

**Performance Report**

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| Name: | Brightwater The Village |
| Commission ID: | 7415 |
| Address: | 150 Dundas Road, INGLEWOOD, Western Australia, 6052 |
| Activity type: | Site Audit |
| Activity date: | 6 January 2025 to 8 January 2025 |
| Performance report date: | 30 January 2025 |
| Service included in this assessment: | Provider: 260 Brightwater Care Group Limited  Service: 4793 Brightwater The Village |

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 Brightwater The Village (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people, representatives and others.
* the provider’s response to the Assessment Team’s report received 24 January 2025.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Representatives said consumers said they were respected by staff, and staff were aware of consumers needs and preferences. Staff demonstrated knowledge of consumers’ life history and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation includes details about consumers’ identity, backgrounds, cultural diversity and religious beliefs.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences.

Representatives reported consumers are supported to make decisions about their care and services and maintain personal and social relationships. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

Representatives said consumers were supported to live life how they choose, with risks associated with their choices and decisions assessed, and discussed with them. Staff were aware of the consumers who take risks and could describe strategies they practice mitigating risks. Care planning documentation included risk assessments, consumer decisions regarding dignity of risk and strategies to manage these risks. The service had a policy and procedure which outlined the commitment to respect consumers’ right to make decisions including those that involve an element of risk.

Representatives said information was provided in a timely and easy to understand manner which helped consumers to make decisions about their care and services. Staff could describe the various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies to support consumers with a hearing impairment. A range of information was observed available across the service including menu options and activities calendars.

Representatives said staff respect consumers privacy. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# Standard 2

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

Findings

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

Consumers and representatives said assessment and care planning identified risks to consumers. Staff were able to describe the care planning process and how it informed the delivery of care and services. Care planning documentation demonstrated consideration of potential risks to consumers’ health and wellbeing including, but not limited to wound management. The service had policies, procedures, training, and tools to guide staff practice in the assessment and care planning process.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life (EOL) wishes as appropriate. Representatives reported the assessment and planning processes addressed consumers current needs, goals, and preferences. and the service had discussed and documented palliative care preferences. Management and clinical staff described advance care planning conversations and their approach to EOL with consumers and representatives during consumers entry to the service, however, where a consumer and representative does not wish to discuss this upon entry to the service, the service provides them with opportunities during annual case conferences or whenever they are comfortable to discuss this matter.

Representatives said they were involved in the assessment and care planning process and were aware of input of other health specialists and providers. Management and clinical staff described how assessment and care planning was completed in partnership with consumers and representatives, Medical Officers (MO’s), and other allied health specialists as required. Care planning documentation evidenced verbal updates are provided to the consumers and representatives on an ongoing basis and reflected organisations, individuals, and providers of other care and services who were involved in the care of the consumer.

Representatives were satisfied outcomes of assessment and planning are communicated to them. Management advised how consumers and representatives are involved in the assessment and care planning process through a range of ways including case conferences and during regular review processes and a copy of consumers care plan is available and emailed to representatives.

Representatives said changes to consumers care plan are made following any concerns or incidents. Management advised care and services are reviewed regularly for effectiveness, including via monthly ‘Resident of the Day’, the service’s annual review process, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur, for example falls or when circumstances change.

# Standard 3

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

Findings

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

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The service had policies, procedures, and work instructions for key areas of care, including catheter care, and diabetes management and other areas to support best practice personal and clinical care.

Overall consumers and representatives said known risks of consumers were managed effectively by the service. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place for falls and unplanned weight loss. However, the Assessment Team report contained information in relation to inconsistencies in wound care documentation and identification of pressure injuries. In response to the Assessment Team feedback the approved provider commenced improvement actions including staff training and future planned actions to improve performance under this requirement. The Approved provider in its response to the Assessment Team report received on 24 January 2025 acknowledged the Assessment Teams findings and confirmed future improvements in relation to this requirement were included the services plan for continuous improvement.

