Performance

Report

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| Name: | Uniting Westmead |
| Commission ID: | 2461 |
| Address: | 1 Caroline Street, WESTMEAD, New South Wales, 2145 |
| Activity type: | Site Audit |
| Activity date: | 5 March 2024 to 7 March 2024 |
| Performance report date: | 11 April 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 849 Uniting Westmead |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Uniting Westmead (**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; 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 they were treated with respect and their identity valued. Staff demonstrated knowledge of consumers’ backgrounds and described how they ensure consumers choices and preferences were heard and respected. Care planning documentation included information about consumers’ identity, and individual preferences to support the delivery of care and services.

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

Consumers and representatives said consumers are supported to make and communicate decisions about their care, including who is involved in their care and decision making and maintain relationships of their choice. Staff gave examples of how they support consumers to make informed choices about their care and services in a way that supports their independence and maintains relationships of their choice.

Management explained how the service supports consumers to have choice, including when their choice involves an element of risk. Management and 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 reported how information is communicated and shared during consumer and representative meetings and at the community circle meetings. Care staff explained how they communicate information with consumers that enables them to exercise choice. Staff described how they use multilingual employees to provide accurate information to consumers who speak languages other than English. Review of the Resident Handbook identified information was provided but not limited to meals and activities and other information about services and supports available to consumers.

Consumers said the service is respectful of their privacy and staff will knock and ask permission before entering their rooms. Staff described how they respect consumers’ privacy, such as knocking on consumers doors prior to entering, and closing of doors to consumers rooms upon request. The Site Report contained information in relation to observations by the Assessment Team regarding staff handover not being conducted in a private area. I am satisfied with the immediate response and actions by management and place weight on consumer feedback that consumers privacy is respected.

# 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.

Representatives said they were satisfied with the assessment and planning processes and the way consumers care was managed. 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 changed behaviours.

Staff said they discussed advance care and end-of-life (EOL) planning with consumers and representatives upon admission to the service and if consumers and representatives wished to discuss the matters later, staff would revisit the conversation in the future. Representatives said the assessment and planning processes addressed consumers’ current needs, goals, preferences, and the service had discussed advance care planning and (EOL) planning. Care planning documentation identified and addressed the consumer’s current needs, goals, and preferences, including advance care planning.

Care planning documentation reflected the involvement of consumers, their representatives, Medical Officers, other specialists, and health professionals including geriatricians and dieticians into consumer assessments and care planning. Representatives said they were involved in the assessment and care planning process and were able to contribute to the care provided for consumers. Management and registered staff described how they partner with consumers and representatives to assess, plan, and review care and services.

Representatives confirmed staff discuss consumers care with them and they are offered a copy of the consumers care and services plan. Care planning documentation evidenced the outcomes of assessment and planning for each consumer, including changes, reviews, updates, and communication with consumers and representatives. Management and clinical staff reported that registered staff contact the consumer’s representative on a weekly basis as part of the weekly progress note review process to provide a further update on consumers health and well-being.

Representatives reported consumers care and service plans are consistently reviewed, and changes to consumers care needs were communicated to them. Care planning documentation demonstrated care and services are regularly reviewed for effectiveness, when circumstances change and when incidents impact on the needs, goals, or preferences of the consumers. Clinical staff explained how the service reviews and evaluates consumer care and services through the 3-monthly care plan review process, during case conferences and in response to incidents such as falls and/or changes in consumer’s condition.

# Standard 3

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

Findings

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

Consumers and representatives expressed their satisfaction with the clinical and personal care consumers receive and said staff know consumers care needs and how to support them. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to restrictive practices, behaviour support, wound management, and pain management. Policies, procedures, and guides were in place to support personal and clinical care, and staff described how these were applied to ensure best practice.

Representatives said known risks to consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. Staff described the high impact and high prevalence risks for consumers at the service, and how these were monitored and managed for individual consumers. Management advised the service maintains a risk register and strategies to manage risks to consumers were reviewed on a weekly basis.

Representatives said that consumers receiving end-of-life were kept comfortable, and they receive regular communication regarding consumers’ condition. Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ comfort. Palliative and EOL care guidance was available to support staff in recognising and providing care that ensures consumers wishes were being met and their comfort maximised.

Representatives considered deterioration or changes in consumers were recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff described how they responded to deterioration or changes in consumers, such as completing assessments and observations, referrals, and monitoring processes. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Staff interviewed described how information about the consumer’s condition is shared within the service, and how they receive information in relation to changes in a consumer’s condition. Care planning documentation reviewed demonstrated that progress notes were added regularly by staff and other health providers, ensuring that those providing care have access to up to date information about the consumer. Management reported daily meetings occur with the clinical team and any changes or updates regarding consumers care and services is communicated to relevant staff. Shift handover was observed to reflect details of changes in consumer’s condition, including medication changes and upcoming consumer appointments.

Care planning documentation identified timely and appropriate referrals to other health professionals including but not limited to physiotherapists and dementia specialists. Representatives said the service’s referrals were timely and appropriate and they had access to a range of external health professionals. Management and clinical staff explained the service’s referral processes and differing referral processes dependent upon health provider.

Representatives said staff take precautions to minimise infection risks including regularly practicing hand hygiene and wearing person protective equipment. Staff described concept of antimicrobial stewardship and had policies and procedures to minimise the risk of infection and ensure appropriate antibiotic use. Staff were observed using personal protective equipment and practicing correct infection control processes. The service had an outbreak management plan and received support from 3 infection prevention control leads.

# 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 supports their independence. Lifestyle staff said they consulted consumers and representatives during assessment and planning processes to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Needs, goals, and preferences were captured in care planning documentation.

