**Performance**

**Report**

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| Name: | BCD Community Care Inc |
| Commission ID: | 201418 |
| Address: | Suite 1.12 The Vue, 1 Centennial Dr, CAMPBELLTOWN, New South Wales, 2560 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 5238 BCD Community Care Inc  
Service: 26642 BCD Community Care Incorporated

**This performance report**

This performance report for BCD Community Care Inc (**the service**) has been prepared by Gill Jones, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not Applicable** |
| **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 | | HCP |
| 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 service demonstrated consumers are treated with dignity and respect and their identity, culture and diversity are valued. Consumers relevant history and social background is documented when services commence to ensure staff understand the consumer and what is important to them. Staff showed an understanding of consumers including who they are as individuals and what is important to them. The service then match staff to the consumer so that they receive care by staff that have expertise or understanding of the consumer.

The service demonstrated that care and services are culturally safe. Each consumer is asked about their cultural identity when services commence. Consumers and their representatives from diverse backgrounds when interviewed stated they did not have specific cultural needs. Staff however were able to discuss cultural needs of consumers and demonstrated how they ensure care is culturally safe. Consumers cultural information is detailed in the care plan to ensure services are based around identified.

The service demonstrated that each consumer is supported to exercise choice and independence, make decisions about their care and who should be involved, and make connections and maintain relationships. Consumers and their representatives stated how the service provided helped them maintain their independence at home. Staff and management were able to explain that consumers have choice in the services they receive and choose what they want to do within their service times. Consumer file documentation identifies consumer choices and decisions about the services they receive, including who is involved in their care.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers and representatives interviewed were able to describe risks and how the service supports the consumer to take risks to live the best life they can. Coordinators, clinical and support staff showed an understanding of consumer needs and were able to describe risks for consumers and how the consumer has been supported to manage the risk. Consumer files included risks and mitigation strategies used by staff to manage and minimise the risk. These risks are documented in the consumer care file and staff are encouraged to report new risks when they are identified.

The service demonstrated that information provided to consumers is current, accurate and timely and is easy to understand. Consumers stated that they have signed service agreements, care plans that are regularly updated and receive monthly statements which they are able to understand. Each consumer has a file in their home which includes their agreement, budget and care plan, as well as advocacy information and supports including mental health advocacy, Commission information, charter of rights and emergency contacts. When changes occur to care and services, the consumer will receive a text message or phone call to advise them of this change. Consumers reported they are kept up to date with changes.

The service demonstrated that consumers privacy is respected and personal information is kept confidential. Staff were able to describe how they maintain the consumer’s privacy by not discussing other consumers in front of others. Staff only have access to the consumer information for consumers they visit and the application they use is password protected and requires a two factor authentication process. A privacy policy is in place and staff receive in this. The service was able to demonstrate that no complaints regarding privacy have been received.

Based on the information in Assessment Team’s report I find six of the six requirements in Standard 1 compliant

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service demonstrated assessment and planning considers risks to consumers health and well-being. Care plans include consideration of risks to the consumer’s health and well-being and wellness goals. Staff were able to explain individual consumer risks with evidence of risk mitigation strategies applied. Whilst the service do not currently have a formal risk assessment form one is currently being developed.

The service demonstrated that consumer needs, goals and preferences are addressed in assessment and planning. Assessment and planning identifies the consumer’s current needs and consumers described how the service was meeting their current needs. Consumer preferences, including staff and times of services are documented and included for rostering purposes. Staff explained how they ask what the consumer wants when they attend services. However, it was noted that where consumers remain independent with aspects of their health care, such as diabetes management, these needs may not be reflected in their care plan as the service is not assisting with managing this need. Feedback by the Assessment Team indicated that holistic care planning will address the consumers' needs and abilities as well as what the consumer is independent with managing to be able to assess this need or independence on an ongoing basis. Advanced care planning is addressed with the consumer when services commence. The service identified that this information was not consistently reviewed at regular intervals and this is a item on their Continuous Improvement Plan.

