Performance

Report

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| Name: | Torbay |
| Commission ID: | 5086 |
| Address: | 43 Exeter Street, TORQUAY, Queensland, 4655 |
| Activity type: | Site Audit |
| Activity date: | 8 May 2024 to 10 May 2024 |
| Performance report date: | 17 June 2024 |
| Service included in this assessment: | Provider: 451 Torbay Lifestyles and Care Limited  Service: 3443 Torbay |

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 Torbay (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said that the staff treat them with dignity and respect, and value their identity and life experiences. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation included individualised information about consumers, including their history, current hobbies, interests, and what was important to them.

Consumers considered staff were aware of their cultural backgrounds, delivered appropriate care, and supported their religious beliefs, and celebration of customs and traditions. Staff demonstrated an understanding of consumers’ cultural background and individual preferences and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ cultural background, religious beliefs, customs, spiritual needs, and preferences.

Consumers said their choices were respected and they were supported to make their own decisions regarding their care and services. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with, including intimate relationships. Lifestyle staff advised how they support consumers to sustain long-distance relationships with family members, for example by assisting consumers with phone calls.

Consumers and representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff described strategies they use to support consumers to take risks and enable them to live the best life they can. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Consumers were satisfied with how information was communicated to them, such as verbal reminders of daily activities, activity calendars, information in the service’s monthly newsletter, and menu options. Staff described how they communicated information in an appropriate way to assist consumers to make informed choices and decisions, adapting communication style to meet consumer needs. For example, printing activity calendars and menus in larger text for consumers who were visually impaired.

Consumers said their personal privacy was respected by staff. Staff described how they respect consumers’ privacy including knocking on doors and seeking permission to enter consumers rooms. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# Standard 2

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they are involved in the assessment and planning of consumers’ care. Staff could describe the assessment and care planning processes, and how these processes inform the delivery of safe and effective care and services. Care planning documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as falls, changed behaviours and diabetes. Policies and clinical assessment tools guided staff in the assessment, planning, and consideration of risks to consumers’ health and well-being.

Consumers and representatives reported the assessment and planning process identified consumers current needs, goals, and preferences, inclusive of advance care planning and end-of-life (EOL) wishes. Clinical staff said they discuss advance care planning health directives and EOL planning with consumers and representatives upon consumes entry to the service, also at 3 monthly care plan reviews and when the consumers’ needs and condition changes. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and EOL wishes as appropriate.

Consumers and representatives said the service involved them in care planning discussions, in collaboration with other health professionals and specialists. Care documentation demonstrated the assessment and planning of care was completed in consultation with consumers, representatives and internal and external providers of care and services. Clinical staff described how the service partnered with consumers, representatives, and other providers of care to ensure the needs, goals and preferences of consumers were being met.

Representatives said that the service regularly communicates changes related to consumers' care and services with them and confirmed that a copy of the consumer's care plan was available. Clinical staff were able to describe their roles and responsibilities in communicating outcomes of care planning with consumers and their representatives, including how they convey information following reviews and assessments by Medical Officers, allied health professionals, or other providers.

Consumers reported their care and services were regularly reviewed for effectiveness including when circumstances changed. Staff explained how they responded to deterioration or incidents and reviewed consumers’ care and services to ensure they effectively supported consumers. Care planning documentation evidenced care and services were reviewed for effectiveness, consistent with feedback.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care that met their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise consumers’ health and well-being. Care planning documentation evidenced that consumers received individualised care that was safe, effective, and tailored to specific needs and preferences, including but not limited to restrictive practices, behaviour support, skin integrity, and pain management.

Consumers and representatives said known risks to consumers were managed effectively by the service. Management said they monitor consumer’s assessment outcomes and update their clinical risk register regularly to ensure there are appropriate risk mitigating strategies for each risk identified. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place including diabetes, falls, changed behaviours and catheter care. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and EOL care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives said deterioration or changes in consumers condition or well-being was recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff confirmed they had received training on recognising and responding to clinical deterioration and demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Management and staff said they notify the consumer’s Medical Officer, other allied health professionals and representatives if they identify changes in a consumer’s condition, or a clinical incident has occurred. Consumer care files reflected information about consumers was documented and shared with others as appropriate.

Representatives considered referrals were completed in a timely and appropriate manner and consumers had access to relevant health professionals such as dementia specialists. Management and clinical staff described other providers of care available to consumers, including but not limited to a range of health professionals and specialists. Documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives.

Consumers and representatives expressed satisfaction with the service's management of outbreaks. Both management and staff were able to describe the monitoring processes for infections, and all staff have access to daily data on the number and types of infections in the service, which is displayed on the electronic care management system (ECMS). The service had 2 infection prevention and control leads, processes, and protocols to minimise infection related risks. Staff in different roles described how they lessened infection related risks and promoted practices to minimise the use of antibiotics. Documentation and observations evidenced infection prevention and control measures were implemented.

# Standard 4

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers and confirmed activities were designed with consumers’ input. Care planning documentation mentioned consumers’ life experiences, preferred lifestyle activities, relevant social connections, and information about how consumers are supported to continue doing what they desire.

Consumers and representatives considered consumers’ emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as religious services, one -to-one visits by volunteers and spending one-to-one time with consumers. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers advised they were supported to participate within their communities, have friendships and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships including assisting consumers to contact family vis video links and phone calls. Consumers were observed engaged in various group activities and interacting with other consumers and family members.

