Performance

Report

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| Name of service: | Bribie Cove |
| Service address: | 199-213 Goodwin Drive BONGAREE QLD 4507 |
| Commission ID: | 5399 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 24 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bribie Cove (**the service**) has been prepared by Stewart Brumm, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said staff valued their identity, culture and diversity. Staff showed their respect for consumers’ identities and cultures by using their preferred names, acknowledging their choices, and delivering care respectfully. Staff knew the cultural backgrounds of consumers in the service and they knew how to deliver care according to their cultural preferences. The Approved Provider’s polices enshrined a respect for cultural diversity and the content of care plans showed respect for consumers. Interactions between staff and consumers were dignified and respectful.

Consumers said staff understood their needs and preferences and that they felt comfortable and safe. They said the service welcomes visitors and they were confident expressing their affection towards their loved ones. Staff adapted care and services so they were culturally safe, and the service had policies and processes that supported staff to deliver safe care. The Approved Provider also delivered training to its staff in how to provide culturally safe care.

Consumers said the service supported them to make and communicate decisions affecting their health and well-being. Staff knew how to help consumers make care decisions and they could cite recent examples of having done so, which included helping consumers to access external services, supporting them to communicate their decisions, and other examples. Care documents contained information about consumer’s representatives and they served as records of consumers decisions concerning their care. When the service was not able to deliver care according to a consumer’s first choice, or when a consumer’s choice impacted the rights of others, staff worked with the consumer to realise an alternative solution.

Consumers said the service supported them to understand the risks connected with their decisions, and to problem-solve those risks. Staff knew how to support consumers to manage risks without limiting their ability to live how they chose. The Approved Provider’s policies and procedures supported staff to help consumers manage risks. They also set out professional and legal obligations for staff. The Approved Provider’s risk processes were consumer-centric, focusing on consumer values, goals and preferences.

The staff had access to translation services and communication tools to support clear communication between staff and consumers, and it assessed consumers’ communication needs on admission. Consumers said staff communication was accurate, timely and clear. Staff knew how and when to communicate with consumers, to ensure information was easy to understand and accessible.

Consumers said the Approved Provider protected their privacy and confidentiality, and that they had space when they received visitors. The Approved Provider delivered privacy training to staff, and staff adjusted their care delivery to align with consumers’ privacy preferences. The privacy policy outlined additional measures to maintain consumer privacy and confidentiality.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all six Requirements Compliant.

# 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

Consumers are engaged as partners in the care planning process, and they received the care and services they need. Care documents showed allied health professionals and other specialists were involved in consumers’ care planning. The Approved Provider’s policies and procedures supported staff to plan consumers’ care while maximising consumers’ choice and freedom to take risks.

The Approved Provider’s care planning records showed it identified and addressed consumers’ needs, goals, and preferences, including for advance-care planning and end-of-life planning if the consumer wished. Consumers and their representatives said staff involved them assessment and planning through regular engagement by telephone, at care conferences and in person. Consumers said staff spoke with them regularly about their care needs and about their end-of-life wishes. Clinical management determined what was important to consumers through regular discussions, care plan reviews, and staff observations.

The Approved Provider partnered with consumers and their representatives to assess, plan and review its care. Care planning documents showed evidence that the service had engaged consumers for care conferences, which included engaging a range of external providers such as physiotherapists, dietitians, general practitioners, speech pathologists, palliative care teams, geriatricians, and audiologists. Consumers said they were involved in planning and reviewing their care at all stages, and their chosen family members were also involved, or omitted per their preferences. Clinical and care staff ensured care plans were up-to-date and that they reflected consumers’ care needs.

Consumers said the staff reviewed their care plans when they experienced falls, pressure injuries, changed behaviours, or changes of circumstance. The Approved Provider used an electronic care management system to manage care for each consumer. The system incorporated assessments, daily charting, record keeping, progress notes, care plans and recommendations from allied health professionals. Registered staff said they communicate the outcomes of assessments to consumers verbally and by providing copies of assessment documents to them on request.

Consumers said staff reviewed their care regularly, including when incidents impacted their care needs. Care documents showed evidence of updates in response to incidents, and evidence of routine reviews at least once every 3 months. Staff recorded, reported and escalated incidents appropriately, which included reporting Serious Incident Response Scheme incidents within required timeframes. Staff additionally reviewed clinical incidents to identify strategies to prevent reoccurrence.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements Compliant.

# 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 said their care was safe, that it met their needs, and that it supported their wellbeing. The Approved Provider had policies and procedures to drive effective care and it supported its staff to deliver care that was best practice and met consumers’ needs. This included educating staff, training them, and positively managing their performance. Staff communicated consumers’ care needs among themselves and with external providers when appropriate, and they reviewed care to make sure it aligned with best practice.

