which were informed by observations, competencies, clinical data, consumer and representative. Policies and procedures guided the monitoring of staff performance including annual appraisal. Documentation evidenced all staff have completed a review and a system is in place to monitor compliance and identify when reviews fall due.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives felt the service was run well, and they were happy with their level of engagement in the development, delivery, and evaluation of care and services. Management described how consumers were engaged and involved in decisions about their care and proposed changes to the service. Documentation demonstrated the service sought comment from consumers/representatives about areas such as the delivery of clinical and personal care and lifestyle activities, via mechanisms including meetings, feedback forms, and surveys.

Documentation supported systems and processes were implemented to monitor the performance of the service and to ensure the governing body was accountable for the delivery of safe, inclusive, and quality care and services. The governing body, initiated improvement actions to enhance performance, monitored care and service delivery and compliance with the Quality Standards. Management described various meetings, written communiques and online hubs support communication with consumers, representatives, and staff regarding updates on legislation and policy or procedural changes. Members of the executive team attend the service regularly and meet with consumers to receive feedback directly.

The service demonstrated effective organisation-wide governance systems were in place which guided information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Staff and management said, they could readily access the information they needed to support them to undertake and understand their roles. Documentation supported continuous improvement was identified through a variety of sources including complaints or investigating serious incidents and management confirmed funding was available to make improvements when needed.

A documented risk management system had been implemented to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. Documentation evidenced risks were reported, escalated, and reviewed at the service, executive and board levels. A documented dignity of risk policy framework supported consumers to take risks and guided staff practice. Staff demonstrated knowledge of elder abuse and their reporting requirements in relation to serious incidents.

A clinical governance framework had been implemented with documentation supporting staff applied the principles of the framework when providing clinical care. Staff described processes in relation to the minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things go wrong. Documentation reviewed, such as committee meeting minutes, discussed these key areas and strategies for implementing this framework.

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)