Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Aegis Bassendean |
| Commission ID: | 7864 |
| Address: | 27 Hamilton Street, BASSENDEAN, Western Australia, 6054 |
| Activity type: | Site Audit |
| Activity date: | 6 May 2024 to 8 May 2024 |
| Performance report date: | 12 June 2024 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd  Service: 4871 Aegis Bassendean |

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 Aegis Bassendean (**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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 and representatives considered staff to be familiar with consumers’ identity and treated them with respect. Staff spoke about consumers in a respectful manner and were familiar with their individual backgrounds and preferences. Care planning documentation and organisational values reflected a commitment to person-centred care, respect for diversity, and providing a meaningful life for consumers. Interactions between staff and consumers were observed to be dignified and respectful.

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 they were supported to make decisions about their care and services, and to maintain relationships of choice. Staff said they provided information to consumers to support consumers in exercising choice and independence, and described how they supported consumers to communicate their decisions, such as asking questions about their preferences for daily care, activities, and menu options. Care planning documents included information to inform staff of key relationships.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff advised consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Consumers and representatives said information was provided in a timely and easy to understand manner, which helped them make decisions about care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting their communication style to meet consumer needs, for example, using communication boards and Auslan. Activity calendars and menu options were observed to be printed in larger text and displayed throughout the service.

Consumers said their privacy was respected by staff and they were confident their personal information was protected. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information. Staff were observed knocking on and closing consumers’ doors and curtains when attending to personal care and discussed personal information in closed staff rooms. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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 reported their satisfaction with the assessment and planning processes. Staff interviewed were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Clinical assessment tools were available on the electronic care management system (ECMS) and the service had clinical guidelines for staff to access and utilise in assessment and care planning processes. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to pressure injuries and falls. The Site Audit report contained information in Requirement 2(3)(a) in relation to consumers potentially being subject to environmental restraint. In response management acknowledged the feedback provided by the Assessment Team and provided evidence of actions taken and planned to improve performance under this requirement including revising the services restrictive practice policy. I acknowledge the provider’s response to feedback and actions taken, the overall consumer and representative satisfaction with care and services provided and note there was no direct consumer impact reported in relation to consumers freely exiting the service or re-entering the service.

Staff said they discussed advance care and end-of-life (EOL) planning with consumers and representatives upon admission to the service and during scheduled care conferences. Representatives confirmed they were involved in consumers’ EOL care planning. 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 staff said, and documentation evidenced, that assessment and planning were completed in partnership with consumers, representatives, and others. Staff explained that care plans were developed in consultation with consumers and their nominated representatives and other health professionals. Care planning documentation reflected that organisations, individuals, and providers of other care and services were involved in the care of the consumer.

Representatives were satisfied outcomes of assessment and planning are communicated to them and were aware a copy of consumers’ care plan is available. Staff described how consumers and representatives are involved in the assessment and care planning process through a range of ways including care conferences and during regular review processes.

Representatives said they are satisfied changes to care are made following any concerns or incidents. Staff advised care and services are reviewed regularly for effectiveness, including via the service’s one monthly review policy, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur or when circumstances change.

# Standard 3

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

Findings

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

Representatives considered consumers received safe, effective clinical and personal care which met their needs. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The service had policies, procedures, and work instructions for key areas of care, including restrictive practice, wound management, behaviour support and other areas to support best practice personal and clinical care. The Site Audit report contained information in Requirement 3(3)(a) in relation to environmental restraint, I have considered this further in my findings in Requirement 2(3)(a).

Representatives said known risks of 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, including, falls management, changed behaviours, and unplanned weight-loss. 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 EOL care was delivered in a way to support consumers’ comfort. A representative of a recently passed consumer was satisfied with the EOL care provided to their family member and said they felt well supported. Palliative and EOL care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives reported that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Representatives said consumers needs were well communicated between staff and staff know consumers’ needs and preferences. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Care planning documentation reflected information about consumers was documented and shared with others as appropriate.

Consumers considered referrals were completed in a timely and appropriate manner and they had access to relevant health professionals such as allied health staff and specialists. Staff described how information was shared within the service including condition through daily staff meetings, during handover processes, and information on the service’s ECMS. Care planning documentation demonstrates the service collaborates and makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.

Consumers reported staff take precautions to minimise infection risks including wearing of personal protective equipment (PPE). Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. The service had an infection prevention and control lead, processes, and protocols to minimise infection related risks.

# Standard 4

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

Findings

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. 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. Needs, goals, and preferences were captured in care planning documentation.

Consumers reported that their emotional well-being, religious, and spiritual needs were supported. Staff explained how they would identify changes in consumers’ well-being and what they would do in response, such as providing emotional support and spending one-on-one time with consumers. The Lifestyle team described how they provide one-on-one activities for consumers who choose not to or are unable to participate in group activities. Care planning documentation evidenced that consumers’ emotional, religious, and spiritual needs were considered, and individualised strategies were included to fulfill these needs.

Consumers said they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as happy hour and supporting consumers to continue affiliations with community organisations. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities.

Consumers said their services and supports are consistent and they do not have to repeat the consumers’ preferences to multiple staff members. Staff explained the processes in place to communicate information about consumers, for example, the service’s Chef described how they are informed of consumers' dietary needs and preferences by clinical staff and how this information was provided to kitchen staff. Staff described how information is shared when changes occur in consumers’ needs or preferences through handover sheets, and how these changes are documented and communicated within the service's ECMS.

