**Performance**

**Report**

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| Name of service: | City of Unley - UNLEY |
| Service address: | 181 Unley Road UNLEY SA 5061 |
| Commission ID: | 600160 |
| Home Service Provider: | Corporation of the City of Unley |
| Activity type: | Quality Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 1 May 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 City of Unley - UNLEY (**the service**) has been prepared by A. Grant, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24505, 181 Unley Road, UNLEY SA 5061
* Care Relationships and Carer Support, 24506, 181 Unley Road, UNLEY SA 5061

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit 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 Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. | **Non-compliant** |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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 was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff as kind, caring and respectful. Management and staff spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation viewed demonstrated the service is inclusive and respectful of consumers' identity.

The service was able to demonstrate services are culturally safe. Consumers described what is important to them and how their services are delivered in a culturally safe way. Staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Documentation included consumers' cultural background and spoken language.

The service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including involvement, communicate their decisions and make connections with others and maintain relationships of choice, including intimate relationships. Consumers said the service involves them in making decisions about their services. Staff described how they support consumers and their representatives to exercise choice and make decisions about the services they receive.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers spoke of being aware of risks and felt supported by the service to do so should they chose to. Staff and management demonstrated how they support consumers to make choices and decisions regarding risks, enabling them to live the best life they can.

The service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers or their representatives confirmed they are provided with timely and relevant information when they first commence with the service, and when something changes with the service. Staff and management described how they provide information to consumers in various ways, verbally and in writing.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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. | **Non-compliant** |

Findings

Compliant Evidence

The service was able to demonstrate that 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. Consumers and/or representatives sampled confirmed in various ways that consumer’s care and services were well planned, and the service understood how to support the consumers’ risks and needs. Coordinators described how they assess consumer’s risks at commencement of services, reviews and/or as required. Care planning documentation viewed for sampled consumers evidenced that assessment and planning, included consideration of risks to inform safe care and services delivery, were undertaken.

The service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Consumers and/or representatives sampled confirmed in various ways that consumer’s needs, goals and preferences were discussed with them, and informed the provision of current care and services. Coordinators described, and provided evidence showing, how they generally assessed consumer’s needs, goals and preferences, in consultation with consumers and/or their representatives, at commencement of services and reviews; including consideration of advanced care and end of life planning if they wished.

The service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives interviewed confirmed they are involved in planning and making decisions about consumers’ care and services. Care coordinators described how consumers, their representatives, family and carers are involved in assessment and planning of care and services. This was confirmed through care planning documentation viewed for sampled consumers.

The service was able generally able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, readily available to consumers and where care and services are provided. Some consumers and/or representatives could not recall been offered a service plan, however, they confirmed that information was provided to them about the consumer’s care and services. Coordinators described how outcomes from assessment and planning are documented in the service’s electronic systems, which provided to staff, contractors and volunteers either electronically or in a folder at point of care. They advised, and provided documentation confirming, that consumers’ service plans are attached to their services confirmation letter. However, the Assessment Team noted this had not systematically been completed for some consumers documentation sampled.

Non-compliant Evidence

The service was not able to demonstrate that 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. Consumers and/or representatives interviewed could not always recall a review of the consumer’s care and services had been undertaken, this was confirmed through care planning documentation viewed by the Assessment Team. For example:

* Consumer A sustained a fall in November 2022 which prompted a review completed in December 2022. However, the Assessment Team noted the review was not effective as the fall had not been discussed with the consumer’s representative during the review to inform risk mitigation strategies and prevent other falls.
* Consumer B sustained a fall in January 2023 however, the Assessment Team noted this did not prompt a review of the consumer’s care and services as per processes. Furthermore, the consumer’s previous review was completed in September 2021 and was overdue at the time of the fall.

Coordinators and management advised consumers’ care and services are reviewed 12 monthly, and ad hoc reviews are prompted by changes in the consumer’s circumstances, health or incidents. However, the service could not demonstrate that annual reviews had been undertaken as per the service’s process for 4 of 8 consumers sampled.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| 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. | **Not applicable** |

Findings

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and as a result was not assessed.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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

The service was able to demonstrate 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. Consumers and/or representatives were satisfied that the services provided support the consumer’s independence, wellbeing and quality of life. Staff described what is important to consumers, and how the services they provide enhances their quality of life. This was confirmed through care planning documentation viewed by the Assessment Team.

The service was able to demonstrate that services and supports for daily living promote consumers’ emotional and psychological wellbeing. Consumers, representatives and staff interviews, and care planning documentation viewed for sampled consumers, confirmed that services enhance the consumer’s emotional and psychological wellbeing.

The service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and/or representatives confirmed that social support and transport services enable them to participate in their community and maintain relationships. Coordinators described how they encourage and support consumers to access and participate in their community.

The service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives confirmed that staff know the consumer and they do not need to repeat information about their needs and preferences. Staff advised relevant information about consumers’ services are documented and communicated through electronic and paper-based documentation. This was confirmed through care planning documentation viewed.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers interviewed in relation to this requirement confirmed they were referred as required. Coordinators described processes to refer consumers to other organisations and this was confirmed through care planning documents viewed for sampled consumers.

The service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed in relation to this requirement advised that staff cook English breakfast when they attend social support group activities and expressed satisfaction with the meals provided. Staff and coordinators described how breakfast is provided to consumers attending social support groups according to their dietary requirements and preferences.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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

The service was able to demonstrate the service environment is welcoming, easy to navigate, and optimise consumers’ sense of belonging, independence, interaction, and cognitive and physical functions. Consumers and/or representatives confirmed in various ways that consumers feel welcome when they attend the group activities and during transport services. Staff and management described how the social support group venues and vehicles enable a sense of belonging, independence and interaction. This was confirmed through observations of a social support group activity.

