Performance

Report

**1800 951 822**

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| Name of service: | Avalon House Nursing Home |
| Service address: | 14-16 John Street AVALON NSW 2107 |
| Commission ID: | 0833 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 27 October 2022 |

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 Avalon House Nursing Home (**the service**) has been prepared by Ms D. McDonald 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 19 October 2022.

# 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

Consumers and representatives said they were treated with dignity and respect and the service was inclusive and catered to the diverse needs of consumers. Staff showed an understanding of the unique identity, culture and history of consumers and this was consistent with their care documentation. Staff were observed speaking to consumers in a respectful manner and ensuring their dignity was preserved when providing personal care.

Staff explained there was one consumer from a culturally and linguistically diverse (CALD) background and they knew how to tailor the way they delivered their care and services. Consumers and representatives said staff were respectful of their identity and cultural backgrounds in meeting their care needs. Care planning documentation specified details about consumers’ personal history, cultures and what was important to them.

Management described how each consumer was supported to be independent, make decisions about the way their care and services were delivered, and maintain chosen relationships, including intimate relationships. Consumers and representatives stated they were supported to make choices about their care and services and their choices were respected. Care documentation confirmed the service supported consumers' important relationships as well as their decisions about how their care is delivered and who else they want involved.

Consumers and representatives described how the service supported them to understand and take risks and engage in activities that maximised their quality of life and independence. Staff explained how consumers were supported to take risks to enable them to live their best lives. Staff demonstrated they were aware of the risks taken by individual consumers and could describe the process for completing dignity of risk assessments and implementing risk management strategies. Completed dignity of risk forms were on care files in line with best practice.

Records showed current information was provided to consumers and representatives in a timely manner and in a form that was clear, easy to understand and supported them to make informed choices. Consumers and representatives confirmed they received daily information about meals and activities, as well as updates about their care or clinical information. Management said information is provided via consumer and representative meetings, regular verbal conversations, noticeboards, newsletters and hard copies of schedules. Monthly activities calendars, daily menus and daily activity schedules were displayed throughout the service. Staff were also observed providing information to consumers verbally, about the activities and meal options for the day.

Consumers described how their privacy and dignity was respected by staff and how their personal information was kept confidential. Staff confirmed all consumers’ files were kept securely locked and all computers were password protected and logged out when not in use. Staff said they always closed doors before attending to the personal care of consumers and always speak to consumers in private spaces such as their room when discussing sensitive issues.

# 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

Management described how assessment and planning, included consideration of risk to the individual consumers' health and well-being and informed the delivery of safe and effective care. Consumers and representatives said they were involved in the care assessment and planning process which assisted in identifying any risks to their health. A documented consumer entry process guides registered staff in the assessment of new consumers to the service and development of their care plan.

Care planning documentation identified and addressed consumers' current needs, goals and preferences, including advance care and end-of-life plans, if the consumer wished. Staff could describe the needs, goals and preferences of individual consumers in terms of how their personal and clinical care was delivered. Consumers and representatives said staff involved them in the assessment and planning of their care to ensure their needs, goals and preferences were understood, including their advance care and end of life wishes. Policies on advance care planning and end of life care planning outlined the procedures for staff to follow.

Consumers and representatives said the service worked with them as partners and they could choose who else they wanted to be involved in their care and the services. Care documentation evidenced the involvement of a diverse range of external providers of care and services such as medical officers, physiotherapists, dietitians and speech pathologists. Staff described the importance of consumer-centred care planning in partnership with consumers, and others who consumers wished to involve.

Consumers and representatives said the service maintained ongoing communication with them about their care and services, and staff explained things to them clearly, clarifying any areas of confusion. They said they knew the care plan was available to them if they wanted. Care documentation confirmed the outcomes of assessment and planning were effectively documented and updated. Clinical staff said consumers and representatives were updated regularly through verbal conversations, care reviews, phone calls and their care plans were readily available to the consumer and those involved in their care.

Care documentation evidenced review on both a regular basis, and when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer. Management and clinical staff could describe how and when consumers’ care plans were reviewed. Consumers and representatives said clinical staff regularly discussed their health status and care needs with them, and any changes in circumstances or preferences were addressed promptly and recorded.

# 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 felt they received safe and effective personal and clinical care which was best practice, tailored to their individual needs and optimised their health and well-being. Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of each consumer. Staff described how they followed care plans to provide safe and effective individualised personal and clinical care

Management identified the high-impact and high-prevalence risks at the service and explained how they were effectively managed through regular monitoring of clinical data, analysis and implementation of appropriate risk mitigation strategies for individual consumers. Staff could describe the different risk mitigation strategies for consumers. Consumers and representatives said they were happy with how the service managed risks to their health and well being.

Management described how the needs, goals and preferences of consumers nearing the end of life were respected, their comfort was maximised and their dignity preserved. Care planning documentation included an advance care plan and evidenced discussions with representatives regarding palliative care. Consumers and representatives expressed confidence in how the service provided care nearing the end of life. Staff described how they provided palliative care and maximised the dignity and comfort of consumers nearing the end of life.

