Performance

Report

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| Name of service: | Arcare Civic Manor |
| Service address: | 7 Civic Drive EPPING VIC 3076 |
| Commission ID: | 3770 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 18 July 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 Arcare Civic Manor (**the service**) has been prepared by G. Hope-Simpson, 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 7 July 2023
* other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# 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 were assessed as Compliant.

Consumers and representatives said staff treated consumers with dignity and respect, and they recognised and respected consumers’ cultural background when providing care. Consumers felt supported to exercise independence and choice when making decisions about risk-taking, relationships, care and who should be involved in it. Sampled consumers said information was communicated to them in ways they could understand. Most consumers and representatives were satisfied the service protected consumers' privacy and confidentiality.

Staff spoke respectfully about consumers and were knowledgeable about those of diverse background and their related care needs. Staff demonstrated how they supported consumers to exercise choice in their day-to-day care, and how they supported consumers’ important relationships. Staff knew which consumers participated in risk-taking activities and described the risk assessment and ongoing review process used to support dignity of risk. They outlined a range of methods used to communicate information to consumers and representatives, including those with communication barriers. Staff described use of the PA system, altering their verbal speed and volume, use of emails and written calendars, schedules and signs. Staff outlined practical ways they promoted consumer privacy and measures in place to protect confidentiality.

The Assessment Team reviewed care planning and other documentation which corroborated consumer, representative and staff feedback outlined above. The service had policies and procedures in place, including in relation to diversity and inclusion, consumer choice, decision-making and risk and in relation to handling of personal and confidential information. Care planning documentation recorded consumers’ cultural backgrounds, religious identities, life stories and values, as well as strategies to ensure care was culturally safe. Consumers’ individual care preferences were recorded, as were their key relationships and those involved in their care. Risk assessments and reviews of consumers taking risks were documented in consumer files, including for consumers who smoked and left the service independently. Documentation showed consumers were supported to make informed decisions about risk and risk mitigation strategies were documented. Observations confirmed information was provided in a range of accessible ways, and staff interacted respectfully with consumers, including by knocking before entering consumers’ rooms.

# 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 were assessed as Compliant.

Consumers and representatives were satisfied with assessment and planning processes at the service, confirming they partnered with the service and others involved in their care. Staff demonstrated the service had an embedded process for clinical assessments, conducted in the first month of admission. Initial assessments included falls, pressure injury and medication risk assessments. Fifteen reviewed care plans demonstrated the service completed assessment and planning to inform care and collaborated with allied health and medical professionals. Care plans documented risk mitigation strategies and current consumer needs and preferences, including in relation to end of life and advanced care. Staff understood consumers’ needs and preferences and explained how they collaborated with other providers, consumers and representatives.

Consumers and representatives confirmed they had access to care plans and said staff explain things to them clearly. Staff explained the three-monthly care conferences schedule, and explained they also consult with consumers and representatives face to face, by phone and email. Progress notes confirmed regular communication with consumers and representatives and care plans evidenced the service reviewed care plans every 3 months or sooner if changes or incidents occurred.

# 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 seven of the seven specific requirements were assessed as Compliant.

Consumers and representatives who spoke to the Assessment Team were happy with the personal and clinical care consumers received at the service. Staff interviews reflected shared understanding of sampled consumers needs and preferences, and the strategies used to deliver their care. The service had policies and procedures in place to guide personal and clinical care, with clinical guides and flowcharts to support staff understanding. In relation to skin integrity, care plans demonstrated staff followed recommendations for care and appropriate assessments and referrals were completed to inform wound care and pressure injury prevention. Care plans noted consumers’ pain management strategies and restrictive practices were used in line with legal requirements.

High-impact high prevalence risks were managed effectively, including falls, behaviour management and pressure injuries. Staff explained how clinical indicator monitoring supported management of risks, with trends discussed at daily meetings with key staff to identify appropriate interventions and improve clinical care at the service. Care planning documentation reflected effective management of consumers with high falls risk, for example.

Care planning documentation showed consumers nearing the end of life had their needs, goals and preferences met. Progress notes documented care delivery that prioritised consumers’ comfort, pain management, spiritual and social supports. External palliative care services were engaged and staff confirmed maximising palliative consumers’ comfort through regular repositioning, oral and eye care, pain monitoring and supporting consumers’ families to be present.

Consumers and representatives said the service recognised and responded to changes in consumer condition in a timely manner. Staff outlined processes followed when deterioration was recognised and explained that they were familiar with consumers’ habits as they worked with the same consumers daily. Review of progress notes, handover sheets and other monitoring charts indicated consumers were regularly monitored by clinical staff and if deterioration or change of a consumer’s condition was noted, this was responded to.

Review of progress notes, and care and service plans demonstrated that the service recorded provided adequate information to support effective sharing of care. Staff confirmed that information about consumers’ needs, conditions and preferences were documented via the ECMS, through verbal and documented handovers at the commencement of each shift. An allied health professional confirmed the use of a communication book where clinical staff alerted them if a consumer required review.

