Performance

Report

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| Name: | Arcare Parkinson |
| Commission ID: | 5417 |
| Address: | 20 Bufalino Street, Parkinson, Queensland, 4115 |
| Activity type: | Site Audit |
| Activity date: | 18 June 2024 to 20 June 2024 |
| Performance report date: | 19 July 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 22702 Arcare Parkinson |

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 Parkinson (**the service**) has been prepared by Katherine Richards, 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
* the provider’s response to the assessment team’s report received 10 July 2024, which included a plan for continuous improvement
* other information and intelligence held by the Commission relating to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers confirmed staff treated them dignity and respect and understood their backgrounds and values. Staff had knowledge of consumers’ life histories, backgrounds, interests and explained how they demonstrated respect whilst providing care including seeking consent and acknowledging choices. Care documentation evidenced consumers’ background, diversity, life history and cultural preferences, and staff were observed treating consumers in a kind and respectful manner.

Consumers reported staff were respectful of their cultural identities, recognised cultural celebrations, and provided care consistent with their preferences. Staff gave practical examples provision of culturally safe care, including arranging religious services for consumers whose faith formed part of their cultural beliefs. Care documentation outlined consumers’ cultural needs and preferences and how care was provided with sensitivity to their background.

Consumers and representatives said they had choice in how consumers’ care was delivered, who was involved in their care and how consumers wanted to maintain relationships with people of importance to them. Staff gave practical examples of supporting consumers to exercise choice, such as respecting their independence in aspects of care aligning with consumer preferences. Care documentation reflected consumers’ choices on care, who was involved in their decision making and the support needed to maintain personal relationships.

Consumers and representatives gave practical examples of being supported to take risks to live a life of choice. Staff described how they met with consumers to discuss risks involved with their choices, conducted a risk assessment and offered strategies to promote their safety. Care documentation evidenced consumers were supported to take risks, strategies were in place to minimise harm and the risks taken were understood by the consumer and their representative.

Consumers verified they received timely information which enabled them to make informed choices about their care and daily living needs, particularly in printed form and verbal reminders. Staff explained information was provided to consumers in person, in writing, at meetings, by announcement and in ways which met their differing sensory and communication needs. Care documentation evidenced consumers received accurate, timely communication in ways which met their needs.

Consumers confirmed their information was kept confidential and gave practical examples of how their privacy was respected, such as staff knocking on their doors and seeking consent before entering their rooms. Staff feedback demonstrated knowledge of how to protect consumer privacy and said confidentiality was maintained by keeping consumers personal information secure in the electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their 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

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

Staff described how risks to consumers were identified, and used to develop the care plan, which informed how they delivered care. Staff explained, and observations confirmed, an entry checklist and assessment process guided their practice in assessing consumers for risks and developing their care plan. Care documentation evidenced risks to consumers were identified during the assessment process and used to develop responsive strategies to inform the delivery of safe and effective care.

Consumers and representatives said they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when requested. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and others, such as medical officers and allied health staff, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, with specialists’ reviews included in planning processes.

Consumers and representatives said they received frequent and regular updates about consumers’ care, staff explained clinical information in an easily understood way and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and email. Care documentation was observed to be readily available through the ECMS, with summary care plans available to consumers.

Consumers and representatives verified consumers’ care and services were reviewed regularly and updated in response to incidents, such as falls. Staff said consumers participated in a quarterly case conference to discuss updates in their conditions, with a comprehensive annual review of their needs, preferences and care plans. Care documentation evidenced consumers’ needs were reviewed quarterly, as well as when their health status, preferences or circumstances changed.

# Standard 3

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

Findings

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

Most consumers and representatives said consumers received the personal and clinical care they needed; however, the representative of one consumer said their specific clinical care needs were not met. In response to feedback, management met with the representative, initiated specialised staff training and adding actions to include ongoing training within the continuous improvement plan (CIP). Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks influenced care delivery. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences and best practice outlined within policies and procedures.