Consumers and representatives said the service recognised and responded to changes in condition in an appropriate and timely manner. Clinical staff explained how changes in a consumer’s health, function, capacity or condition was recognised and responded to in a timely manner. Care documentation showed a deterioration or change in condition was identified and responded to appropriately.

Consumers and representatives indicated staff knew them and their care needs well, and the service shared appropriate information about their care with other organisations where responsibility of care is shared. Review of care planning documentation of sampled consumers demonstrated adequate and detailed information about the consumer’s condition, needs and preferences within and between organisations responsible.

Care documentation showed referrals to other individuals and organisations providing care and services was timely and appropriate. Consumers and representatives advised they had timely access to other services such as medical officers and allied health providers when required.

Consumers and representatives commended staff on their hand hygiene, use of personal protective equipment and were confident in the service’s ability to prevent or manage an infectious outbreak. Consumers had been provided with information on how they can help to minimise the spread of infections. The service had an outbreak management plan and had appointed an Infection Protection Control (IPC) staff member. Staff had received mandatory training on infection minimising strategies including hand hygiene, the use of personal protective equipment and outbreak management. Vaccination records were kept for staff and consumers. All staff understood the need to minimise the use of antibiotics and care documentation and policies showed the service took steps to minimise antibiotic use. Data was collected and used to monitor infections and treatment efficacy.

# 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 felt supported to be independent, pursue activities of interest and their health and well-being and quality of life was optimised. Lifestyle staff explained how they conducted a lifestyle assessment to understand the consumer’s individual goals and preferences, including leisure interests, likes/dislikes, social, emotional, cultural or spiritual needs and traditions. Staff could explain the lifestyle needs, goals and preferences of specific consumers and this aligned with the information in their care plan.

Consumers were satisfied with the activities offered and felt the service supported their emotional, spiritual and psychological well-being. They said they could attend religious activities, or other activities outside in the community, if they wanted. Care documentation recorded each consumer’s ‘spiritual and cultural needs’ and identified ways to support their psychological well-being and maintain social and personal connections that were important to them. Staff could describe how they identified and supported consumers feeling low and cited examples of consumers who were supported to maintain their relationships, both inside and outside of the service.

Consumers and representatives said the consumer's preferences, needs, and condition were effectively communicated within the service and with others who were responsible for their care. Staff described different ways they shared information and were kept informed about the current condition, needs and preferences of each consumer. Care documentation provided adequate up to date information to provide effective supports for daily living.

Staff described a range of individuals, organisations and other external providers of care and services that consumers were able to access. Lifestyle staff explained how they referred consumers to these other services promptly when it was appropriate. Volunteers were utilised by the service to run activities such as musical performances, group dance activities, pet therapy and church services. Consumers and representatives said the service helped them to access other providers of care and services in a timely way.

Consumers said the meals were of a suitable quantity, quality and variety. Consumers with special dietary preferences or needs were accommodated and staff were knowledgeable regarding their dietary needs. Care planning documentation reflected the individual’s dietary needs and preferences. Meal service showed a variety of options were available to consumers and most plates did not have leftovers when they were taken back to the kitchen. The kitchen was clean and tidy with key dietary information such as known food allergies on display to staff serving the meals.

Consumers reported having good access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Staff said they had access to equipment when they needed it, and could describe how the equipment was kept safe, clean and well-maintained. Equipment was observed to be safe, suitable, clean, and well maintained.

# 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 and representatives confirmed the service was welcoming, spacious and created a sense of belonging. Consumers' rooms were personalised with photographs, decorations and items of importance were on display. Staff described how the service environment made consumers feel at home and it optimised their independence, interaction and function. The service featured dementia-enabling principles of design and sufficient light and handrails to support consumers to move around.

The service appeared to be safe, clean and well-maintained with consumers moving freely around, both indoors and outdoors. Consumers were observed moving freely between levels and accessing shared outdoor areas. Consumers and representatives said the service environment was safe, clean and well-maintained and they could move around freely. Staff described how the service environment was cleaned 7 days a week according to a schedule. Cleaning staff were observed cleaning communal areas throughout the audit. The maintenance logbook indicated maintenance was up to date with no outstanding reactive maintenance issues identified.

Consumers and representatives said the equipment, fittings and furniture at the service was safe, well-maintained and suitable for their needs. Consumers were observed using a range of equipment including walking frames, wheelchairs and comfort chairs. Furniture in communal areas was observed to be clean and in good condition, and consumers were seen enjoying sitting in the lounge, balcony and outdoor areas. The kitchenettes, laundry, equipment and cleaning storage trolleys were observed to be clean and well maintained with materials appropriately stored.

