Performance

Report

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| Name: | Eldercare The Lodge |
| Commission ID: | 6184 |
| Address: | 14-20 King William Road, WAYVILLE, South Australia, 5034 |
| Activity type: | Site Audit |
| Activity date: | 16 September 2024 to 18 September 2024 |
| Performance report date: | 16 October 2024 |
| Service included in this assessment: | Provider: 1070 Eldercare Australia Ltd  Service: 4197 Eldercare The Lodge |

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 Eldercare The Lodge (**the service**) has been prepared by A. Kasyan, 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, consumers/representatives and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and their representatives confirmed they are consistently treated with dignity and respect. Interviews showed staff are attentive to consumer personal preferences, including cultural and religious practices. Observations showed staff maintaining privacy by knocking on doors before entering and closing them during care. Care documentation aligns with consumer feedback, reflecting important details such as preferred names and religious beliefs, ensuring personalised care for each consumer.

Consumers reported their cultural backgrounds are respected and included into their care. Interviews indicated staff accommodate religious preferences, such as a consumer's morning and evening prayers. Staff demonstrated awareness of consumer-specific cultural needs, including those who prefer female staff providing personal care. Training records confirmed staff have completed cultural diversity courses.

Consumers confirmed they are supported in making decisions about their care and services. Observations showed consumers engage in activities and build relationships of their choice. Care documentation reflects these preferences, and staff reported they have been trained to support consumers in exercising independence and decision-making. Representatives confirmed they are included in decisions regarding the care of their loved ones.

Consumers said they are supported in taking risks to live fulfilling lives. Interviews and documentation confirmed risk assessments are completed in consultation with consumers, including consumers who enjoy walking outside the facility. Staff described how they discuss and manage risks with consumers, with clear strategies documented and regularly reviewed.

Consumers and representatives advised they receive timely, clear, and accurate information to support their choices. Communication methods include newsletters, memos, and face-to-face discussions. Consumers with hearing impairments are given written materials and use whiteboards to communicate. Observations confirmed the daily food menu is displayed, and key information like the Charter of Aged Care Rights is available in multiple languages.

Consumers’ privacy is respected, and personal information is kept confidential. Consumers described how staff knock before entering rooms and ensure privacy during care. Observations confirmed sensitive information is stored securely, with nurse stations locked and no visible consumer data. Staff demonstrated an understanding of maintaining confidentiality by securing computers and using individual login credentials. Training records showed staff had completed privacy and confidentiality training.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard 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 confirmed they are actively involved in assessments and risks to their health and well-being were discussed upon entry. Documentation showed interim care plans were developed in line with policies and procedures, considering consumers' specific risks. Interviews with staff indicated they rely on the care plans to deliver care effectively. Observations confirmed care procedures were being followed, including the use of checklists to ensure comprehensive assessments of consumer needs upon admission.

Consumers and representatives consistently reported assessments identify and address individual needs, goals, and preferences, including advance care planning. Documentation reviewed confirmed advance care directives were discussed with consumers upon admission. Observations showed care plans were regularly updated, reflecting consumers' changing preferences and goals. Staff were well-informed about accessing care plans.

Consumers confirmed their families and other representatives were actively involved in the assessment and planning of their care. Documentation indicated external providers, such as dietitians and physiotherapists, contributed to care planning when necessary. Interviews with staff showed an effective process for making referrals and involving relevant specialists in consumers' care. Observations confirmed all updates to care plans, following changes in health or clinical incidents, were communicated to families.

Consumers and representatives interviewed confirmed the outcomes of assessments were communicated effectively and documented in care plans. Care plans reflected detailed strategies to meet individual needs and preferences, which consumers could request at any time. Staff demonstrated a clear process for discussing updates to care plans with consumers and families, and observations confirmed care plans were available in both digital and hard copy formats.

Consumers reported regular communication regarding changes to their care, particularly after incidents or health changes. Staff confirmed care plans are reviewed every 6 months or when changes occur. Documentation showed detailed progress notes are made outlining how care plans were adapted following reviews or incidents. Observations showed care plans and assessments were updated as required.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard 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 they feel well-supported, with care aligned to their individual needs. Documentation shows regular diabetic and falls management plans, along with timely interventions, such as monitoring blood glucose levels (BGLs) and pain assessments. Observations confirmed consumers receive appropriate care, including weight monitoring and medication management, ensuring their health and well-being is optimised.

The service effectively manages high-impact or high-prevalence risks. Consumers expressed satisfaction with the care provided, particularly continence and behaviour management. Staff demonstrated a thorough understanding of each consumer’s high-impact needs, confirmed by regular multi-disciplinary meetings. Wound charting and behaviour management strategies are accurately documented, and staff reported completing training to manage high-impact and high-prevalence risks.

End-of-life care is managed with dignity, ensuring consumer comfort. Representatives expressed confidence in staff's ability to meet their family members' wishes. Staff described end-of-life care routines, such as repositioning, mouth care, and regular pain assessments. Documentation confirmed staff following advanced care directives, with regular monitoring of pain and pressure areas. Clinical staff demonstrated knowledge of referral processes to internal and external palliative care teams.

