

**Performance Report**

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| Name: | Arcare Carnegie |
| Commission ID: | 3802 |
| Address: | 47 Rosanna Street, CARNEGIE, Victoria, 3163 |
| Activity type: | Site Audit |
| Activity date: | 7 January 2025 to 9 January 2025 |
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| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd Service: 5936 Arcare Carnegie |

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 Arcare Carnegie (**the service**) has been prepared by P. Sherin, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Most consumers and representatives said staff treat them with dignity and respect, and their identity, culture, and diversity is valued at the service. Staff demonstrated knowledge of individual consumers’ background and preferences. Various policies and procedures guide staff practice in ensuring the provision of dignity and respect, and valuing diversity and inclusion. Care planning documentation includes information on consumers’ background, identity, life history, and culture to guide staff practice in supporting consumers.

Consumers said care and services are culturally safe and provided examples of this. Consumers said they are supported to express their identity, cultural needs, and interests, and to participate in religious and spiritual practices of importance to them. Staff demonstrated knowledge of consumers’ cultural identity describing how they meet the individual needs of these consumers. The service’s wellbeing program includes cultural and significant event celebrations catering to the diverse needs of consumers.

Consumers and representatives said they are satisfied with how consumers are supported to exercise choice and independence and to maintain relationships. Staff described how they support consumers to exercise choice and demonstrated knowledge of consumers’ personal preferences, those involved in decisions about their care, and relationships of importance to them. This aligned with information captured under care planning documentation. Staff have access to policies and procedures around supporting consumer choice and decision-making.

Consumers said the service supports them if they choose to take risks to enable them to live their best life. Clinical staff outlined the dignity of risk consultation process implemented at the service and described individual consumers who choose to engage in activities of risk to them. Risk assessments are completed and signed dignity of risk forms stored on file. Care plans evidenced the process of consultation and decision-making, including discussion on risks, risk mitigation strategies, and periodic review.

Consumers and representatives said they receive regular communication from the service in a variety of ways which is clear and easy to understand. Information is communicated via consumer/representative meetings, newsletters, and displayed on noticeboards. Information such as menus and activities calendars are provided to consumers to enable them to exercise choice. Staff described how information is communicated to consumers who speak a different language, or those with cognitive or sensory impairments. Care plans capture information on consumers’ individual communication needs and preferences. A variety of information was observed available and accessible to consumers throughout the service. Staff were observed providing consumers with information and offering choice.

Consumers and representatives were satisfied the service respects consumer privacy and keeps their information confidential. Staff demonstrated an understanding of the importance of maintaining consumer privacy and confidentiality and described practical ways used to ensure this. The service has a privacy and confidentiality policy outlining requirements around the collection and use of personal information. Staff were observed respecting consumer privacy and confidentiality by knocking on doors to seek permission before entering, keeping nurses’ stations locked when not in use, and undertaking handover in a private area.

# 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 service demonstrated assessment and planning processes are in place, which include consideration of risks to each consumer’s health and wellbeing. Management and clinical staff described the assessment and planning processes completed in accordance with the service’s policies and procedures. Care planning documentation evidenced effective assessment and care planning, including identification of risks and strategies to mitigate and manage risks.

Consumers and representatives said assessment and care planning processes include discussions on the consumer’s needs, goals, and preferences. This includes advance care planning and end-of-life planning, if the consumer wishes. Review of care documentation identified information on consumers’ current needs, goals, and preferences and advance care planning to guide staff practice. Policies on advance care planning and end-of-life care are available to guide staff practice, and an information handbook is provided to consumers on entry to the service.

Consumers and representatives confirmed the service regularly involves them in assessment and care planning processes. Care planning documentation reflected ongoing engagement with consumers and representatives, and other health professionals and providers based on consumers’ needs.

