**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Stafford and District Meals on Wheels |
| Service address: | 1 Teevan Street STAFFORD QLD 4053 |
| Commission ID: | 700498 |
| Home Service Provider: | Stafford & District Meals on Wheels Association Inc. |
| Activity type: | Quality Audit |
| Activity date: | 25 July 2023 to 27 July 2023 |
| Performance report date: | 15 November 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 Stafford and District Meals on Wheels (**the service**) has been prepared by N Eastwood, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 23950, 1 Teevan Street, STAFFORD QLD 4053

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality 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 7 November 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

**Standard 2**

* Requirement 2(3)(a) ensure all relevant information is consistently identified, discussed and reflected on the consumer record.
* Requirement 2(3)(e) implement a review process to ensure regular reviews to identify a change in circumstances are undertaken.

**Standard 7**

* Requirement 7(3)(d) implement a training program to include mandatory training requirements and Aged Care Quality Standard training.

**Standard 8**

* Requirement 8(3)(b) implement registers to monitor feedback and complaints, incidents and continuous improvement.
* Requirement 8(3)(c) implement governance systems related to feedback, complaints and continuous improvement.
* Requirement 8(3)(d) implement an effective incident management system.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers confirmed their choices are respected and their preferences are accommodated by the service. Staff and volunteers described how they show respect to the consumers, by taking the time to talk to them and acknowledging and supporting their preferences. The service actively promotes an inclusive approach and a commitment to recognising, valuing and respecting each consumer’s diversity, regardless of beliefs, attitudes, social circumstances, ability, ethnicity, sexual orientation, gender history, health status or age.

Management, staff and volunteers were familiar with individual needs and described how services are provided in accordance with individual wishes and the capacity to meet cultural or religious requirements, if required. A review of documentation demonstrated consideration to consumer preferences and management provided an example of sourcing alternative providers when required.

On commencement, consumer needs and preferences are discussed, the office manager takes the time to get to know the consumer, explains the meal options and allows the consumer to make their own decisions. The consumer is advised they can make changes at any time by selecting their meal choices on the menu or make changes to meal delivery arrangements by letting the delivery volunteers know or by calling the service.

Staff and volunteers described occasions where they offer alternatives to minimise risks associated with medical conditions and dietary recommendations to help the consumers live the best life they can.

Consumers said they feel well informed about the meal service and what is available to support their needs and preferences. They receive verbal and written information on the options available to them, including current menus, meal ordering process, delivery days and the relevant cost of each meal which enables them to make informed choices. A Client and Carers guide is provided to consumers with information regarding special dietary requirements, meal services, storage and preparation as well as information on advocacy services the Charter of Aged Care Rights and language and communication services.

Consumers are informed of the circumstances where information may need to be disclosed, such as when there are concerns for their health and safety. Consumer records include informed consent, recording the consumer’s agreement for the sharing of information with relevant parties.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | CHSP |
| 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. | Non-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. | Non-compliant |

Findings

The Assessment Team recommended the service was non-compliant with 2(3)(a), 2(3)(d) and 2(3)(e). After consideration to the Assessment Team’s report and the approved provider’s response, I am satisfied that the service does not comply with Requirement 2(3)(a) and 2(3)(e) and as a result does not comply with Standard 2. I am satisfied that the service complies with Requirements 2(3)(b), 2(3)(c), 2(3)(d).

Requirement 2(3)(a):

Service-level assessments did not demonstrate all relevant information is consistently identified, discussed and reflected on the consumer record. A comprehensive assessment had not been conducted for each consumer, key risks for each consumer were not consistently captured and assessment summary information from My Aged Care support plans were not considered. Management, staff and volunteers demonstrated they know the consumers well; however, information was not consistently documented.

Requirement 2(3)(e):

Consumer’s needs and preferences were not regularly reviewed to identify a change in circumstances or following an incident and/or hospital admission. The service manager and volunteers described instances when there had been incidents involving a consumer, including falls, admission to hospital or non-response to a scheduled visit. However, such incidents did not trigger a review of the consumer’s needs to identify any changes which may be relevant to the provision of their meal service. Management confirmed the service had not actively conducted regular reviews of each consumer needs and preferences. They advised a process will be implemented for consumer reviews, a forward plan will be developed to undertake reviews for each consumer, with priority given to those consumers with special dietary requirements or where potential risk is indicated.

The Approved Provider submitted a response to the Assessment Team report (the response) including a Plan for Continuous Improvement (PCI) as well as supporting documentation. A dignity of risk form, policy and procedure has been developed, as well as a care plan letter and record. A formal review process is to be implemented with a review form for completion. I acknowledge the actions implemented and ongoing to address the deficits identified with Requirements 2(3)(a) and 2(3)(e) and note these are currently in progress. With consideration to the available information further time is required to ensure these actions are sustained and able to imbed in practice.

Requirement 2(3)(d):

Details of the consumer’s current dietary requirements and preferences were sighted on their record, and on the information referred to by kitchen staff. Consumers and representatives advised that service delivery arrangements are discussed with them, the service is flexible, and changes are made on their request. A copy of the menu is provided and consumers select the meals they require. However, the Assessment team noted that a detailed copy of the service plan, including how the service will be provided to meet the consumer’s individual and/or specific needs and the level of assistance the consumer required had not been provided to consumers.

