Performance

Report

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| Name of service: | Alfred Cove Care Community |
| Service address: | 94 Kitchener Road ALFRED COVE WA 6154 |
| Commission ID: | 7473 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 9 April 2023 |

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

**This performance report**

This performance report for Alfred Cove Care Community (**the service**) has been prepared by Katrina Sharwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The Service is identifying and recording information about the individual consumer’s life, their support needs and preferences, and supporting consumers to lead the best life they can. They’re recognising consumer’s individual spiritual and religious beliefs and supporting people to attend services within the home and community and supporting consumers with diverse cultural backgrounds and preferences. They are protecting consumer’s privacy and dignity when planning and providing support.

Consumers interviewed stated they feel respected by staff and said staff know them and respect and support their choices. Staff interviewed spoke of the consumers they support with respect and were able to explain individual consumer’s preferences and interests, and how they assist people to choose what they want to do and how they want to do it. Documented care plans reviewed, included information about the person’s individual identity such as their cultural background, preferred language, religious or spiritual beliefs, and unique personal information about the person’s life and interests.

Staff were able to provide examples of the culturally safe care and services that are provided to consumers of diverse cultural backgrounds within the service. Staff also advised information about consumer’s individual identity is in their care plan, and guides staff how to care for individual consumers. The service obtains and documents information about each consumer’s individual identity, culture, preferred language, and life during their entry to the service and extends this information as they learn more and get to the know the consumer.

Consumers and representatives interviewed said they were supported to decide whether their family members would be involved in their care planning, and discussions with staff about how support is provided. Staff interviewed were able to provide examples of how consumers can make their own decisions. Consumer care plans contained information regarding different decisions consumers have made, including preferences surrounding their own care and the way care and services are delivered.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is completing assessments and care planning for each consumer, in relation to all aspects of their health and well-being. They are discussing, prompting and following up on end of life planning arrangements for consumers. They undertake care planning in partnership with consumers, representatives and other organisations, specialists, and health professionals and communicate outcomes of assessments and planning for consumers through summary care plans, case conferences, multidisciplinary meetings, and committees. The service demonstrates that they listen and respond to consumers and representatives when incidents and circumstances impact on their well-being.

Consumers and representatives sampled stated they are involved in the assessment and planning process and receive safe and effective care and services. Management and clinical staff were able to describe the process of assessment and planning and identification of factors influencing health and well-being, including risks. Observations and review of care planning documentation indicated that assessments and planning is carried out for each consumer, including for high-risk areas and aligns with policies and procedures.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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

The Quality Standard is assessed as compliant as all of the seven specific requirements have been assessed as Compliant.

While the Assessment Team found that the service didn’t demonstrate compliance with all of the requirements for this Quality Standard, on the weight of evidence before me, I have found that the service is able to demonstrate compliance with all of the requirements for this Quality Standard.

The Assessment Team found that while the service is:

* Providing effective clinical care in terms of wound care, skin integrity, infection control, medication management, pain management and end of life planning.
* Being proactive in reducing the number of falls and use of chemical restraints for consumers.
* Implementing ongoing strategies to respond to any change or deterioration in the consumer’s function, capacity, or condition.
* Sharing information and communicating consumer’s ongoing needs within the service, in various formats.
* Working with other organisations, providers, representatives, guardians, and allied health staff.

The service is not:

* Developing tailored behaviour support plans that include comprehensive assessments and behaviour recording charts, alternative strategies, plus communicating recommendations to support staff.
* Undertaking consistent consultation, documentation, and review processes for informed consent for the use of chemical restraints.

Consumers and representatives interviewed reported overall satisfaction with the clinical care received, in terms of, for example, wound care, skin integrity, pain management and end of life planning, with appropriate assessment, charting and review. However, the Assessment Team identified that some behaviour support plans, recording charts, assessments and restrictive practice authorisation were not linked or combined to present a comprehensive plan for the consumer. A review of behaviour support plans indicated that although sampled consumer’s behaviours continued and/or escalated, there was no evidence that behaviour support plans were reviewed for changes in behaviour, and ongoing behaviour recording was minimal, repetitive and/or non-existent. In addition, behaviour support plans were not readily accessible to representatives and care staff. Further, the practice around behaviour support plans and restrictive practice was not aligned with the service’s own policies and procedures.