# 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 felt safe and supported to provide feedback and make complaints, and while they were aware of feedback forms, they preferred to approach staff and management directly. Consumers and representatives said they understood the feedback and complaints and process and the various ways they could provide input. Management explained there were different avenues for providing feedback such as by speaking to staff or management directly, email, feedback forms, consumer meetings, and consumer surveys. Staff described the complaints and feedback management procedure which included a discussion and timely acknowledgement of all concerns raised. Concerns about clinical or care needs are addressed quickly by the relevant staff where appropriate. Written materials regarding feedback and complaints and support services were observed on display.

Consumers and representatives said they were comfortable to complain to the service but were aware of external avenues for complaints and advocacy services such as the Aged Care Quality and Safety Commission. Management described how they would support consumers to engage with interpreter and advocacy services if needed and said they recently provided one consumer with the contact details for an advocacy service. Various brochures and contact details for support services including advocates and dementia support organisations were displayed around the service. Staff understood the different internal and external complaints mechanisms and advocacy and translation services available for consumers/representatives.

Consumers and representatives said the service responded to their concerns and takes appropriate action in response. Staff demonstrated an understanding of open disclosure, explaining how they would apologise in the event of a mistake being made or something going wrong, and then seeking to address the problem. The service had documented complaints and open disclosure policies which required team members to acknowledge an adverse event and to apologise, or express regret, before investigating and resolving the issue. Some verbal complaints did not appear to be recorded on the service’s feedback register however, the service was still able to demonstrate these verbal complaints were actioned.

Consumers and representatives said the service used feedback and complaints to improve the quality of care and services. Management gave examples of complaints received and the actions taken in response, including how some had been used to inform continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring and actioning feedback from consumers and their representatives. Management explained how the service's feedback and complaints were analysed and discussed at the monthly operational meetings, and remedial actions identified were entered into the service's continuous improvement plan (CIP).

# 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 were enough staff, and whilst some consumers and representatives said the service is at times, short staffed, they did not report any adverse impact on the delivery of care and services. Management said they had adapted their workforce planning to ensure there were adequate staffing levels. Rosters and allocation sheets showed most shifts were filled and any unplanned absences were covered by other arrangements. The monthly call bell data confirmed staff respond promptly. Management advised call responses exceeding the service’s benchmark are investigated.

Consumers and representatives said all staff were kind, caring and gentle when providing care and services. Staff were observed to always greet consumers in a friendly manner, with respect and use the consumer's preferred name. Staff said they were familiar with each consumer's individual needs, preferences and identity and described how they would visit consumers if they were feeling down and engage in conversations about their life or things of interest to them. Management explained the service had documented policies to direct staff practice, and ensure care and services were delivered in a respectful and kind manner.

Consumers and representatives considered staff were competent, well supported and sufficiently skilled to meet their care needs. Management stated staff must do mandatory face-to-face orientation, complete role-based competencies and do annual mandatory online training. Position descriptions included values, key competencies and qualifications which were either desired or essential for each role. Training due dates were monitored and followed up with staff by management. Recruitment and selection procedures provided a structured approach that ensured all staff had the required qualifications and credentials to perform their roles. Registrations, police checks and reference checks were conducted prior to staff commencing and these were tracked by the organisation.

Consumers and representatives said staff were trained and equipped to do their job. Management described how they supported staff to ensure they were trained and equipped to perform their roles in relation to the Quality Standards. Training records showed staff were provided initial and ongoing training. Staff said the service provided mandatory and supplementary training to develop their skills and support them to provide safe and effective quality care.

Records showed staff performance reviews were conducted during the 3-month probationary period and then annually. Staff could recall their most recent performance appraisal within the past year and records demonstrated all staff were up to date with their appraisals. Completed performance appraisal records showed a comprehensive evaluation process which identified individual goals and showed input from both the staff member and management. Management described the process for dealing with staff members who made mistakes, which could lead to a ‘warning’ and discussions with the human resources team to determine appropriate action.

# 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

Consumers and representatives expressed satisfaction in the management of the service and said they felt involved and supported in the delivery of their own care and services. Management described how consumers were able to provide input to the delivery of care and services through feedback forms, consumer meetings, internal audits, surveys, care plan reviews and verbal conversations with staff or management. Management said they spoke to every consumer regularly and had a well-known open-door policy.

Management could describe how the organisation was governed by a Board who promoted a culture of safe, inclusive, quality care and services and was accountable for their delivery. Management provided examples of how the Board and senior clinical employees monitored the performance of the service and ensured safe and quality care was delivered by the service. Management said there was a weekly governance meeting that reported on key performance data to the Board who then approved actions and policy changes. Records showed the organisation communicated with management, staff, consumers and representatives via visits, meetings, emails, newsletters and training.

Management could describe how the organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had policies and procedures available to guide staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they could access the policies and had received training on these topics. Staff gave examples of how the policies applied in their daily work. Staff demonstrated a sound knowledge of various risk minimisation strategies.

The service had a documented clinical governance framework with policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management described how these policies and procedures were implemented and monitored across the service. Staff explained they had received training and gave examples of how these policies applied to their work. Care plans, progress notes, and incident reports confirmed the policies were adhered to by the service.

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)