The service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and their representative and documented in a care plan. Where some consumers and representatives said they had not received a copy of the care plan, this was immediately addressed and rectified by management. Staff described how they regularly communicate with consumers’ representatives and families to update care plans and keep them informed of any changes. The outcomes of assessment and planning were observed to be documented via the service’s electronic care management system accessible to staff.

The service demonstrated care and services are regularly reviewed as part of the service’s care plan review processes. Consumers and representatives confirmed staff communicate with them regarding any changes to the consumer’s health and condition, and via regular case conferences and annual reviews. Care documentation evidenced care plans are reviewed and updated regularly, including when a consumer’s circumstances change, or an incident occurs.

# 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

Consumers and representatives said consumers are receiving care that is safe and right for them. Review of care planning documentation, including progress notes and charts identified the provision of safe and effective personal and clinical care tailored to consumers’ individual needs and preferences. Various policies and procedures on clinical care are available to guide staff and ensure the delivery of best practice care.

The service demonstrated effective management of high-impact and high-prevalence risks to consumers. Consumers and representatives expressed satisfaction with the service’s management of risks. Staff demonstrated knowledge of risks to individual consumers and strategies to manage and mitigate these risks. Management described how the service monitors risks through daily huddles and regular clinical data trending and analysis. Review of documentation identified effective management of risks including but not limited to pain, falls, and pressure injuries.

Consumers and representatives expressed satisfaction with the service’s provision of palliative and end-of-life care. Advanced care plans and end-of-life wishes are documented to guide staff practice. Staff described how care is provided in accordance with consumers’ needs, goals, and preferences, ensuring the consumer’s comfort is maximised and dignity is maintained.

Consumers and representatives said the service recognises and responds to changes in a consumer’s condition in a suitable and timely manner. Care planning documentation and progress notes evidenced timely identification of, and response to, deterioration or changes in consumers’ condition. Care staff demonstrated knowledge of recognising signs and symptoms of deterioration and how they report this to clinical staff. Clinical staff described how any changes or deterioration is discussed during handover and daily huddle meetings and further review by a medical officer or specialists or transfer to hospital is organised, as required. Policies and procedures on recognising and responding to deterioration are available to guide staff practice.

The service demonstrated information about the consumer’s condition, needs and preferences is documented and effectively communicated with those involved in their care. Care planning and handover documentation evidenced effective and appropriate sharing of the consumer’s information to support care delivery. Observations confirmed effective staff communication and handover processes as described by clinical and care staff.

Consumers and representatives expressed satisfaction with the service’s referrals processes and consumers’ access to medical officers, allied health professionals, and specialists as required. Staff provided examples and care documentation identified timely and appropriate referrals are made based on consumers’ needs.

The service has documented policies and procedures in relation to infection control and antimicrobial stewardship, including an outbreak management plan. Consumers and representatives said, and observations identified staff follow infection control practices, use personal protective equipment, and ensure hand hygiene. Clinical staff demonstrated knowledge of antimicrobial stewardship. The service has appointed an infection control lead and provides mandatory infection control training to staff.

# 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

Consumers and representatives provided examples of how services and supports for daily living meet consumers’ needs and preferences and optimise their independence and quality of life. Care planning documentation identified individualised lifestyle plans capturing information to guide staff in supporting consumers to do the things they enjoy. The service’s lifestyle program includes a range of activities catering to the diverse needs and interests of consumers, including group activities and one-on-one support. Consumers were observed participating in various group and individual activities. Ongoing evaluation of the lifestyle program occurs via meetings with consumers, surveys, and review of feedback.

Consumers and representatives said consumers are supported to create and maintain social, emotional, and spiritual connections important to them. Staff demonstrated knowledge of consumers’ emotional and spiritual needs as captured under care planning documentation and described how they support individual consumers. The service’s lifestyle program includes weekly church services and devotional activities. Care and lifestyle staff described how they support consumers who may be feeling low. Volunteers and external services are utilised in addition to staff to support consumer well-being.