The service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. Consumers and/or representatives attending group activities and provided transport as part of their social support services felt the service environments are safe and clean. Staff and management described the site processes for cleaning, maintenance and consumer safety. This was confirmed through observations and documentation.

The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Consumers advised furniture and equipment as suitable when they attend group activities and are provided transport. Staff and management described processes to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable. This was confirmed through observations.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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 was able to demonstrate consumers and representatives are encouraged and supported to provide feedback and make complaints. All consumers interviewed stated they would feel comfortable to provide feedback and complaints to the service. Staff and management described the services policies and procedures for obtaining feedback from consumers regarding the services delivered.

The service was able to demonstrate consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

The service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers sampled who had made a complaint discussed actions taken and use of open disclosure when they contacted the service with feedback. Management discussed the service’s processes for managing complaints. Complaint documentation demonstrated open disclosure principles are used as part of the complaint management process.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Review of the continuous improvement actions showed how the service uses consumer feedback to redesign program offerings. The Assessment Team viewed the Customer Feedback policy and procedure outlining the requirement to report customer feedback metrics monthly for Chief Executive Officer (CEO) dissemination to board.

# Standard 7

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| Human resources | | CHSP |
| 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 the workforce is planned to enable, and the number and mix of workforce deployed enables, the delivery and management of safe and quality services. Consumers and/or representatives stated they are happy with the number of, and the support provided by staff and volunteers or contractors delivering services. Management confirmed there were no services cancelled, however, some were rescheduled in the last month, and described processes where necessary services are maintained to ensure consumers do not miss any. Management advised, where contracted services are unavailable, their own staff will attend consumers to deliver some services.

The service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Of the consumers sampled, they advised staff and volunteers were kind, caring, supportive and respectful. When issues were identified, consumers were confidant they were addressed with performance reviews, and in a timely fashion. All consumers interviewed confirmed staff treat consumers with respect and are responsive to their needs. The Assessment Team viewed staff and volunteer probation reviews, which contained feedback and notes from coordinators relating to performance measures specific to customer service, and examples given that reflected workforce interactions with consumers.

The service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers sampled, described in various ways that staff are competent in their job. Management described robust recruitment processes to ensure staff and volunteers have adequate skills and qualifications, and how management monitor their competency ongoing through supervision, regular meetings and consumer feedback, with identified training gaps addressed.

The service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff and management described completing relevant training and being supported in their role. The service has policies and procedures to guide staff through recruitment and induction. Consumers and representatives indicated they were satisfied with the level of training provided to staff.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff advised they receive regular formal performance discussions with their managers. Staff and contractors confirmed they were supported in their performance review process, with any identified needs addressed. Management described their process for regular assessment and monitoring of workforce performance.

# Standard 8

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| Organisational governance | | CHSP |
| 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. | **Not applicable** |

Findings

The service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers sampled said they have input about services provided through responsive feedback mechanisms. Management and staff described how consumers have input about their experience and services through informal feedback processes, and broader inclusion.

The service was able to demonstrate the organisation promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service has a range of reporting mechanisms to ensure the service’s governing body is aware and accountable for the delivery of care and services. Management discussed the governance structure and reporting process to drive continuous improvement and accountability. The Assessment Team viewed minutes from management meetings in which management discussed how communication from the service is disseminated to all staff, consumers, representatives, and other stakeholders regarding COVID-19 restrictions, vaccinations and outbreaks, and their Serious Incident Response Scheme, in conjunction with the various Programs Hazard Register.

The Organisation was able to demonstrate established, documented, and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints.

*Information management:*

All consumer information is stored securely across multiple platforms, in line with broader Council requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are freely available to staff as required, and the Assessment Team observed all policies, procedures and protocols are updated annually.

*Continuous improvement:*

The service’s continuous improvement plan includes improvements informed by consumers and staff feedback, actions identified by system improvements, policy and procedure reviews, and opportunities to upskill staff.

*Financial governance:*

The Organisation has an established financial management framework which outlines management and staff responsibilities regarding broader program fiscal governance. Program Management advised they meet regularly with the Council CEO, who provides reports to Board and Council, enabling oversight and fiduciary governance. The finance team receive regular reports from management of each area of the service and hold budget accountability.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

The Organisation has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers. There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities.

*Regulatory compliance:*

The service has effective systems to track staff accreditation and compliance across national standards. Management ensures oversight of service compliance, in accordance with their service’s Audit framework. Interim reviews of policies, procedures and protocols occur as required, or in response to feedback, changes in legislation, or national guidelines to ensure information is current. The Assessment Team viewed procedures and policy documents which contained appendixes with updated related documents including legislation and standards. Management advised there have not been any adverse findings by another regulatory agency or oversight body in the last 12 months. They are subscribed to relevant Commission, Commonwealth, and state bulletins to ensure up to date monitoring of changes in regulations and requirements.

*Feedback and complaints:*

Management indicated that staff and consumer feedback and surveys are used to drive continuous improvements, with meeting minutes evidenced indicating changes to service delivery as needed based on feedback and complaints.

The service was able to demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

The Assessment Team viewed consumer care plans, in conjunction with staff and management interviews, which demonstrated there are processes in place to manage high impact and high prevalence risks for consumers. Management advised the service has an incident hazard reporting and management procedure, in conjunction with infection control guidelines, and responding to falls procedure.

The Assessment Team viewed, and management described, effective incident management processes, including the reporting, escalation, and analysis of incidents to manage and prevent incidents, use of open disclosure and awareness of the Serious Incident Response Scheme (SIRS).

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)