Timely and appropriate referrals to other individuals, organisation or providers of care occurred and staff described how they collaborate to meet the diverse needs of consumers. For example, one named consumer was referred to volunteer services for companionship visits. Staff described how consumers are involved in decisions and how referrals are made, and consent for referrals are obtained.

Consumers and representatives expressed their satisfaction with the meals provided and reported consumers’ requests for alternative meals were accommodated. Feedback in relation to meals is provided by consumers to the service through direct and indirect feedback mechanisms including consumer meetings. The service's chef advised that menus are developed in consultation with a Dietician and based on consumer feedback, needs and preferences. The dining room was observed to be peaceful with soft music playing, consumers interacting with one another, and table settings included table clothes and condiments.

Consumers considered equipment used for lifestyle activities and their mobility equipment was safe, clean, and well maintained. Staff described the processes in place to maintain the safety and cleanliness of equipment.

# Standard 5

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

Findings

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

Consumers and representatives said consumers were encouraged to personalise their rooms how they choose, and the service environment is welcoming. Staff described how they support consumers to feel welcomed and at home by encouraging them to personalise their rooms upon entry to the service, in line with their preferences, using furniture, pictures, memorabilia and other items of interest to them.

Cleaning and maintenance staff were guided by work schedules. 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. Consumers were observed freely accessing indoor and outdoor areas of the service. The Site Audit report contained information in Requirement 5(3)(b) in relation to environmental restraint, I have considered this further in my findings in Requirement 2(3)(a).

Consumers said things are well maintained at the service and maintenance requests were attended to promptly. Furniture, fittings, and equipment were observed to be suitable for the consumer co-hort, well maintained, clean and safe. Staff described the service’s processes for identifying, reporting, and actioning maintenance issues.

# Standard 6

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

Findings

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

Consumers and representatives reported that they were provided with information regarding making a complaint. They were supported in providing feedback and making complaints and were advised that they felt comfortable raising concerns directly with staff. Management advised on the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback, including consumer and representative meetings, feedback forms, during care conferences, surveys, and speaking directly with staff.

Representatives said they were aware of external advocacy services available. Staff could explain the availability of external advocacy and language services to consumers, and management mentioned that multilingual staff were on hand to support consumers who spoke the same language. The service displayed brochures, newsletters, and posters about external complaint procedures, advocacy services, and translation services. Additionally, management advised, and documentation confirmed an Advocacy Service had conducted an information session for consumers and representatives.

Consumers who had made a complaint to the service felt the service responded to their feedback appropriately and communicated with them to discuss their concerns. Clinical and care staff interviewed described the process in receiving and responding to complaints and feedback and described the principles of open disclosure which are practiced. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Consumers said improvements were made to care and services as a result of their complaints or feedback. Review of documentation such as consumer meeting minutes, and the complaints register evidenced feedback was used to drive improvement activities.

# Standard 7

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

Findings

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

Consumers reported there were enough staff at the service to meet their needs and preferences and staff response promptly to requests for assistance. Management advised the service has a Registered nurse on each shift providing 24 hour coverage, and rosters were reviewed every fortnight to ensure adequate and appropriately skilled staff to meet consumer needs. Staff said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave including extending staff shifts and utilising agency staff. Call bell response times are monitored, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

Consumers said staff were kind, gentle and respectful. Management has established a set of documented policies and procedures to guide staff practice. These policies cover areas such as assessment and care planning, dignity and respect, diversity, and privacy. This framework provides clear guidelines for staff to support consumers' identity, culture, and diversity.

Consumers said staff were competent and understood their needs and preferences. Management explained that they monitor staff competency through orientation processes, including competency-based assessments, buddy shifts, and ongoing and annual competency training. Position descriptions for staff were established, outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Management advised that the service refers to the Aged Care Banning Order Register prior to the recruitment of staff, and professional registrations and national police checks are monitored for compliance.

Consumers considered staff had the ability to meet their needs. Staff said, and documentation demonstrated the workforce received training and education covering a range of topics relevant to these standards. Review of mandatory training records identified training is provided on a range of topics with high rates of completion.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management described the processes for assessment, monitoring and regular review of performance of each member of the workforce. Care and Registered staff reported they had recently completed their performance appraisal and it gave then the opportunity to raise any concerns or request any further training.

# Standard 8

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

Findings

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

Consumers said the service was well run and they can contribute to how their care and services are delivered. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as consumer and representative meetings, surveys and feedback from consumers and representatives.

Management described their organisational governance framework and how the governing body was involved and accountable for the delivery of safe, quality care and services through reporting processes, communications, and meetings. Documentation evidenced that the governing body maintained oversight of the service by reviewing reports covering various aspects related to the performance and delivery of care and services, such as clinical indicators, feedback and complaints, and incidents. Compliance with the Quality Standards is monitored at the site level and reported to the Board.

A reporting structure, policies, procedures, training, and audit mechanisms 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. The Site Audit report contained information in Requirement 8(3)(c) in relation to environmental restraint, I have considered this further in my findings in Requirement 2(3)(a).

Records demonstrated the service had implemented its risk-management frameworks, policies, and guidelines effectively. Management and staff could describe the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Management and staff said the high impact high risks to consumers included falls, pressure injuries, changed behaviours, and unplanned weight loss and could describe strategies for managing these risks.

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. The Site Audit report contained information in Requirement 8(3)(e) in relation to environmental restraint, I have considered this further in my findings in Requirement 2(3)(a).

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)