The Assessment Team recommended this requirement as non-compliant, however the response and PCI indicated a clear action in place to address the identified deficit. The response included supporting assessment documentation which will now be provided to existing and new consumers. The meal delivery care plan includes consideration to preferences, allergies, intolerances medical and health conditions, malnutrition risk and consent to share information. As a result, I am satisfied this requirement is compliant.

Compliance with the remaining requirements:

Consumers and representatives confirmed they have day to day control over meal choice and delivery including flexibility in delivery options or the option to pick up meals if it was more appropriate for them. Management, staff and volunteers demonstrated a shared understanding of consumer dietary requirements and food preferences, they also indicated they can refer to the consumer record, kitchen documentation, meal labels, and delivery run sheets for information.

Management described how consumers and representatives are involved in the decision-making process and this aligned with the feedback from consumers and representatives. Where the consumer is unable to participate, they involve their representative or others involved in their care.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | CHSP |
| 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

Quality Standard 3 Personal care and clinical care is not applicable as the service is not funded to provide personal care and clinical care services.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | CHSP |
| 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. | Not applicable |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives advised the service is flexible, accommodating of their needs and preferences and they are able to arrange their meals service to support their lifestyle. Management, staff and volunteers gave examples of how the meal delivery service is tailored to support the individual consumer, which aligned with feedback from consumers and representatives.

Documentation showed individual preferences in relation to meals, dietary needs and service delivery are recorded and this information is available to the staff preparing meals and to delivery volunteers. Dietary information included the consumer’s preferences, dislikes, allergies and dietary needs such as diabetic, gluten free, lactose free, cut up finely or minced.

Consumers and representatives emphasised the staff and volunteers are all very kind and friendly and provided specific examples of how the volunteers took the time to chat with them during meal delivery. Staff and volunteers demonstrated they know the consumers well speaking about how they have regular delivery runs, get to know the consumers they visit and are able to notice any changes and report concerns. The service provides recognition of special events such as holidays and birthdays marking the occasion with a small gift and donated items.

Management, staff and volunteers provided examples of how service delivery is adjusted on request to ensure consumer preferences continue to be met. Volunteers described the importance of delivering meals to consumers promptly so they could attend appointments and maintain social connections and important relationships. Connection with the wider community is actively promoted, with local businesses and council members regularly volunteering on meal delivery runs and meeting consumers in person. There is an opportunity to engage with the ‘Let’s do lunch’ program where a volunteer can visit and have a meal with the consumer, which attracted positive feedback from consumers.

Kitchen staff receive the information they need in order to prepare the right meal for each consumer, including a daily kitchen report, ready reference cards for special dietary requirements and individual consumer’s meal labels. Volunteers receive information about the consumer, the meals they require and any instructions for meal delivery. Any concerns or changes in a consumer’s health and wellbeing or meal service requests are reported and discussed with management.

There is a referral process in place if required and consumers are provided a ‘Client and Carers Guide’ which provides a list of useful contacts, including My Aged Care, Dementia Australia, Carers Queensland, Seniors Enquiry Line, Elder Abuse Prevention Helpline, Lifeline, Beyond Blue, and the Department of Veteran Affairs.

Consumers and representatives provided positive feedback about the meals, reporting there is sufficient choice available to meet their needs and preferences. Consumers indicated there was plenty of variety and choices of meal options. There is nutritional oversight with consideration to dietary intolerance and allergies and specific knowledge of consumer requirements with adaptations of traditional recipes provided. Meals are diabetic friendly, low in fat and desserts do not have a lot of sugar.

There are systems in place for ordering, preparing, storing and delivering meals to consumers. Documentation evidenced the service provides an individualised and flexible approach to meal delivery.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | CHSP |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Quality Standard 5 Organisation’s service environment is not applicable as the service is not funded to provide services to consumers in a service environment.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they have been provided with information and ways to provide feedback. Management advised consumers/representatives are provided a ‘Client and carers guide’ containing information on how to provide feedback about the service. A review of the guide confirms information is provided encouraging consumers to provide feedback and the ways in which this can be done.

A review of documentation demonstrated consumers and representatives are provided translation services information for languages other than English and support for hearing and vision impairment, as well as contact details of advocacy and external complaint avenues.

The service demonstrated appropriate action is taken in response to feedback and complaints, an open disclosure process is used when things go wrong. Staff demonstrated how open disclosure is practiced and management spoke to the process of complaints resolution. The Assessment Team reviewed an example of a complaint which was resolved with an apology provided and actions to prevent recurrence.

Management advised whilst there is currently no specific training nor policy on open disclosure provided to staff and volunteers; during induction, the complaints mechanism for dealing with complaints is discussed. The Assessment Team noted examples of where feedback had been used to improve the quality of services provided, however a central feedback and complaints register was not utilised for trending and analysis.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team recommended the service was non-compliant with 7(3)(d) and 7(3)(e). After consideration to the Assessment Team’s report and the approved provider’s response, I am satisfied that the service does not comply with Requirement 7(3)(d) and as a result does not comply with Standard. I am satisfied that the service complies with Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(e).