Consumers and representatives confirmed that referrals to other providers were both appropriate and made in a timely manner. Care planning documentation and progress notes demonstrated timely and appropriate referrals to and ongoing involvement of Medical Officers, allied health professionals and other providers of care. Clinical staff outlined the referral procedure used at the service and how communication between the service and external allied health occurred.

Observations during the site audit showed staff following infection control procedures, a COVID-19 screening procedure in place being adhered to and sufficient PPE and hand hygiene stations throughout the service. An Infection Prevention and Control lead had been appointed, who reviewed infections and championed antimicrobial stewardship at the service.

# 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 were assessed as Compliant.

Although most consumers and representatives said they were supported to participate in lifestyle activities they enjoyed and generally received daily living supports they need to optimise their independence and quality of life, some held concerns about the laundry service, which is discussed further in Quality Standard 6. Lifestyle staff described the assessment process used upon admission, to determine consumers’ interests, likes, dislikes, social, emotional and spiritual needs. Care plans contained detailed and tailored information about strategies to support consumers emotional, spiritual and wellbeing needs. Staff outlined examples of actions they take when consumers were feeling low, including spending one to one time, or escalating to clinical management.

The service had a lifestyle program tailored to consumer interests, which were ascertained through care plans, feedback forms and verbal feedback. Group activities organised at the service included bingo, various cultural clubs and a walking group, and other activities which supported consumers to stay connected to the community inside and outside the service. Consumers described ways the service supported their relationships with family and community groups. Staff outlined how they supported consumers’ relationships by ensuring consumers maintained regular phone or video call contact and through regular outings with loved ones.

Information about consumers’ conditions, needs and preferences were communicated effectively within the service and with others involved in care, through care planning documentation on the ECMS, handovers, dietary information folders and the electronic staff message board.

The service made referrals and used external organisations, support services and providers to meet the daily living and lifestyle needs of consumers. Staff and care planning documentation reviewed demonstrated the service used other providers, businesses and individuals to meet consumer needs, including dementia support services, entertainers, religious volunteers, a hairdresser and a beautician.

Most interviewed consumers were satisfied with the quality and quantity of meals served to consumers and reported being able to order alternatives if needed. Consumers had input to the development of the menu and staff described how consumers selected their meals from a daily menu. While the majority of consumers reported satisfaction with the quantity and quality of meals, 6 interviewed consumers were not satisfied with staff training as it related to the dining experience at the service. This is discussed further in Quality Standard 6.

Consumers and representatives said consumers had the equipment they needed for daily living and the equipment was kept clean and maintained. Staff said they were supported to access equipment needed for the lifestyle program and confirmed care staff were responsible for cleaning mobility equipment on a daily basis. Recreational areas were observed, with different lifestyles activities and relevant equipment set up, including a billiards table.

# 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 were assessed as Compliant.

Consumers said they found the service welcoming and homely. Observations showed a welcoming and easily understood service environment. Spread across 3 levels, the service had an elevator to move between levels and a secure care unit. Individual rooms had ensuites and consumer rooms were observed to be personalised with family photos and personal effects. The service had sufficient lighting and there were handrails and signage to support independence and consumer mobility. Dementia friendly design principles were observed in the secure care unit.

Consumers reported the service was consistently clean and well-maintained. The service environment facilitated free movement. Consumers were observed moving about the service independently, in both indoor and outdoor areas and accessing communal spaces. Those consumers who were environmentally restrained in the secure care unit had been assessed as requiring the restraint and relevant legal requirements for restrictive practices were met. A cleaning schedule was in place, which demonstrated regular cleaning of consumer rooms, communal spaces, dining areas and activities rooms.

Observations confirmed furniture, fittings and equipment were safe, clean and well-maintained. Call bells were observed to be working and within reach of consumers. Preventative maintenance schedules were in place and scheduled maintenance tasks were up to date, however three consumers were dissatisfied with sharing of hoists on one level, as some hoists were under maintenance. This issue has been addressed in Quality Standard 6, Requirement 3(d).

# 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 Assessment Team recommended the service did not meet the following Requirement:

Feedback and complaints are reviewed and used to improve the quality of care and services.

However, having considered the evidence in the site audit report and the evidence provided by the service in its’ response, I have deemed Requirement 6(3)(d) compliant, as detailed below.

The Assessment Team recommended the service did not meet Requirement 6(3)(d), based on the following summarised evidence. The Assessment Team found the service had a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives, and management explained how feedback and complaints were used to drive continuous improvement across the service. Despite this, the Assessment Team found seven consumers and representatives who had previously complained and reported they were satisfied with the response given by management at the time of the feedback. However, since making the complaints, the consumers said the issues were not resolved. These complaints related to the laundry service, the food service and excessive wait times to repair hoists.