Consumers and representatives confirmed risks associated with consumers’ health were effectively managed. Staff advised, and observations confirmed, risks to consumers such as falls, were trended through clinical data and safeguard mechanisms were implemented in response with monitoring for effectiveness. Care documentation identified risks to individual consumers and mitigation strategies and monitoring actions were documented and in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of pain management medications and regular comfort care, and family members spent time with them in line with the consumer’s wishes. Staff understood how to care for consumers nearing end of life to meet their needs and preferences, including ensuring comfort. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their behaviour, mobility and appetite. Variations in consumer condition were documented and escalated to clinical staff for review or transferred to hospital if needed. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood the care they needed. Staff explained changes in consumers’ care and services were documented and communicated in writing and verbally during shift handovers and at meetings. Care documentation included sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and were referred when required. Staff explained the referral processes for a range of allied health staff and specialist providers. Care documentation evidenced consumers were promptly referred to a range of allied health and medical specialists, when required.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. The service had an Infection prevention and control lead who had completed competency training, and staff understood infection control practices and how to minimise consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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

Findings

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

Consumers gave positive feedback about the services for daily living and how these optimised their quality of life. Staff had knowledge of consumers’ daily living preferences and explained lifestyle assessments occurred during admission, which gathered consumers’ individual preferences, interests, and social, emotional, cultural and spiritual needs.

Consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers by facilitating connections with people important to them, arranging pastoral care and spending one on one time with them when displaying low mood. Care documentation evidenced consumers’ well-being needs, goals and preferences and the lifestyle calendar included scheduled church services, bible readings, hymn singing and religious celebrations.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, and maintain personal connections, such as gardening, shopping trips and receiving visits from family. Staff explained consumers were supported by volunteers with whom they shared cultural backgrounds, and assisted them to participate in bus trips, outings to the local swimming pool and to community clubs. Consumers were observed socialising with each other, indoors and outdoors, and spending time with their families. The lifestyle calendar included scheduled activities tailored to consumer interests.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated and understood by staff. Staff explained methods for communicating changes in consumers’ care and services relevant to staff need, including verbal and written updates. Consumer information, including preferences, was available in care and service plans and where information may be required.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers, particularly to volunteers who provided companionship and emotional support. Care documentation evidenced referrals were made to other service providers and volunteers to meet consumers’ needs. Policies and procedures were available to guide staff on making referrals.

Most consumers and representatives said meals were enjoyable, there was variety in the menu and portions served were sufficient. One representative said the variety of meals could be improved and they would like more fresh fruit to be available, with management demonstrating responsive action was undertaken for improvements. Staff explained the menu was developed and updated based on consumers’ feedback gathered at food focus meetings and in-person discussions. Meal service was observed as timely and organised, and consumers received assistance if required.

Consumers said they had access to clean equipment, such as mobility aids, and confirmed these were well maintained. Staff explained they were trained in the correct use of consumers’ mobility aids and transfer equipment and were confident in their safe use. Mobility aids and lifestyle equipment were observed to be clean, well maintained and in good condition.

# Standard 5

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

Findings

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

Consumers and representatives said the service was welcoming, easy to understand, and it was homely, particularly as consumers’ rooms were decorated in a way which reflected their personal style, and this was supported within observations. Staff explained consumers were oriented to the service to facilitate their sense of belonging and familiarise them with the environment. Clear wayfinding signage and handrails were available to support independent mobility. Consumers were observed socialising with visitors and moving independently around the service.

Consumers and representatives confirmed the environment was kept clean, well maintained and they moved freely between the indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. The cleaning schedule included daily attention to high touch points and consumers’ rooms were deep cleaned each week.

Consumers confirmed fittings and equipment were clean and regularly maintained, with functional call bells always accessible. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance requests addressed promptly. Consumers were observed using suitable and clean shared furniture, whilst equipment in kitchenettes and the laundry were in good condition.