Staff described how they promptly recognise and respond to changes in consumers' mental, cognitive, or physical health. Representatives confirmed timely actions taken following deterioration, such as falls or weight loss. Staff described clear escalation protocols, contacting a medical officer or allied health professionals when necessary. Care plans showed ongoing monitoring, ensuring all changes are addressed promptly.

Consumers' needs, preferences, and conditions are communicated effectively within the organisation and with external providers. Staff described clear handover processes and regular updates via shift planning reports. Representatives said they are consistently informed about the consumers’ care. Documentation shows detailed care plans, regularly updated with input from specialists and external services. Staff demonstrated knowledge of individual consumer preferences, ensuring timely sharing of critical information with relevant parties.

Appropriate referrals are made promptly, as confirmed by both consumers and representatives. Documentation shows internal and external specialists, including dietitians and wound care experts, are involved in providing care when needed. Staff reported knowledge of referral processes, which include routine consultations with medical officers and allied health professionals. Examples from clinical records demonstrated timely engagement with services like My Home Hospital and Wound Innovations.

Infection-related risks are effectively minimised through standard and transmission-based precautions. Consumers and representatives confirmed the use of personal protective equipment (PPE) and regular cleaning practices, which helped them feel safe. Documentation shows staff follow infection control policies, including an outbreak management plan. Regular hand hygiene and PPE training were observed, and monthly infection control meetings monitor antibiotic use. Records show the service undertakes the National Antimicrobial Prescribing Survey, ensuring appropriate antibiotic use and reducing the risk of resistance.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard 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 and representatives consistently reported the services provided meet the consumers’ individual needs and preferences, enhancing their quality of life and promoting independence. Staff demonstrated a clear understanding of each consumer’s goals and preferences, ensuring daily activities are aligned with their choices. Documentation reviewed showed regular care plan updates, and consumer interviews confirmed active participation in setting their goals. Observations indicated consumers engage in meaningful activities tailored to their abilities, promoting their health and well-being.

Consumers and representatives expressed satisfaction with the emotional, spiritual, and psychological support provided. Staff were observed offering individual support based on consumer needs. Documentation confirmed care plans included emotional and spiritual assessments, while observations of staff interactions showed sensitivity to consumer needs. For example, monthly church services were available, and one-on-one support was offered when needed. Staff also took time to listen to and comfort consumers experiencing emotional distress.

Consumers actively participate in community activities and social events, with support tailored to their interests and needs. Staff described organising outings and events that allow consumers to build relationships and maintain community ties. Documentation confirmed consumer preferences were considered in planning activities, and interviews with consumers showed satisfaction with the variety of social and personal relationship opportunities. Observations showed consumers engaged in activities such as group games and outings.

Consumers and representatives confirmed information about their needs and preferences is communicated effectively within the organisation and with external providers when necessary. Staff described clear handover procedures and access to updated care plans. Documentation reviewed demonstrated accurate communication of consumer needs across teams, and interviews with staff and consumers confirmed information is shared effectively. Observations of staff interactions during shifts confirmed proper handover processes.

Consumers reported timely referrals to external care providers and specialists, with management ensuring referral processes are aligned with consumer needs. Staff described working closely with external organisations to address consumers’ health and well-being needs, such as mental health services. Documentation reviewed showed evidence of referrals for physical and emotional support, with examples of consumers accessing mental health services and other specialised care. Staff interviews confirmed effective collaboration with external care providers.

Consumers and representatives were satisfied with the quality, variety, and portion sizes of meals provided. Staff demonstrated awareness of individual dietary preferences and needs, which were documented and regularly reviewed. The dining environment was observed to be pleasant and sociable, with staff offering consumers choices and ensuring meals met their needs. Observations of food service confirmed staff follow food safety standards, and consumer feedback was regularly sought to improve the dining experience.

Consumers reported equipment provided for daily activities is consistently clean, safe, and well-maintained. Staff described procedures for maintaining and cleaning equipment. Documentation reviewed confirmed regular maintenance checks, and observations showed staff cleaned the equipment after use.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard 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

The service provides a welcoming environment that helps consumers feel independent and included. Clear signage was observed throughout the facility making it easier for consumers and visitors to find their way around. Consumers said the service feels like home. Observations confirmed the space is well-lit, with green areas and personal items in rooms. Documentation shows feedback systems are in place, and consumers have input on the design.

Observations confirmed regular maintenance and cleaning activities. Consumers reported feeling safe and satisfied with the upkeep of the facility. Preventive maintenance processes are documented, and staff demonstrated knowledge of logging maintenance requests. The Assessment Team noted clear pathways and accessible outdoor areas. Documentation showed maintenance requests are handled promptly.

Furniture, fittings, and equipment are suitable, safe, and clean. Observations showed, and documentation confirmed all equipment is regularly cleaned and well-maintained. Care staff described cleaning procedures and regular inspections by occupational therapists to ensure suitability of equipment. Documentation provided evidence of up-to-date maintenance logs and service records for all equipment. Consumers expressed satisfaction with the condition of the furniture and equipment used within the service.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard 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

Consumers and their representatives are encouraged and supported to provide feedback and make complaints. Interviews confirmed consumers are aware of multiple avenues for feedback, including written and verbal options. Feedback forms are available throughout the facility. Staff described the steps for handling complaints, and management explained the service’s commitment to continuous improvement. Documentation confirmed feedback is gathered through various channels, such as resident advisory meetings and surveys.