Consumer said they were satisfied with care and that the staff tailored the care to their needs and preferences. Staff knew consumers’ individual personal and clinical needs and care planning records reflected safe, effective care tailored to individual consumers. The Approved Provider had policies and procedures covering wound management, restraint practices, falls prevention, pressure injury prevention, and other care regimens.

The staff assessed consumers nearing end-of-life to identify their needs, goals, and preferences. Consumers said staff had spoken to them about advance-care planning and their end-of-life preferences. Care plans contained advance-care information, including information about consumers’ choices and end-of-life preferences. Staff encouraged consumers’ families to be present throughout the consumer’s palliation.

Consumers said staff recognised deterioration and changes in their condition and staff could cite examples of having responded to changes in consumers’ conditions. Care staff said senior staff responded promptly when they escalated information about changes. Care planning documents, progress notes, and charting showed that staff recognised and responded quickly and appropriately to consumers’ changes.

Staff documented information about consumers’ care and communicated it effectively. Staff knew how and when to communicate about changes to consumers’ conditions, including through verbal handovers, meetings, accessing care plans, and communication diaries. Care staff knew where to access the most current information about consumers’ care needs and preferences, such as dietary information about preferences and directions for meals, beverages and fortified supplement drinks. Consumer information was current and accessible.

The Approved Provider had processes to ensure staff made timely and appropriate referrals to other providers. Staff knew the process for referring consumers to other health professionals and care documents showed input from a range of providers, including physiotherapists, optometrists, audiologists, podiatrists, and dietitians. As a result of staff referrals, external providers delivered services to consumers both on a scheduled basis, and in response to changes of circumstances. Consumers said they were satisfied with the service’s referral process.

The Approved Provider had policies to guide staff on infection control, and all staff received training on infection control practices. The service had a vaccination program for consumers and staff. The Approved Provider required all people entering the facility to produce a negative rapid antigen test. Consumers said they were satisfied with the infection control practices. Staff had been trained in hand hygiene, use of personal protective equipment, and outbreak management. Staff knew how to minimise use of antibiotics, including by seeking pathology testing prior to prescriptions and encouraging consumers to increase fluid intake. Staff registered and analysed consumer infection data and used it to inform improvement activity.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard. I also considered the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all seven Requirements Compliant.

# 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 said the service supported them to do the things they wanted, and that its daily living supports had improved their independence, health, well-being, and quality of life. They said they felt safe about the way staff delivered care and that staff could modify supports to suit the consumer. Staff documented the needs and preferences of consumers in care plans and they knew how to access these records when delivering daily living support. Care plans showed strategies and options for staff to deploy when providing daily living support, and the strategies reflected the unique needs and characteristics of consumers.

Consumers said they felt connected and engaged in meaningful activities that were satisfying to them. They said the service supported their spiritual, emotional, and psychological well-being. They said the service supported them to observe sacred cultural and religious practices, days and events. Staff knew how to support the emotional, psychological, and spiritual well-being of consumers and how to deliver services that were meaningful to the consumer in the context of their culture and identity. Staff monitored the emotional wellbeing of consumers and offered specialist support services and pastoral care to consumers and families.

Consumers said they had active social lives and could explore their interests at the service. They said staff supported them to maintain personal relationships and take part in community and social activities. Staff worked with other organisations, advocates, community members and groups to help consumers follow their interests and maintain connections.

Consumers said staff sought their consent to share information about them with others involved in their care and that they don’t have to repeat their preferences to multiple providers. They said the Approved Provider coordinated their care well.

Care plans showed the staff collaborated with other individuals, organisations and providers to support consumers. Staff knew which individuals, organisations, and providers they should refer consumers to, and they knew how to make referrals. Staff obtained consumers’ consent before making referrals, and actively involved them in the referral process. The Approved Provider had an established network of individuals, organisations, and providers, to whom they made referrals. Staff regularly reviewed the members of this network to ensure their services remained safe, effective and high-quality.

Consumers said the Approved Provider offered healthy meals, snacks, and drinks and that staff served them according to the consumer’s preferences. During the site audit, the consumer dining experience was comfortable and unhurried and consumers received appropriate and dignified assistance. Staff knew the process for reporting anomalies in consumers’ appetites, eating habits, weights and fluid intakes.

Consumers said the provided equipment was suitable and that it met their needs. The Approved Provider assessed the suitability of equipment before providing it to consumers and it trained its staff to safely use equipment, including in identifying any potential equipment risks.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all seven Requirements Compliant.

# 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 said they personalised their rooms, including decorating them with furniture and possessions they chose. They said the Approved Provider monitors the condition of the building and that it was progressing renovations to ensure the facility met their needs. Staff supported consumers to make the service feel like home, and maintain their independence, including by auditing common areas, taking action in response to feedback, and ensuring the service environment is safe and welcoming.