In their response to the Assessment Team’s report, the Service provided evidence that in October 2022, and prior to the Site Audit, the Approved Provider revised the procedure and process around the development and documentation of Behaviour Support Plans (BSP) within Autumn Care (Opal HealthCare's electronic resident record). The previous process included multiple assessments for different types of behaviours (i.e. verbal, physical and wandering) and a chart to record behavioural observations. This was replaced with one overarching Behaviour Recording Chart and Support Plan to provide a comprehensive plan. All residents admitted from October 2022 were assessed under this revised process. As part of this organisation-wide initiative, Alfred Cove Care Community developed a plan for continuous improvement (PCI) to progressively transition current resident's BSPs to the Behaviour Recording Chart and Support Plan.

This change was supported by team education and training including.

Aged Care Behaviour Support Plans Resource pack

On-line modules (LEAP Learning)

The Service developed a PCI in October 2022 to specifically support the updated requirements relating to Behavioural Support Plans. The PCI is monitored, reviewed and updated monthly and has a planned completion of April 2023. The Service advised that completion of these remain on schedule for completion by the April 2023 in line with the PCI. The Service provided evidence to support that Behaviour Support Plans and other care plans are reviewed regularly every four months and is evidenced through the care plan review, which include whether strategies implemented are effective, which aligns with the organisations policies and procedures and governance framework. This information is then shared with the family and care team. A care plan tracker was submitted with the response and demonstrates this is maintained to ensure compliance.

In relation to the residents reviewed by the Assessment Team the Service provided evidence in the response that case conferences and care plan/BSP plan reviews were undertaken as per the Approved Provider’s Procedure.

Alfred Cove Care Community demonstrated in their response that all Assistant in Nursing have access to the Behavioural Support plans via AutumnCare and are required to update the behaviour recording section of the plan contemporaneously when they observe behaviours. Behaviours of concern are also added as an alert on AutumnCare, which are required to be "acknowledged" by team members when they access a resident’s record.

On balance, when I consider all evidence before me, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is supporting consumers with their daily living by meeting and understanding their needs, goals, and preferences, and appropriately sharing information about consumers with others. They are providing emotional and spiritual support to consumers based on the consumers preferences and supporting consumers to participate in local community, social and personal relationships. They are providing meals which are varied and suitable for the consumer and based on the consumer’s dietary needs and preferences. Consumers reported that the meals provided were varied and of suitable quality and quantity and were satisfied with the service. Staff explained the process of how consumers order their meals, meals are stored, plated, and presented to consumers. There is documentation including menus, consumer specific dietary requirements, meal ordering. The service also demonstrated that they are providing equipment to the consumer which is suitable for their needs and safe to use.

Consumers and representatives reported that their emotional, spiritual, and psychological well-being was being met by the service and they were satisfied. Staff provided examples of how they contributed to each consumer’s emotional, spiritual, and psychological well-being. Consumer care plans sampled included information about how the service can ensure the consumer’s emotional, spiritual, and psychological well-being by providing a range of activities to suit the consumer.

Consumers reported that they are satisfied with the way in which the services and supports provided by the service assists the daily living of the consumers. Staff explained the different programs which are running and being implemented to assist consumers to participate in their community and have social and personal relationships and do things that interest them.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Consumers and representatives interviewed said the service was comfortable and welcoming and they felt they were free to do the things they wanted to do. Staff explained how they work to ensure that consumers and their visitors feel welcome, and how they encourage consumers to be independent as much as possible.

Consumers and representatives interviewed reported that the service was clean and well maintained, and that they felt safe and free to move around as they wished. Staff interviewed could explain the cleaning and maintenance regimes and how consumers can move around the service between levels and from indoor to outdoor. A review of documentation by the Assessment Team indicated that cleaning and maintenance schedules were up to date.

Consumers and representatives interviewed reported that the equipment at the service was clean, well maintained and suitable for its intended use. Staff interviewed could explain the process for having damaged items repaired and ensuring equipment was safe.

Based on this evidence, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is providing information about, and access to, feedback and complaint mechanisms and demonstrated that it is taking appropriate action in response to complaints and using an open disclosure approach. The Service is making changes and improvements as a result of feedback received from consumers and their representatives.