Staff could describe how they support consumers’ emotional, psychological, and spiritual wellbeing through spending one-on-one time with consumers, and supporting consumers to maintain their religious beliefs and customs. Consumers and representatives described the services and activities provided to support their emotional, spiritual, and psychological wellbeing including providing church services, one-to-one visits by a Pastoral Carer and volunteers. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said they were supported to maintain personal relationships, do things of interest to them, and assist with activities. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as walks to the local park and special event celebrations. Consumers were observed engaged in various group activities and interacting with other consumers and family members.

Consumers said information was effectively shared to support their daily living needs for example, any changes to their dietary needs are updated and communicated to staff. Staff explained the processes in place to communicate information about consumers within the organisation, such as updating care planning documentation, shift handover processes, referring to lifestyle and kitchen staff of changes.

Lifestyle staff advised they collaborate with other individuals and other providers of care and services to support consumers’ current and emerging needs. Consumers said they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers including but not limited to volunteer organisations.

Overall consumers considered meals were of suitable quality, portion size, with a variety of options available. Consumers said their requests for alternative meals were accommodated. Consumers and staff advised consumers were supported in providing feedback about meals through the food focus group and the service implements solutions to meet consumers’ needs. Staff had access to consumers dietary information to provide suitable meals for consumers.

Consumers expressed satisfaction with equipment utilised for lifestyle activities. Lifestyle staff said they had access to equipment to provide and support lifestyle services when needed and said they have a budget available for the purchase of new items required. Equipment used to support consumers to engage in lifestyle activities was observed to be clean and well-maintained.

# 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 said they were able to personalise their rooms how they choose, and the service is spacious and comfortable to navigate. Consumer rooms were personalised with personal belongings, memory boxes, photographs and items of importance displayed. Management advised that the service is set out in accordance with the organisation’s ‘homemaker’ model, and each of the service’s wings is referred to as a ‘household’. Signage was observed throughout the service to assist consumers and others to navigate the environment.

Consumers said the service was clean and their rooms were cleaned daily. Consumers reported they were able to move freely between the indoor and outdoor areas of the service and externally, with some consumers receiving fobs to freely exit the service. Cleaning and maintenance staff were guided by work schedules including an online maintenance system. Review of the service’s maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers. Equipment was observed to have signage advising staff to clean it after each use and noted disinfectant wipes were also attached to many pieces of equipment.

# Standard 6

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

Findings

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

Consumers and representatives said they are encouraged to provide improvement suggestions feedback and voice concerns. Staff described the services complaint procedure and how they would support consumers and escalate concerns to management. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. These avenues included, consumer and representative meetings, feedback forms, directly to management, community circle meetings and during case conferences.

Consumers reported they were aware of advocacy services and have attended information sessions at the service facilitated by external advocacy agencies. Management said the service regularly invites external services to speak with consumers about the advocacy supports available to them. 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.

Representatives said they were satisfied how the service responds to concerns raised. 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. Review of the service’s feedback and complaints register identified complaints were resolved in an appropriate and responsive manner and open disclosure was practiced.

Consumers said management were proactive in responding to concerns to implement improvements. Management reported feedback is placed on the Continuous Improvement Plan (CIP) when an improvement has been identified and noted complaint trends and regular audits may trigger new actions on the CIP. Review of documentation such as the service’s CIP demonstrated activities were created to improve care and services.

# Standard 7

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

Findings

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

Consumers and representatives said there were enough staff to meet consumers’ needs and staff respond promptly to call bell requests. Staff interviewed said there were sufficient staff to provide care and services in accordance with the consumers’ needs and preferences and unfilled shifts were replaced. Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and advised care staff hours in the morning were recently increased as a result of consumer, representative and staff feedback. Documentation demonstrated the service had a Registered nurse on 24 hours and systems in place to regularly review the delivery and management of safe, quality care and services.

Consumers said staff were caring, kind and know their individual preferences. Staff were observed interacting with consumers in a kind, and respectful manner.

Consumers and representatives said staff were knowledgeable and attentive. Management describe how they determine and ensure staff are competent and capable in their roles including through induction processes, buddy shifts and observations of staff practices by the services Care Coach. 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 ensured expiry dates were identified and actions taken to ensure compliance.

Consumer reported the staff were well trained to perform their roles. Staff considered they work in a supportive environment and are appropriately trained, equipped to perform their roles and were comfortable asking for additional training or support if needed. Management described various training and development opportunities provided to staff and advised the service’s Care Coach conducts additional toolbox talk training sessions, or face-to-face training with staff based on identified staff training needs or following changes in consumer support needs. Review of mandatory training records identified training was provided on a range of topics with high rates of completion.

Management described the processes for assessment, monitoring, and regular review of performance of each member of the workforce through feedback from consumers, representatives and other staff, observations, audits and through annual performance reviews. Staff reflected that they were supported by management during the performance appraisal process, and documentation evidenced performance reviews were up to date.

# 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 described the various ways the service involves them in the delivery and evaluation of care including the Consumer Advisory Board and consumer and representative meetings. Management was able to describe how it supports and encourages consumers to have input into how their care and services are delivered and could describe changes made in consultation with consumers and representatives. Documentation demonstrated information from consumers was used to develop improvement activities, with consumer satisfaction considered in the evaluation outcome.

Management described their organisational governance framework and how the governing body was involved, and accountable for the delivery of safe, quality care and services such as through Board Meetings and subcommittee meetings. The service reported to and was overseen by the executive team, and sub committees, including the Senior Services Committee and Central Governance Team. 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, regulatory compliance, 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. Financial governance procedures support the changing needs of consumers, and management advised the recent purchasing of mobility equipment and pressure relieving devices for consumers.

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. Monitoring of risks was undertaken by management, and shared with clinical staff, and the governing body and relevant subcommittees and used to identify areas for improvement.

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)