Consumers and representatives said consumers are supported to participate in activities within and outside the service, maintain their social and personal relationships, and do things of interest to them. Lifestyle staff described how consumers are encouraged to participate in activities of interest to them and how their participation and engagement is monitored and recorded. Information on activities of interest to each consumer and people important to them is recorded within care planning documentation, and staff demonstrated knowledge of this.

Consumers and representatives said consumers’ needs and preferences for lifestyle and activities of daily living are communicated effectively. Staff in various roles described how changes in the needs and preferences of consumers are communicated in various ways such as via progress notes, communication diaries, handover sheets, meetings, and alerts within the electronic system. External allied health providers and medical officers have access to the electronic care management system to document and update consumer information. Observations identified effective communication of consumer information between staff.

The service demonstrated timely and appropriate referrals are made to individuals, organisations, and providers of other care and services. Consumers and representatives confirmed referrals occur promptly and they could access other organisations as needed. Lifestyle staff described how the service has access to various support services, including but not limited to visiting entertainers, mental health support services, volunteers, and pet therapy providers. Lifestyle staff described various referrals made to support individual consumers’ needs.

Most consumers and representatives provided positive feedback regarding the meals provided at the service, stating various choices are available and meals are of sufficient quantity. Where some consumers were dissatisfied with the quality of meals, management demonstrated ongoing actions to address the feedback. The service implements a 4-week rotating seasonal menu approved by a dietitian. Care planning documentation includes information on each consumer’s dietary needs, preferences, and allergies, and staff demonstrated knowledge of this. Feedback on meals is sought via feedback forms, surveys, and meetings with consumers and representatives and improvements made in response.

Consumers and representatives said, and observations identified, equipment to support activities of daily living at the service is safe, suitable, clean, and well-maintained. Staff described the cleaning and maintenance processes in place to ensure equipment is fit for purpose, including cleaning of shared equipment between use.

# 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

Consumers provided positive feedback on the service environment, saying it is welcoming for visitors, and consumers can personalise their rooms as per their preferences. The service provides single ensuite rooms within residential wings and a secure memory support unit. Corridors are equipped with handrails and there is directional signage to support wayfinding. Consumers have access to a library nook and various indoor and outdoor communal areas to relax and socialise.

Consumers said the service environment is kept clean, safe, and comfortable and they can access indoor and outdoor areas of the service freely. Cleaning staff described the cleaning schedules followed and were observed cleaning consumer rooms and communal areas. The service was observed to be clean and well-maintained, with wide uncluttered corridors. Maintenance staff described the service’s reactive and preventative maintenance processes. Review of maintenance logs identified maintenance requests are attended to in a timely manner.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment are kept clean, well-maintained, and suitable for use. Consumers and representatives said, and review of maintenance documentation identified the service provides access to a range of equipment and staff attend to any maintenance requests promptly. Staff described how equipment is assessed for suitability and processes to request repair or replacement 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

Consumers and representatives said they are aware of various methods available to provide feedback and raise complaints, and they felt comfortable to do so. Staff described how they support consumers who may wish to provide feedback or raise a complaint. Management and staff described how consumers and representatives can submit feedback and raise complaints by speaking with staff and management directly, completing feedback forms and surveys, attending consumer and representative meetings, or preliminary meetings with the service’s lifestyle coordinator. Feedback forms and boxes were observed displayed around the service.

Consumers and representatives were aware of how to access advocacy services and external complaints mechanisms. The service organises information sessions on advocacy services and staff demonstrated an understanding of how to access advocacy and language services for consumers. Information brochures on advocacy and language services and external complaints agencies were observed available throughout the service.

Most consumers and representatives said the service promptly responds to feedback and complaints and provided examples of this. Management and staff described the service’s complaints handling processes and demonstrated an understanding of open disclosure. Review of the service’s feedback and complaints register identified appropriate action is taken in response to complaints and an open disclosure process applied when things go wrong.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives said they are confident the service uses feedback and complaints to make improvements. Staff and management described, and review of the service’s plan for continuous improvement identified, various improvement initiatives in response to feedback and complaints.