The service was able to demonstrate ongoing partnership with consumers in assessment and planning, including other organisations involved in their care. Consumers can decide who is involved in their care and may decline family involvement if they wish. Other providers of care, such as allied health or medical specialists are involved in the consumers care, with support staff engaging in supporting the consumer maintain their health care needs, such as attending appointments and completing home exercise programs.

The service demonstrated that the outcomes of assessment and planning are communicated to the consumer in a care plan which is signed by the consumer and available to them in their home file. Consumers interviewed were able to describe the services they receive which was in line with their current care plan.

The service demonstrated that care and services are reviewed when circumstances change or when incidents impact needs, goals and preferences of the consumer. The service utilises 2 care plans, one goal-based, and another clinically based. The clinical care plan is updated following changes to clinical and care related needs and on a routine basis. Most care plans had been updated recently. Consumers were satisfied with how this is managed.

Based on the information in Assessment Team’s report I find five of the five requirements in Standard 2 compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 service demonstrated consumers receive safe and effective personal and clinical care that is tailored to their needs, best practice and optimises their health and well-being. Consumers stated they were satisfied with the personal and clinical care they receive, and explained how it was tailored to their needs, and that care provided helped them remain independent which optimises their well-being. Clinical staff were able to explain how they implement best practice care, including wound care management, and seek advice from external health care providers if they are unsure of best practice. Staff stated how they ensure care is tailored to consumer needs by reading the care plan prior to delivering care. The electronic documentation system allows staff to access consumer care plans, risk alerts and visit information. Management and care coordinators monitor the service notes and support staff comments to identify changing needs of the consumer.

The service demonstrated effective management of high impact risks associated with care of the consumers, including falls management and pressure injury management. Risks for consumers were mostly documented in their care plan. Staff indicated they were aware of the risk to the consumer and how to manage.

The service demonstrated they address the needs, goals and preferences of consumers nearing end of life. While the service did not currently have consumers receiving end of life care, staff were able to explain their approach to maximise comfort and dignity. Care provision may be limited due to home care package budget and the ability of family or others to provide the necessary care, however, referrals may be made to palliative care teams or local area health support services, including residential aged care. Clinical staff stated they would be able to provide the necessary medication management for end of life care if needed.

The service was able to demonstrate that changes in a consumer’s mental, cognitive or physical function and condition is responded to in a timely manner. Consumers interviewed stated they have regular contact with staff who notify the service when a deterioration occurs. Staff report changes observed through the care documentation system and coordinators regularly review information to identify changes in consumer’s conditions. Staff also stated that if the concern is more urgent, they will speak to the coordinator. Clinical staff said they monitor consumer conditions for changes via support staff and family feedback, documentation in service notes and incident and risk forms.

The service demonstrated that information about consumers condition, needs and preferences is documented and communicated within the organisation and where care is shared. Consumers confirmed that they had a care plan which was reviewed by clinical staff on a regular basis. Prior to a service, staff are required to read and sign that they have read and understood the care plan and specific notes about the service. When circumstances change, coordinators contact the support worker by phone to advise them of updated information. Consumer preferences such as staff, staff gender and time of service is maintained by the rostering team to arrange home visits in line with consumer preferences. Where care is shared, the Assessment Team saw evidence of allied health reports with recommendations and information regarding medical appointment outcomes. The clinical team and coordinators work together to ensure information is followed up and acted upon.

The service demonstrated timely and appropriate referrals to individuals and other providers of care and services occur when required. These included physiotherapy, occupational therapy, dietician and geriatricians.

The service demonstrated infection related risks are minimised by the service by implementing infection control procedures. Consumers told the Assessment Team that staff wear personal protective equipment (PPE) and screen for symptoms of infection at the beginning of the service. Infection control training is completed on an annual mandatory basis. Staff showed an understanding of standard and transmission-based precautions . There is an outbreak management plan and infection control policy in place. The service has a policy for antimicrobial stewardship and staff demonstrated a knowledge of appropriate antibiotic use.