Consumers are informed about and have access to advocacy and language services. Interviews with consumers and staff confirmed awareness of these services, with pamphlets available in different languages throughout the facility. Documentation included examples of external complaints managed by advocacy services, such as Aged Rights Advocacy Service, which attends consumer meetings annually. The service ensures consumers can access external support when needed, and staff are trained to assist them when required.

Appropriate actions are taken in response to complaints, using an open disclosure process when things go wrong. Interviews confirmed consumers feel complaints are handled effectively and transparently. Staff demonstrated an understanding of the open disclosure process and provided examples of promptly addressing consumer concerns. Documentation showed complaints are recorded, tracked, and resolved in a timely manner, with corrective actions implemented to prevent recurrence.

Feedback and complaints are regularly reviewed to improve the quality of care and services. Consumers and representatives reported satisfaction with how feedback is managed, with observed improvements like signage and meal options. Management demonstrated feedback data is analysed for trends, driving continuous improvement initiatives. Documentation linked feedback and complaints with action plans, meeting minutes, and staff training, showing an effective system for ensuring consumer input leads to meaningful changes in service delivery.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard 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

Consumer feedback indicated staffing levels are sufficient, with timely responses to their needs. During interviews, staff confirmed shifts are generally filled, and a roster is adjusted based on consumer needs, including acuity. The service demonstrated a low rate of unfilled shifts, with call bells answered within the service's set response time. Management addresses workforce changes through contingency plan and roster creation process.

Consumers and representatives said the workforce interactions are consistently kind and respectful. Observations confirmed staff show empathy and professionalism, treating each consumer with care and understanding. Management regularly monitors staff interactions through walk rounds and feedback mechanisms. Staff are encouraged to escalate any concerns related to conduct, and expectations regarding respectful treatment are reinforced during meetings and training sessions.

Consumers and representatives stated staff are competent and understand their specific care needs. Training records and interviews with staff confirmed they regularly engage in a mix of online and in-person training sessions. Management continually monitors competencies through training reviews, audits, and incident data.

Consumers and representatives expressed confidence in the staff’s ability to meet their care needs. Interviews with staff confirmed effective recruitment and induction processes, with mandatory training completed by all employees. Documentation showed a 100% compliance rate for essential training topics such as manual handling and food safety. Management ensures all necessary qualifications and police checks are current, with a system in place to remove staff from rosters until compliance is achieved.

Management described clear procedures for daily performance monitoring and formal reviews. Interviews with staff confirmed performance appraisals are regularly conducted, offering opportunities for feedback and requests for additional training. While the service had a number of overdue appraisals, management provided an action plan to address this, with significant progress already made. An example of recent performance management following an allegation demonstrated the service’s thorough and fair investigation processes.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard 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

Consumers actively contribute to the development, delivery, and evaluation of care and services within the organisation. Feedback from interviews showed many consumers regularly attend consumer meetings and feel comfortable sharing their opinions. Management described various engagement methods, such as surveys and bimonthly meetings, which ensure all voices are heard, particularly from those who may not typically provide input.

The governing body demonstrates a strong commitment to fostering a culture of safe and inclusive care. Independent board members from diverse professional backgrounds, including healthcare and finance, receive thorough inductions on the Quality Standards. Regular meetings and reports from sub-committees allow the board to monitor trends and performance. Feedback from consumer meetings is taken seriously, with responses communicated back to consumers. The governing body engages directly with the service through site visits.

The organisation has implemented effective governance systems. Consumers confirmed their data is securely stored within an electronic care system, accessible to staff at the point of care. Continuous improvement is evidenced by timely training in response to identified issues, such as improved wound care documentation. Financial governance practices include clear protocols for managing out-of-budget expenditures, while workforce governance ensures staff have the necessary skills and qualifications. Regulatory compliance is maintained through constant monitoring of legislative changes, and a structured process for handling feedback and complaints is effectively established.

Policies guide the management of high-impact risks, with data on incidents like falls and responsive behaviours regularly collected and analysed. Staff discuss high-risk consumers during multi-disciplinary meetings. All incidents are accurately and promptly reported and captured in an incident register, allowing for timely reporting to Serious Incidents Response Scheme. Staff are trained on recognising and responding to abuse. Systems and processes are in place supporting consumers to lead fulfilling lives while mitigating risks.

The organisation has established an effective clinical governance framework that includes antimicrobial stewardship, minimising restraint, and open disclosure practices. Monthly infection control meetings discuss trends and areas for improvement, ensuring appropriate measures are in place to manage infections effectively. Regular reviews of psychotropic medications aim to reduce their usage where possible. The open disclosure policy is supported by staff training, and interviews confirm consumers are informed and apologised to when incidents occur, demonstrating transparency and trust.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard 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)