In their written response, received 7 July 2023, the Approved Provider supplied additional information, a Plan for Continuous Improvement (PCI) and documentary evidence demonstrating steps the service had taken both before and after the site audit, to address the complaints and feedback provided by the 7 named consumers in the site audit report. The evidence provided demonstrated the service was aware of concerns relating to the hoist, laundry and food service and were taking action prior to the site audit to address those concerns, in line with the complaints handling process. Since the site audit, the service has made additional improvements to the complaints handling process, implementing an earlier follow-up point with consumers who have raised concerns, to support timely resolution of concerns. Lastly, the response demonstrated that an additional hoist had been procured while maintenance of existing machines is ongoing. Additional training, monitoring and counselling of staff and contractors, in relation to food services standards and laundry services has also been implemented. Consumers have been consulted with and overall, concerns appear resolved or in the process of being resolved.

On balance, the response demonstrates that before the site audit, the service had a generally effective process for incorporating complaints and feedback into the continuous improvement process. The response also demonstrated that the service has implemented additional improvements since the stie audit, to ensure it is operating more effectively. For these reasons, I have disagreed with the Assessment Team’s recommendation and find the service complies with Requirement 6(3)(d).

I am satisfied the service is also compliant with the remaining 3 Requirements of Quality Standard 6.

Consumers and representatives confirmed they knew how to provide feedback and make complaints internally, and said they felt comfortable and empowered to do so. They accurately described the avenues available to them, being through feedback forms, at consumer meetings and through direct conversation. Staff described ways they would support consumers to raise complaints and confirmed they would escalate complaints they were unable to resolve. Feedback forms and locked feedback boxes were observed throughout the service.

Consumers said they were aware of advocacy services and would reach out to them if needed. Management confirmed there were no non-English speaking consumers at the service at the time of audit but understood how to access translating and interpreting services if they were required. Observations showed the service publicised the advocacy services and the Commission, using posters and flyers which were displayed throughout the service.

Most consumers and representatives confirmed the service had responded to and resolved their complaints in the past. While two representatives of one consumer were dissatisfied with communication with management, documentation review reflected no impact to the consumer’s care as a result of the communication concerns, and ongoing communication between the service and the representatives had been occurring. Staff demonstrated their understanding of open disclosure and review of complaints data showed action was taken and open disclosure practised at the service.

# 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

Although most consumers expressed that the service could be short-staffed at times, they also confirmed the service recruited agency staff to fill shifts when required. Consumers confirmed this did not result in any negative impact on care and their personal and clinical needs were met. Management described a planned approach to rostering, based on consumer needs, budget, staff and consumer feedback. Staff confirmed that rostered hours were sufficient but that unplanned leave at times left the service short-staffed, although staff confirmed agency staff were used to cover unexpected leave. Documentation review reflected an increase in agency staff in the month prior to the site audit, due to an outbreak in the service. Call bell response times were satisfactory, with an average response time of 2.3 minutes in the two month period prior to site audit.

Observations showed staff interactions were unrushed, friendly and respectful. All consumers reported interactions were at times rushed, but nonetheless respectful and kind. The service had mandatory training, policies and procedures outlining expectations for staff-consumer interactions, including in relation to consumer care and dementia support. Consumers confirmed staff were competent and management outlined a outlined a systematic recruitment and induction process, to ensure staff recruited had the relevant skills and qualifications, registrations, police and reference checks. Position descriptions outlined required competencies, qualifications and experience. Mandatory training for staff included modules on commencement and throughout the year thereafter, on topics aligned with these Quality Standards. Staff said management monitored their training completion, and documentation review demonstrated high completion rates for training. Some consumers raised concerns around staff training in relation to the dining experience, which the service had addressed through an enhanced dining experience training module.

The service monitored staff performance informally, and through a formal annual appraisal process that supported staff to set goals and the service to take action against performance issues. Staff reported appraisals were useful and 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

Document review and consumer/representative feedback confirmed the service engaged consumers in the development, delivery and evaluation of care and services, through consumer meetings, committees and surveys. Staff interviews and document review confirmed consumers’ participation to shape service delivery.

The organisation’s governing body promoted a culture of safety, inclusion and quality, achieved through regular reporting processes in place which allowed the governing body to monitor the service’s compliance with the Quality Standards. Quarterly reporting occurs between the service manager and clinical governance quality and risk teams, executive leadership and the Board. The Executive team developed, monitored and communicated KPIs for the service to target. Management provided an example of a safety initiative championed by the Board, to increase safety and address a trend of incidents involving slings.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, established financial governance arrangements, and processes for workforce governance, feedback, and complaints. While the Assessment Team identified some concerns with use of complaints and feedback to drive continuous improvement, I found the service had an effective continuous improvement framework and PCI, which built on consumer feedback and complaints.

Documentation review demonstrated that incidents are identified, responded to, and reported in accordance with legislation, including serious incident reporting. Staff and management understood the pertinent high-impact, high prevalence risks at the service and staff received training in the SIRS, encompassing identifying and responding to abuse and neglect. Review of the incidents for the past 6 months showed incidents are managed and reported in line with legislative requirements.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated shared understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

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)