Consumers and their representatives advised they are aware of the options for providing feedback about the service or raising a complaint. Staff advised consumers are assisted to provide feedback by both internal staff and external advocacy services. Documented processes reviewed, including feedback and complaints policy and workflows, indicated support is available for consumers to provide feedback. Information about advocacy and interpreter services was observed by the Assessment Team at the service location and documented processes reviewed prompt staff to assist consumers to access to those services if required.

Consumers who have raised concerns with the service were satisfied with the outcome and advised an open disclosure approach was implemented by the service when reviewing, responding to, and resolving complaints. Management was able to describe the approach used to resolve complaints and ensure complaints are responded to in a timely manner. Staff explained what open disclosure means in practice, and how they apply it. Complaint records reviewed evidenced an open disclosure approach to complaints resolution, as well as a timely response to feedback received.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is recruiting a competent workforce with appropriate qualifications and knowledge to effectively perform their roles. They are also managing the number and mix of staff on shift to ensure services are provided in a safe and effective manner. The staff were observed to interact with consumers with a kind, caring and respectful approach. The Assessment Team confirmed that the Service is conducting induction and ongoing training and that equipment is available to support staff to effectively perform their roles. The Service is providing training to staff to develop their skills, knowledge and performance.

Management described how staff are recruited in accordance with position description criteria articulating the requirements of the role. Staff described the training and support provided at the service as useful and relevant to their roles. Records are maintained of the training undertaken by staff and include mandatory training modules completed at induction and refreshed annually. Evidence reviewed indicated the service focussed on recruiting staff in the last quarter of 2022 as part of their planned response to some feedback and complaints about staff issues. Management described how staff performance is assessed, monitored, and reviewed, such as through receiving supervision and participating in performance reviews. Staff advised they feel supported in their jobs and that the training provided is relevant and useful to their roles.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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

The Quality Standard is assessed as compliant as all five specific requirements have been assessed as Compliant.

While the Assessment Team found that the service was not able to demonstrate compliance with all the requirements for this Quality Standard, on balance, when I consider all evidence before me, I am satisfied that the Service has demonstrated compliance with all the requirements of this Standard.

The Assessment Team found that while the service is:

* Recording feedback from consumers about the support they receive and making changes or improvements as required.
* Monitoring service quality, consumer satisfaction and clinical indicators to ensure safe, inclusive, and quality care is provided.
* Implementing a governance system which includes reporting and review mechanisms to support management oversight.
* Identifying, recording, mitigating and reviewing risks to consumers.

The service is not:

* Consistently obtaining or recording consumer consent, in accordance with regulatory requirements, for restrictive practice to be implemented.

The organisation’s quality management system is documented in policy, procedure and processes, and is managed and maintained digitally. Management described and demonstrated financial management processes, workforce governance, continual improvement activities, and complaints management processes. Regulatory compliance processes were also discussed and reviewed, however some areas of concern have been recorded for indicator (v).

Management explained consent is obtained in residential agreements and additional consent for bus trips or media and photography is also obtained. It was advised consent for restrictive practice is documented in consumer files. However, the Assessment Team’s review of consumer files which included BSPs with restrictive practice indicates the process for obtaining and recording consent is inconsistent.

In their response to the Assessment Team’s report, the Service provided evidence to confirm their compliance with requirement 8(3)(c). They stated that recording of informed consent for restrictive practices is governed by DOC ID0415: Supporting Behaviour Policy and, in accordance with the Quality of Care Principles 2014 does not include a specific requirement for a signature to record that informed consent was given and refers to a "record of informed consent". The provider asserts that records of informed consent can be documented in the following:

* The electronic medication management system (BestMed) prescriber module which requires a psychotropic assessment to be completed by the prescriber.
* Case conferences with the SDM where communication and consent is documented within the progress notes.
* the Restrictive Practice Authorisation Form within AutumnCare.

The Approved Provider confirmed that while there is a space for the GP and SDM to sign the Restrictive Practice Authorisation Form within AutumnCare, it is an electronic application and physically signing the form online is difficult. This is especially the case if communication occurs by phone or email. In these cases, informed consent is documented by the RN or GP, within the plan or within the resident’s record as outlined above. Alternatively, SDMs are asked to sign a paper form which is scanned and uploaded into AutumnCare.

For the cases cited by the Assessment Team, the Service was able to demonstrate a record of informed consent for the restrictive practice as part of their response.

Based on the evidence, I find the following requirements are Compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)