# 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

Most consumers and representatives said there are enough staff at the service to deliver care and services in accordance with consumers’ needs. Clinical and care staff said they have adequate time to complete their duties. Management described workforce planning measures to ensure the right number and skill mix of staff to support continuity of care and to cover unplanned leave. Staff were observed responding to call bells promptly and providing care and assistance in an unrushed manner.

Most consumers and representatives said staff are kind, caring, and respectful. Where some consumers expressed dissatisfaction with night staff, management demonstrated appropriate actions taken to investigate and address the concerns raised. Staff were observed engaging with consumers in a patient and respectful manner. The service records any feedback and complaints on staff interactions via a feedback and complaints register and responds appropriately.

Consumers and representatives said staff are competent and have the skills to perform their roles effectively. Management described the recruitment processes to identify, recruit, and employ staff with the appropriate knowledge and skills. Position descriptions are available outlining roles, responsibilities, and qualifications required for each role. There are processes in place to record staff qualifications, conduct reference checks, and ensure ongoing monitoring and renewal of staff registrations.

Consumers and representatives expressed satisfaction with how the service ensures staff are trained and supported to deliver their duties. Staff are required to complete annual competency and mandatory training on a range of topics and have access to toolbox trainings, online learning, and other face to face training and education. Staff described how training, professional development and supervision enable them to carry out their role and responsibilities. Management described how staff training needs are identified through consumer/representative and staff feedback, performance appraisals, and review of incident data and internal audits. Review of training records identified high completion rates for mandatory training.

The service has formal probationary and annual performance review mechanisms. Annual performance reviews are mandatory for clinical staff and optional for care and other staff in line with the organisation’s policies. Management explained whilst formal annual performance reviews are optional for some staff, this does not replace performance management processes and informal performance discussions as required. Care and clinical staff said they had recently participated in an annual performance review where they were provided feedback on their performance, discussed additional training they are interested in undertaking, and set annual professional goals. Review of annual performance review data demonstrated performance reviews are 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**

The service demonstrated the organisation engages consumers in the development, delivery, and evaluation of care and services at a local and organisational level. Consumers and representatives described the various ways they are supported and engaged in how care and services are developed and delivered. Staff and management provided examples where consumer feedback has resulted in improvements to care and services. The organisation’s governing body includes a consumer advisory body and quality care advisory body with consumer representation. Review of documentation such as meeting minutes, consultations, and the service’s continuous improvement plan identified various improvements.

Consumers said they feel safe at the service and consider it is well run. Management described how the governing body promotes a culture of safe, inclusive, and quality care. Executive management hold regular presentations with staff called ‘value roadshows’ to communicate organisational values and priorities and set expectations. Review of documentation such as meeting minutes and governance reports identified regular reporting of key performance indicators, clinical incidents, and feedback and complaints to the Board through reporting. Nurse unit managers review clinical indicators monthly and the organisation’s quality support officers monitor clinical incidents and indicators at the service to identify trends and risks. This information is escalated to the clinical governance committee and detailed in a clinical governance report to the Board.

The service demonstrated effective organisation-wide governance systems and processes in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The organisation implements a risk and incident management system and processes to effectively support the service to identify, assess, report, and manage risks and incidents. Incidents are reported, escalated, and reviewed by management at the service and at an organisational level. Staff said they have received training and demonstrated knowledge of how to identify and report abuse, neglect, and serious incidents. Risk assessments are conducted, and a clinical risk register is maintained to document and manage high-impact and high-prevalence risks associated with consumers. Consumers and representatives said, and review of documentation identified, dignity of risk is supported to enable consumers to live the best life they can.

The organisation implements a clinical governance framework outlining responsibilities and processes for monitoring and delivery of safe and quality clinical care. Policies and procedures are in place to guide staff practice, including but not limited to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Staff demonstrated knowledge of these policies and described their application as relevant to their roles.

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)