Requirement 7(3)(d):

The service ensured that staff and volunteers were equipped to perform their specific roles relevant to the provision of a meals service, including annual food safety and equipment training, however other aspects of training were not demonstrated. There was no evidence that staff and volunteers had received training on the Aged Care Quality Standards and evidence of communication regarding Serious Incident Response Scheme (SIRS) reporting was not available to the Assessment Team. Staff did not demonstrate an awareness of SIRS and management confirmed this was an area identified as requiring improvement.

The Approved Provider submitted a response to the Assessment Team report (the response) including a Plan for Continuous Improvement (PCI) however the response did not include any additional information regarding this requirement.

Requirement 7(3)(e):

Staff and management advised that processes are in place for performance reviews, however, these have not consistently been utilised. Management confirmed they had undertaken some performance reviews, however, could not provide evidence that these had been documented. Staff advised their performance is reviewed and discussed ‘quite casually’ on a regularly basis and they can ask for additional training if required at any time.

The Assessment Team recommended this requirement as non-compliant, however the response and PCI indicated a clear action in place to address the identified deficit. The PCI reflects that all performance appraisals will be completed by the end of the year with ongoing annual appraisals to be carried out at yearly commencement anniversary. As a result, I am satisfied this requirement is compliant.

Compliance with the remaining requirements:

Staff and volunteers confirmed they have sufficient time and information to prepare and deliver meals. Management advised there have been no unfilled shifts in the past month and there is a process of managing leave and absences and consumers confirmed receiving their meals consistently by the volunteer group.

The Assessment Team noted that staff and volunteers spoke in a respectful way about consumers and advised they always make time during meal deliveries to ask consumers ‘how they are’.

Management advised that each role requires staff members to have appropriate background checks, experience and qualifications. The Assessment Team reviewed position descriptions and handbooks outlining necessary skills and capabilities required for staff and volunteer roles to ensure the appropriate level of care and service are delivered to consumers.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| 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. | Non-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. | Non-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. | Non-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. | Not applicable |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 8(3)(b), 8(3)(c) and 8(3)(d) and as a result does not comply with Standard 8.

Requirement 8(3)(b):

The Assessment Team noted the service has reporting mechanisms to ensure the management committee is informed of service operations, however the service did not demonstrate the management committee have effective oversight of service quality. Monthly operational reports are provided to the management committee, however, there is no standing agenda to discuss feedback and complaints, incidents, or continuous improvement.

In response to feedback from the Assessment Team, management advised they will implement registers to monitor feedback and complaints, incidents and continuous improvement which will allow them to present concise reports to the management committee.

The Approved Provider submitted a response to the Assessment Team report (the response) including a Plan for Continuous Improvement (PCI) as well as supporting documentation. I acknowledge the actions identified on the PCI to address the deficits identified with this requirement and note these are currently in progress. With consideration to the available information further time is required to ensure these actions are sustained and able to imbed in practice.

Requirement 8(3)(c):

The Assessment Team noted effective organisation wide governance systems in relation to information management, financial governance, workforce governance and regulatory compliance. However, the organisation did not demonstrate effective organisation wide governance systems in relation to feedback and complaints and continuous improvement.

The Assessment Team noted that the service promotes feedback channels, responds to feedback promptly and appropriately, and makes service improvements originating from suggestions or complaints from consumers. However, a system to collate feedback and complaints in a centralised location was not in place. Management indicated they would implement a system to analyse their complaints data to be aware of trends and will add feedback and complaints as a standing agenda item for management committee meetings.

A continuous improvement plan was not available for the Assessment Team to review at the time of the quality audit.

The response to the Assessment Team report and supporting PCI did not include any additional information regarding this requirement. I acknowledge the actions proposed at the time of the quality audit and encourage the organisation to maintain their progress toward compliance with this requirement.

Requirement 8(3)(d):

Management confirmed the service does not currently have an incident management system, to ensure that incidents are systematically prevented and managed, that incidents are documented centrally and reported through to the management committee.

The Assessment Team noted there were effective risk management systems and practices in place, supported by the food safety program and compliance with the Queensland Food Act 2006 and certifications. There is a process in place for non-response to attendance and while there is no formal training in place volunteers and staff appropriately described signs of elder abuse and what actions to take.

The response to the Assessment Team report and supporting PCI included a copy of the Incident Management Policy which includes information related to SIRS reporting, however no further context or information around its implementation or proposed training, distribution or timeframes to establish were provided.

Compliance with the remaining requirement:

Most consumers and representatives remembered receiving feedback surveys, although advised they were more comfortable calling the service directly to provide feedback. The Assessment Team reviewed an annual survey result which suggested an interest in the service providing snack packs and side salads. Menu selections reviewed now include snack packs and side salads as an option for consumers.

Requirement 8(3)(e) was not assessed as the service is not funded to provide clinical care.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)