# Standard 6

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

Findings

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

Consumers confirmed they felt safe to provide feedback and make complaints and gave practical examples of avenues available to them, such as speaking with staff. Staff explained consumers could provide feedback or make complaints directly to them, at consumer meetings, during scheduled care conferences or they could complete a feedback form. Information displayed in shared areas promoted guidance on how consumers could provide feedback or make a complaint, with a locked box available so feedback forms could be submitted anonymously.

Consumers understood how to access external complaints, advocacy and language supports. Staff were aware of the advocacy and language services available to consumers and understood how to access these if required. Noticeboards, posters and brochures translated into the different languages spoken by consumers promoted access to complaints mechanisms and advocacy services.

Most consumers and representatives confirmed appropriate action was taken in response to complaints, however, one representative said actions taken in response to their feedback had not resulted in sustained improvements. Management confirmed awareness of the concern and outlined actions taken to date, with additional actions added to the CIP including staff training to ensure improvements. Staff described the complaints management process including use of the open disclosure process, and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced the use of open disclosure and a transparent approach to complaints management.

Consumers confirmed their feedback and complaints were used to improve the quality of their care and services. Staff gave practical examples of how feedback and complaints were used to improve consumers’ services, such as the introduction of ‘meal captains’ in the dining room to ensure an organised and efficient dining experience for consumers. The CIP evidenced feedback was used to make improvements to consumers’ care and services.

# Standard 7

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

Findings

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

Consumers gave positive feedback about staffing levels and confirmed their needs were promptly met. Management explained daily consumer call bell data was analysed and used to inform staffing allocations, with a Registered nurse always onsite, and care minute targets were being met. Rostering documentation evidenced all shifts were filled and whilst one staff member said staffing numbers were insufficient, they confirmed there was no impact to consumer care.

Consumers confirmed staff were kind, caring, gentle and showed respect for their individual identities. Management explained staff were consistently allocated to the same consumers, which supported relationship building and staff became familiar with consumers’ identity, culture and diversity. Staff interactions with consumers were observed to be respectful and gentle. Training was provided to staff on relevant topics, including customer service and engagement, cultural safety, and the Code of conduct.

Most consumers and representatives confirmed staff were suitably skilled and competent in meeting consumers’ care needs; however, the representative of one consumer said their specialised clinical care needs were not met, prompting staff training to be conducted and added to the CIP as an ongoing action in response. Management explained staff competency was determined through orientation and buddy programs, regular training which reflected the Quality Standards, key competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers gave positive feedback about staff training and said they were competent and equipped to perform their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), manual handling, open disclosure and restrictive practices, with staff able to request training when they wished to enhance their knowledge. Training records evidenced high rates of staff compliance with mandatory training topics.

Management advised staff performance was assessed and monitored during probation and annually thereafter, along with informal appraisals where staff were provided with immediate, additional support to improve their performance. Staff confirmed they participated in performance reviews and described the process as an opportunity to discuss their development and goals. Personnel records evidenced staff performance appraisals addressed key areas of responsibilities, their achievements and development opportunities.

# Standard 8

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

Findings

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

Consumers identified how the organisation runs in collaboration with consumers and representatives, with consumer representatives available to represent others where required. Management advised consumers contributed to service evaluation through the quality care and Consumer advisory bodies, feedback process, surveys, day-to-day conversations and care plan reviews. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as the menu and lifestyle activities.

Consumers and representatives confirmed consumers felt safe and lived in an inclusive environment with access to quality care and services. The board of directors (the Board) was accountable for service delivery and satisfied itself the Quality Standards were being met through monthly reporting on internal audit results, surveys, incidents, feedback and complaints, quality indicators, emerging issues and challenges. Service documentation, including the CIP, evidenced the Board was kept informed and held accountable for consumers’ care and services.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards. For example, financial governance included provision and management of an annual budget with processes for submitting a business case for additional funding to meet consumer needs.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described incident reporting responsibilities, including within SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)