Based on the information in Assessment Team’s report I find seven of the seven requirements in Standard 3 compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service demonstrated that each consumer receives safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, wellbeing, and quality of life. Consumers said they are provided with companionship, travel, and social outings. Staff explained how they listen to the preferences of consumers. Care plans indicate social support services are provided.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives gave positive feedback about how the service provides this. Consumer documentation showed ongoing contact with consumers and representatives who have emotional issues.

The service demonstrated how they support consumers to participate in their community, maintain social relationships and do things that interest them. The service obtains information on consumer history, relationships including what is important to them. Care is planned with the consumer to meet these needs.

The service was able to demonstrate that consumer condition, needs and preferences is communicated within the organisation and with other organisations when needed. The service uses an electronic documentation system to communicate consumer needs to visiting staff, including care alerts, care plan and information needed to complete the service. Consumers were confident that staff knew what to do for the service and expressed that they tell the staff if they need or prefer other tasks to be completed. Staff stated that they mostly had the information they needed to complete the service. When circumstances change, the service send mobile phone messages to update the staff of changed information.

The service also provides information to other organisations involved in consumer care. Referrals were observed to contain relevant information including need for referral, medical diagnosis and care needs.

The service demonstrated timely and appropriate referrals to other organisations and providers of care and services. Feedback received from consumers described the effective and timely referral process. A review of care documentation evidenced timely and appropriate referrals are made in response to the support needs of the consumers.

The service demonstrated that where equipment is provided, it is safe, suitable, clean, and well maintained. Evidence viewed for sampled consumers confirmed that assistive devices and mobility aids provided were assessed by either an occupational therapist or physiotherapist and deemed safe and suitable by the consumers. However, the service identified that they have no way of monitoring equipment that is provided by the service, and as such amended the care plan to support monitoring of this equipment.

Based on the information in Assessment Team’s report I find six of the six requirements in Standard 4 compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 service demonstrated that consumers and representatives are encouraged and supported to provide feedback and make complaints. Consumers and their representatives sampled said they are encouraged and supported to provide feedback and make complaints at any time. Consumers and representatives said at the initial visit they are informed of how to make a complaint or provide feedback about their care and services. Consumers, representatives, and care workers advised they can contact the office at any time with their concerns.

The service demonstrated consumers are made aware of an have access to advocates language services and other methods for raising and resolving complaints. The consumers interviewed said they did not require any advocacy or language service to assist them in providing feedback or to make a complaint but were aware a lot of information was included in their red folder and provided at the initial visit.

The service was able to demonstrate all feedback and complaints are followed up by management and the governing body which is then used to improve the quality of care and services. However, it is noted there is no process where the governing body reviews negative comments and feedback that consumers do not want recorded as a complaint. The Board is aware of this and discussed reviewing this with the team to ensure all types and levels of feedback are being reported.

Based on the information in Assessment Team’s report I find four of the four requirements in Standard 6 compliant.

# Standard 7

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

Findings

The service was able to demonstrate that the workforce is planned and the number and mix of staff enables the delivery of safe and quality care. Rostering staff ensure the roster is planned well in advance with the right skill mix to provide safe quality services. Consumer needs and preferences such as gender, language spoken by worker etc, are captured from the initial assessments and matched with worker skills and experience in the rostering system. This then informs the roster. Rostering staff make replacements as required.

The service was able to demonstrate consumers were treated with respect, staff were kind and caring and diversity and culture of consumers was honoured. Consumers and their representatives sampled said staff are kind, caring and respectful. Staff spoke of consumers respectfully and demonstrated how they respect the consumers culture, getting to understand their preferences and customs.

The service demonstrated processes to ensure the workforce is competent and to have the qualifications and knowledge to effectively perform their roles. Consumers and representatives sampled said they felt the care workers were competent and possessed the skills required. The service showed how qualification records are maintained and training provided.

The service was able demonstrate the workforce is trained and equipped to deliver outcomes required by the Standards and specifically in relation to the risk management of consumers. All staff are recruited utilising an onboarding process where potential applicants go through a screening process utilising an onboarding screening checklist. It was noted the checklist did not have a prompt for all new applicants to be checked on the aged care worker banning list. Management said this would be rectified. Onboarding education and induction training is provided.