Representatives expressed confidence that consumers’ needs and preferences were effectively communicated between staff. Staff in various roles explained the processes in place to communicate information about consumers such as updating care planning documentation, referring to handover sheets and documentation in the service’s ECMS. Care planning documentation reflected consumers current needs and preferences such as dietary preferences.

Consumers and representatives said consumers were supported by providers of other care and services and referred to individuals and other organisations when needed. Management and lifestyle staff reported they collaborate with other individuals and other providers of care and services to support consumers’ current and emerging needs for example, referring consumers to volunteers organisations and counselling services. Information regarding individuals and other organisations available to broaden consumers lifestyle supports were observed to be on display on information boards throughout the service.

Consumers and representatives considered meals were of suitable quality, temperature, and portion size, and consumers requests for alternative meals was accommodated. The services Chef advised menus are updated on a seasonal basis and input from consumers was gathered at consumer meetings. on menu items and food quality at monthly resident meetings. Staff had access to consumers dietary information to provide suitable meals for consumers.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Suitable and well-maintained equipment was observed throughout the service environment.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers reported they were encouraged to personalise their rooms how they choose, including with their own furnishings. Management and lifestyle staff reported all consumers are encouraged to decorate their rooms by bringing personal decorations, photos, and furniture into their rooms to create a sense of belonging. Consumers’ rooms were observed to be personalised with personalised effects such as photographs, personalised decorations and furniture. The service environment had sufficient lighting and handrails to assist with consumer movement and interaction.

Consumers and representatives expressed high satisfaction with the cleanliness of consumer rooms and accessibility throughout the service. Consumers said they can navigate the service with ease, and they can freely access all areas within the service without restrictions. Documentation showed that preventative and reactive maintenance was consistently up to date. Staff described thorough cleaning schedules and processes, ensuring safety and cleanliness in common areas and consumer rooms. Overall, the service environment was observed to be well maintained and documentation confirmed the completion of daily cleaning tasks.

Consumers said furniture and fittings and their mobility aids were clean, safe, and well maintained. Communal areas were observed to have a diverse range of furniture suitable for the consumer co-hort. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# Standard 6

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

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Representatives said they were comfortable in providing feedback and complaints and the service was responsive to their feedback. Management described ways they encouraged and supported feedback and complaints, such as through meetings, surveys, the Quick Response (QR) system for consumers to provide direct feedback to management, and feedback forms. Feedback forms and collection boxes were observed throughout the service environment to support consumers and others in providing feedback and complaints.

Representatives said they were aware of advocacy services, and other ways to raise and resolve complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information was observed throughout the service environment informing consumers of feedback and complaints options. Documentation evidenced information sessions for consumers and representatives from external advocacy agencies.

Representatives considered complaints were responded to in an appropriate manner. Management described how they responded to complaints using an open disclosure process, such as communicating with those involved in a transparent manner and providing an apology. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described how feedback and complaints were reviewed to inform improvements. Consumers and representatives said, and documentation evidenced, improvements were made to care and services as a result of complaints or feedback, such as displaying of meal selections, and the presentation of meals. Policies and procedures were in place to guide staff in reviewing feedback and complaints to inform improvements.

# Standard 7

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reflected that the service was adequately staffed and were satisfied with the quality of care provided. Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and having contingencies to account for unplanned leave. Documentation demonstrated the service had a Registered Nurse on each shift providing 24 hour coverage and systems in place to regularly review the delivery and management of safe, quality care and services.

Consumers and representatives advised staff know consumers well and interacted with consumers in a kind and caring manner. Management said they ensured the workforce maintained kind, caring, and respectful interactions with consumers through recruitment processes, monitoring staff performance, and through feedback mechanisms. Policy and procedure outlined the commitment to cultural safety, diversity and inclusion, and ways to uphold this in an appropriate manner for consumers. Staff interactions with consumers were observed to be kind and demonstrated familiarity.

Consumers reported staff were competent and know what they are doing. Management said qualifications, the Aged Care Banning Orders Register, police checks and registrations are appropriately screened through the recruitment process and compliance checks and registrations are monitored and updated on an ongoing basis. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Staff said, and documentation demonstrated the workforce received training and education covering a range of topics relevant to these standards. Consumers expressed satisfaction with the skills of the staff providing care and services. Management described various training and development opportunities provided stated that they provide responsive training to staff, which is based on trends and audit findings. They provided examples of mandatory refresher training on the code of conduct and dignity and respect, which was initiated in response to an incident. Review of mandatory training records revealed that training is closely monitored and covers a variety of topics, with consistently high completion rates.

The service has established processes for regularly assessing, monitoring, and reviewing staff performance according to their roles. A workforce governance and management framework is in place, encompassing documented policies, procedures, and guidelines relating to expected staff behaviour and conduct. Staff reported that management provide support and encourages them to request support or additional training as needed throughout the year, including during their annual performance review. Management outlined the procedures for assessing, monitoring, and regularly reviewing the performance of each staff member, including probationary reviews at 6 months and annual performance appraisals, unless other performance issues arise outside these periods.

# Standard 8

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers advised they were engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation. Management and staff described the mechanisms in place to engage and support consumers in providing input, such as through meetings, feedback forms and surveys. Management advised the service will continue to pursue the establishment of a Consumer Advisory Board.

Management described their organisational governance framework and how the governing council was involved, and accountable for the delivery of safe, quality care and services such as through various subcommittee meetings. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as incident management, risk management, audits, and feedback and complaints.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)