During the site audit, the service was clean and well-maintained and consumers moved freely around the facility and in the loungerooms, gardens and seating areas. Consumers and representatives said the service was very clean, and that staff responded quickly to maintenance requests. The Approved Provider had proactive and reactive maintenance processes and its records showed that maintenance was carried out according to schedule.

The Approved Provider maintained a range of furniture and equipment. Consumers said the equipment was well-maintained and adequate and staff said they had sufficient equipment to deliver care to consumers. Maintenance staff and specialist contractors maintained the service’s furniture and equipment under a scheduled maintenance plan.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all three Requirements Compliant.

# Standard 6

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

Findings

The Approved Provider had policies, procedures and systems to ensure consumers provided ongoing feedback. Consumers said the Approved Provider encouraged them to provide feedback and make complaints when appropriate. Staff supported consumers to make complaints, including by receiving and escalating complaints verbally, providing them with information about how to make complaints, helping them submit feedback forms, and through other means.

Consumers said they felt comfortable raising concerns with the Approved Provider. They said staff gave them information about advocacy and translation supports and about the various channels available for raising and resolving complaints.

Consumers said the Approved Provider responded appropriately to complaints they had raised. The Approved Provider took appropriate action in response to complaints and it used a process of open disclosure when things went wrong. Senior management monitored open complaints and ensured staff actioned them promptly. Meeting minutes and quality reports showed that the Approved Provider had acted on complaints and that staff used open disclosure when appropriate.

Consumers said management responded to their feedback and complaints and that they were satisfied with the responses. The Approved Provider had a continuous improvement process, and used feedback and complaints to identify improvement opportunities. Reports and meeting minutes showed that feedback and complaints were used to make impovements.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all four Requirements Compliant.

# 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

Consumers said staff seemed busy but that there were enough staff at the service and the staff met consumers’ needs. Staff said that, during busy times, they worked as a team to complete tasks and that they relied on consumers’ care planning documents to inform care delivery. The Approved Provider maintained a base roster, with staffing allocations designated per classification of staff member based on consumer needs.

Consumers said staff were kind, gentle and caring when providing care. During the site audit, staff greeted consumers by their preferred name, and used their preferred name when speaking about them, and in care planning documents. Staff were familiar with each consumer’s individual needs and identity.

Consumers said staff performed their duties effectively, and that they were confident staff were skilled enough to meet their care needs. Management said the service required staff to complete centrally-monitored, role-based annual mandatory training. Staff were required to have qualifications relevant to their roles and the service had position descriptions for each of its roles, which set out required and desired competencies and qualifications.

Consumers said they were satisfied that the Approved Provider trained, supported and prepared its staff and that they had confidence staff could deliver their care. Staff said they received adequate training, support, development, and supervision to be able to carry out their roles effectively. The Approved Provider’s recruitment and selection processes included police checks, registration verifications and various other background checks. New staff received induction and orientation sessions.

The Approved Provider had a process to assess, monitor, and review staff performance. Staff knew the performance monitoring processes, including its annual performance appraisals. The service had a staff performance framework, which set out processes for the annual performance appraisals, and for related education and training initiatives.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, Staff knowledge of the processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements Compliant.

# Standard 8

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

Findings

The Approved Provider engaged consumers to help develop, deliver and evaluate its care, and its approach for doing so was multi-layered, comprising various channels, initiatives, staff training modules, and other aspects. The Approved Provider used consumer feedback to identify, plan and address issues. Consumers confirmed the service was well run and that it supported them to provide feedback professionally.

The organisation governing body promoted a culture of safe and inclusive care. The Approved Provider’s organisation had a range of governance committees within its structure, and these groups used information from consolidated reports to determine whether the service was compliant with the Quality Standards. The Approved Provider’s governance committees also initiated improvement actions, and monitored care delivery.

The Approved Provider had an effective organisation-wide governance system in place to guide its staff in key areas, including in information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints handling. The systems included an electronic care management system, the service’s staff intranet and a digital risk management system, among others. The chief financial officer was responsible for managing the annual budget.

The Approved Providers’ risk management framework outlined directives for staff to manage, monitor, report and review risk. The governing body had various risk-review teams, including a risk committee, a clinical governance committee, a quality improvement committee, and others. Management analysed incident data, and used this information to identify risks to consumers and inform improvement actions.

The Approved Provider had an online library that enshrined its clinical governance framework. This comprised various documents such as policies and procedures, clinical practice guidelines, work instructions, clinical reports, audits, staff training information, consumer information, and other clinical care information.

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements Compliant.

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)