Care planning documentation for a recently passed consumer evidenced EOL care was delivered in a way that ensured consumers’ comfort, including family involvement, and pain management. Staff described how they care for consumers on a palliative care pathway and clinical staff stated they collaborate with consumers, their representatives and other providers of care to ensure that the needs, goals, and preferences of consumers nearing end-of-life are recognised and addressed. Palliative and EOL guidance were available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Consumers and representatives expressed their satisfaction that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care. The service demonstrated they have procedures to guide staff when consumers experience deterioration of their mental, cognitive, or physical function or condition.

Representatives were satisfied consumer needs and preferences were accurately communicated between staff resulting in them receiving safe and effective care. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Management advised daily meetings occur with key staff members to discuss any changes to consumers’ condition or care needs. Care planning documentation identified correspondence from MO’s and health professionals was accessible to staff on the services electronic care management system.

Consumers said the service’s referrals were timely and appropriate and they had access to a range of external health professionals such as allied health professionals. Care planning documentation demonstrated the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers. Management described how the service is guided by policies and procedures for consumer referrals for other healthcare providers. Care planning documentation demonstrated the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers.

Consumers said staff take precautions to minimise infection risks including wearing gloves and practising hand hygiene. The service has established policies and procedures for managing infection, outbreak and antimicrobial stewardship (AMS). Staff demonstrated understanding of their role in minimising infection risks and confirmed they completed training in infection control. The Assessment Team observed staff practising infection control measures.

# Standard 4

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

Findings

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

Consumers and representatives considered the service catered for consumers needs and preferences in a way which enhanced their quality of life. Staff said leisure and lifestyle assessments are completed in consultation with consumers and their representatives to gather information to understand their needs, goals, and preferences, enabling them to develop appropriate supports for daily living. Consumer individual needs, goals, and preferences were captured in care documentation.

Consumers and representatives considered consumers’ emotional and spiritual well-being was supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as arranging one-to-one visits by pastoral care staff and providing religious services. Staff also explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support, and spending one-to-one time with consumers and reporting concerns to clinical staff. The service provides one-to-one activities for consumers who choose to not participate in group activities. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies and referrals for pastoral care support as appropriate.

Representatives reported consumers were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and maintain relationships, such as bus trips. Staff were observed informing consumers of in various group activities available.

Consumers said information was effectively shared, and their needs and preferences were known. The service demonstrated it is actively communicating with others, internally and externally to ensure that service and supports are delivered effectively for consumers. Review of documentation such as care plans, progress notes, handover documents, and meeting minutes showed staff are capturing, documenting, and communicating information about consumers’ condition, needs, and preferences.

The service demonstrated timely and appropriate consumer referrals to other organisations, individuals and providers of care and services such as volunteer services. Representatives confirmed when additional support was needed, consumers were referred to other organisations and service providers. Care documentation confirmed that the service works in partnership with external providers to support the diverse needs of consumers.

Representatives expressed their satisfaction with the meals at the service and said consumers have input into the menus and consumer preferences were accommodated. Management advised menus are reviewed by a dietician and care documentation included consumers’ specific dietary requirements and preferences. The dining experience for consumers was observed to be calm and meals were varied and of suitable quality and quantity

Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used for activities of daily living, such as mobility aids, were observed to be safe, suitable, clean, well maintained and suitable for consumers’ use.

# Standard 5

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

Findings

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

Consumers and representatives said the service environment is welcoming, homely, and easy to navigate and consumers were able to personalise their rooms and bring their own furnishings. Consumers’ rooms were personalised to their preferences with furnishings and photographs.

Representatives gave positive feedback about the cleanliness of the service and confirmed consumers could move freely indoors and outdoors. Cleaning staff said they follow a daily cleaning schedule which includes cleaning of bedrooms, bathrooms, and communal areas. Consumers were observed moving freely around the service and had access to gardens, courtyards and lounge areas.