The workforce is regularly assessed, monitored and reviewed for performance annually. All but one staff member has received timely formal feedback. Staff were able to describe their performance assessment process and said they are asked about any further educational needs or other support they may require. All staff interviewed said they feel very supported by the service. Documentary evidence was sighted of performance assessment in staff files.

Based on the information in Assessment Team’s report I find five of the five requirements in Standard 7 compliant.

# Standard 8

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

Findings

The organisation ensures consumers are engaged in the development delivery and evaluation of care and services. Consumers confirmed, the organisation communicates with them regularly and feedback and changes are made when required. The organisation has a ‘consumer committee’ that meets three times a year. Consumers also attend a board strategy day, the last in August 2023. An annual survey is completed for all consumers to have input into the delivery and evaluation of care and services and an annual engagement event is conducted by the Board with consumers and their families.

The organisation’s governing body promotes a culture of safe inclusive quality care and services by ensuring systems are in place for the provision of safe inclusive and quality care and services. This includes an incident management system, SIRS reporting, a complaints and feedback register, a board matrix, a continuous improvement plan, education calendar and clear strategic direction. A committee reviews data in relation to consumers to monitor and manage risk effectively and this is reported to the Board every 2 months and is reviewed and responded to. Board minutes show there is discussion of what areas of improvement are required in service provision and organisation wide governance systems.

The organisation was able to demonstrate effective organisational governance systems are in place. The service has an electronic client relationship management (CRM) system for rostering and which matches consumer needs with workers skill and availability. BCD policies and procedures are on share point. Staff and management said they have the information they require to fulfill their duties and policies and procedures are in place to support them.

The organisation has a system in place for continuous improvement including a continuous improvement plan (CIP) and agenda items at senior meetings. Feedback and complaints and incidents inform continuous improvement activities. They are discussed at all Board Meetings and the CIP is then populated with planned actions such as education for staff required etc. and other improvements, quarterly.

The service has a finance committee that meets monthly. Evidence was provided of financial information being provided to the Board. All consumers interviewed said they are receiving their home care package statements in a timely manner and find they are easy to understand. The service monitors unspent funds of consumers and has regular communication encouraging them to utilise what funds they have.

Position descriptions are in place for all roles and responsibilities for workers. The onboarding process and induction include appropriate training. Relevant legislative checks including police checks, car insurance, professional registration etc are in place and monitored. Banning orders are reviewed during recruitment.

Management provided examples of correspondence regarding recent changes to legislation that is then discussed at the Board level with appropriate education and policy formulated and procedure changes implemented. Evidence of recent aged care reforms discussed in meeting minutes and action and appropriate follow up was seen.

The organisation has an governance wide system in relation to feedback and complaints and an electronic complaints and feedback register. Feedback is used to improve services.

The organisation has effective risk management systems in place.

High impact high prevalence risk for consumers are effectively managed. Risks are captured through assessment when entering the service. Staff interviewed were able to demonstrate any concerns they encountered for the consumer would be immediately reported. Risk identified are reported to the Board.

The organisation provides education to workers on abuse and neglect and the serious incident reporting scheme (SIRS). There were no reports of abuse and neglect of consumers and staff were very familiar when interviewed, of the need to report any concerns of this nature. SIRS cases have been followed up appropriately.

Consumers were found to have been provided with effective care and social supports of their choice congruent with their needs and preferences and they reported satisfaction.

The organisation uses an incident management system and care workers document incidents via an application on their mobile phones which management receives. All incidents were found to have been investigated and had appropriate follow up actions. Analysis of incidents is reported to the Board.

The organisation has a clinical governance framework in place. An antimicrobial stewardship policy in place as well as a positive behaviour support policy that includes restrictive practice strategies as well as behaviour support plan management. The organisation has a feedback and complaints/open disclosure policy.

Based on the information in Assessment Team’s report I find five of the five requirements in Standard 8 compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)