Representatives confirmed furniture, fittings and equipment were clean and well maintained. Documentation evidenced preventative and reactive maintenance was up to date. Furniture, fittings and equipment were observed to be safe, clean, in good condition and suitable for consumers’ use.

# Standard 6

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

Findings

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

Representatives considered themselves and consumers were supported and encouraged to provide feedback and complaints, and the service find appropriate solutions to their complaints. Staff described ways they encouraged and supported feedback and complaints, such as through meetings, and confirmed they had received training in complaints handling. Feedback forms were observed on notice boards throughout the service and information on how to raise complaints was identified in the services newsletter.

The service displays information about advocates, language services and other methods for raising complaints throughout the service. Whilst most representatives interviewed could not clearly describe other external services available to them, they said the service resolves their complaints efficiently and they do not feel the need to access external advocacy and/or language services. The Assessment Team provided this feedback to the Approved Provider who in response arranged information sessions by an external advocacy service for consumers and staff for January 2025 and February 2025.

Representatives considered complaints were responded to in an appropriate manner. Staff in various roles demonstrated an understanding of the steps within the open disclosure process and how these would be applied following complaint or when things go wrong. Documentation evidenced the service adheres to organisational policies and procedures and takes appropriate actions to resolve all complaints.

The service demonstrated complaints and feedback are reviewed and used to improve the quality of care and services. Representatives said they were satisfied their feedback is used to improve care and services. Management could describe the process for monitoring complaints and feedback and how this data is used for continuous improvement.

# Standard 7

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

Findings

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

Representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and having contingencies to account for unplanned leave. In relation to workforce responsibilities management advised and documentation evidenced the service had a Registered nurse on 24 hours, and the service was exceeding mandated care minute requirements. Documentation demonstrated the service had systems in place to regularly review the delivery and management of safe, quality care and services.

Representatives confirmed staff were kind, caring, patient and showed respect for consumers individual identities. Staff were able to demonstrate a knowledge and understanding of each consumer’s identify, culture and diversity. Staff interactions with consumers were observed to be kind and demonstrated familiarity.

Representatives reported staff had the knowledge to effectively perform their roles. The service has Human Resources (HR), systems and operating protocols to ensure that staff have the right skills, qualifications, knowledge, and competencies to perform their role. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

The service provides training to staff to deliver the outcomes required within these standards. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including education toolboxes and self-directed learning modules. Mandatory training records evidenced training is provided on a range of topics with high completion rates and all training was recorded and monitored.

The service demonstrated regular assessment and review of staff performance is undertaken for each staff member of the workforce. Staff confirmed they participated in regular performance reviews and are given in-formal appraisals in between through general conversations. The organisation has policies and procedures in place to guide management on the review and monitoring of staff performance, including performance management if required.

# Standard 8

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

**Findings**

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

Representatives described how they were able to give input into the care and services delivered. Management and staff described the various ways used to engage and support consumers in designing and improving care and services such as consumer meetings, surveys, and feedback from consumers and representatives. The service has a consumer advisory body, and documentation identified the consumer advisory body conducts meetings and quality initiative improvements from the meetings are captured in the service’s plan for continuous improvement.

Management described their organisational structure in place which evidenced there is delegation of roles, responsibilities, and accountabilities. The organisation is governed by a Board of management which is responsible for governance and the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. There are a range of reporting mechanisms to ensure the Board and executive management team are aware and accountable for the delivery of care and services. Compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Financial governance procedures support the changing needs of consumers, and management advised the recent upgrade to garden areas was completed following recommendations from Dementia Support Australia.

Records demonstrated the service had implemented its risk-management frameworks, policies, and guidelines effectively. Documentation demonstrated risks were identified, reported, escalated, and reviewed at clinical care meetings, at an organisational level by the executive team, and the Board. Management and clinical staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation timeframes including Serious Incident Response reporting.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Infections were trended and reported to executive committees via meetings. The service has a current restrictive practice register which supports and guide staff in the responsible use of restrictive practice and reflects current legislative and regulatory requirements. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)