Performance

Report

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| Name: | Estia Health Kadina |
| Commission ID: | 6006 |
| Address: | 8 Mine Street, KADINA, South Australia, 5554 |
| Activity type: | Site Audit |
| Activity date: | 9 April 2024 to 12 April 2024 |
| Performance report date: | 2 May 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4023 Estia Health Kadina |

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 Estia Health Kadina (**the service**) has been prepared by S Byers, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 1 May 2024.

# 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 representatives were satisfied staff treat them with dignity and respect and value their identity as individuals. Staff demonstrated understanding of person-centred care and were familiar with individual consumers' backgrounds, needs and preferences. Care planning documentation reflected the diversity, background, and personal preferences of the consumers.

Consumers and representatives described how staff value the consumer’s background and provide care that is consistent with their cultural preferences. Staff demonstrated understanding of the cultural needs of consumers. Care planning documentation reflected specific cultural needs for consumers such as the religious practices they wish to maintain. The service had policies and procedures in place to support staff to deliver personalised, inclusive and culturally safe care.

Consumers expressed satisfaction they can exercise choice, make decisions about their care and services and they are supported to maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships, including intimate relationships. Care planning documents detailed how consumers prefer their care to be delivered and who they wish to be involved.

Consumers were satisfied they are supported to take risks that enable them to live the best life they can. Clinical and care staff were aware of risks taken by sampled consumers and described the tailored risk mitigation strategies in place as detailed in care plans. Care planning documentation reflected discussion of risks, mitigation strategies and signed dignity of risk documents.

Consumers reported feeling well-informed and were satisfied they receive information that is accurate, timely and enables them to make informed decisions. Consumers described attending resident and relative meetings and having access to meeting minutes. Activity calendars, menus, and newsletters were on display in consumers rooms and noticeboards throughout the service.

Consumers were satisfied their privacy is respected and private information kept confidential. Staff provided examples of how they respect the personal privacy of consumers at the service. Sensitive consumer information was observed to be stored in locked nurse’s stations and computers logged out when unattended. Training records reflected staff have completed privacy, dignity, and confidentiality training. New staff complete confidentiality and security of information training as part of induction. The service has policies and processes in place to guide staff practice in relation to consumer privacy and confidentiality. During the Site Audit the Assessment Team observed some care practices from attending allied health professionals that were not respectful of consumer privacy. Management responded promptly and commenced toolbox sessions with staff and communicated with allied health professionals to remind them of their obligation to maintain consumer privacy. In response to the assessment team report, the provider submitted evidence to demonstrate staff have attended the toolbox sessions in dignity and privacy. I am satisfied the provider has appropriately addressed the issues.

# 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 and representatives expressed satisfaction with the assessment and care planning process. Staff described the assessment and care planning process, including how they consider risks for individual consumers to inform the delivery of safe and effective care and services. Care planning documentation reflected completed assessments with consideration of individual risks and mitigation strategies upon entry to the service and ongoing. Clinical guidelines, policies, and procedures are in place to guide staff practice in assessment and care planning and the identification and management of risk.

Consumers and representatives were satisfied assessment and care planning information is reflective of consumers current care needs. Consumers confirmed being involved in discussions about their end of life wishes. Sampled care planning documents reflected the consumer’s current needs, goals, and preferences, including advanced care planning in consultation with consumers and representatives. Management and staff described the advance planning process.

Consumers and representatives expressed satisfaction with their involvement in assessment and care planning. Care planning documents reflected ongoing partnership with consumers and representatives, and input from a multidisciplinary team including medical officers, specialists and allied health professionals.

Consumers and representatives said outcomes of assessment and planning are effectively communicated to them in a care and services plan that is readily available. Management described how outcomes of care planning are communicated to consumers and representatives and confirmed they are offered copies of care plans. Staff demonstrated they have ready access to care plans in both hard copy and electronic formats. Care planning documents demonstrated outcomes of assessment and planning were documented and communicated to the consumer.

Consumers and representatives were satisfied the service reviews care and services following a change of circumstance or incident. Clinical staff described the processes in place for regular reviews and following incidents or changes in consumers’ care needs. Care planning documents reflected care and services are reviewed regularly every 3 months as part of the care plan review process and following an incident or change in health status.

# 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 and representatives were satisfied they receive safe and quality personal and clinical care that meets their needs and preferences. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with allied health professionals and specialist services. Consumers subject to restrictive practices had individualised assessments and behaviour support plans with documented informed consent in place with ongoing medical review. Consumer files demonstrated completed pain assessments and skin integrity care plans with personalised preventive strategies that are reviewed, monitored and evaluated. Staff demonstrated sound knowledge of each consumer’s care needs that aligned with documented assessed needs. Staff have completed relevant training in restrictive practices, pain management, skin integrity and wound management.

Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring to minimise and manage the risks. Staff demonstrated an understanding of the high impact and high prevalence risks associated with each consumer and the assessed strategies to manage and minimise risk to the consumer.

Consumers and representatives expressed satisfaction with the palliative care approach provided by the service. Consumer documentation demonstrated end of life wishes are discussed and documented, with care delivered in accordance with the consumer’s advance care directive to ensure comfort is maximised and dignity preserved. Staff described the palliative care pathway. Staff have completed palliative care training.

Consumers and representatives were satisfied the service responds to deterioration and changes in a consumer’s condition in a timely manner. Care planning documents recorded the identification of, and response to, deterioration or changes in the consumer’s condition or function. Staff described how deterioration or changes are identified, actioned and communicated.

The service has effective systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Care planning documents reflected sufficient information regarding the consumer’s condition, needs and preferences is recorded and accessible to staff, medical practitioners and allied health professionals involved in the consumer’s care. Consumers and representatives were satisfied staff were aware of their needs and preferences and confident that information is communicated within the organisation, and with others where responsibility for care is shared.

Consumers and representatives expressed satisfaction with the access and referral to their medical practitioner and other health professionals, as needed. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Management and staff described the service’s referral processes.

Staff demonstrated understanding of infection prevention and control practices and confirmed they undertake regular infection control training. Clinical staff described antimicrobial stewardship and the steps the service takes to promote the appropriate use of antibiotics. The service has appointed an Infection Prevention and Control (IPC) Lead who described the infection control program including monitoring and workforce training. The service has an outbreak management plan in place supported by infection control and antimicrobial stewardship policies and procedures to guide staff practice.

# 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 were satisfied with the supports of daily living they receive to optimise their independence, health and well-being. Staff demonstrated understanding of individual consumers needs and described supports available to ensure consumers’ individual goals and preferences are met. Comprehensive lifestyle assessments are completed when a consumer enters the service to develop a personalised care plan. Lifestyle evaluations are completed every 6 months and when a consumer’s needs change. The monthly activity schedule is informed by consumer feedback and tailored to suit varying needs including sensory and cognitive ability. The Assessment Team observed consumers participating in individual and group activities of their choice during the Site Audit.

Consumers were satisfied their emotional, spiritual, and psychological needs are supported. Care planning documents contained specific information regarding consumers social, emotional, and spiritual needs and preferences. Staff described how they support consumers when they are feeling low and provided practical examples where additional strategies were put in place to support consumers emotional, spiritual, or psychological well-being. The service organises regular church services.

Consumers and representatives were satisfied they are supported to participate in activities within the service and in the outside community as they choose, and the service supports them to maintain social and personal connections. Staff demonstrated good understanding of individual consumers, including what they enjoy doing and who is important to them. Care planning documentation identified the people important to individual consumers, the activities of interest to the consumer and the strategies in place to support them. Management described the activities available to consumers including regular bus trips and outings. Feedback about bus trip locations and associated visits is sought from consumers during meetings and incorporated into the activities calendar.

The service demonstrated it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. Consumers and representatives were satisfied that staff were aware of their specific needs and preferences, and they did not need to repeat themselves. Staff described how information is shared and communicated through care plans, handover sheets and discussions. Regular person-centred care meetings are held to support the sharing of information about consumers across the service and with multidisciplinary teams. Care planning documentation recorded sufficient information to support effective and safe care for consumers, as it related to services and supports for daily living.

The service has processes in place to ensure consumers can access and are referred to appropriate individuals, other organisations and providers in a timely manner. Management described referral processes and provided examples of the organisations regularly accessed to provide additional support to consumers. Consumer documentation confirmed the involvement of a range of external service providers including volunteers and counselling services.

Consumers and representatives were satisfied the service provides meals which are varied, of suitable quality and quantity and reflects their choice. The service has processes and systems in place to include consumers in the development of the rotating menu, and to provide feedback on the quality of the food. Care planning documentation reflected consumers dietary needs and preferences. Staff demonstrated understanding of individual consumer’s dietary requirements and preferences, and this aligned with consumer care documents and documented information observed in the kitchen. The menu is reviewed by a dietitian with various choices available for consumers. The dining experience was observed to be calm and social with staff assisting consumer, where needed.

Consumers and representatives were satisfied the equipment provided and used to deliver care is safe, suitable, clean, and well maintained. Consumers provided positive feedback about the regular maintenance of their wheelchairs. Maintenance documentation reflected equipment is regularly maintained and requests are addressed in a timely manner. The Assessment Team observed a range of equipment being used throughout the service, which was clean and well maintained.

# Standard 5

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

Findings

Consumers and representatives said they feel at home at the service, and provided positive feedback about the layout and functionality of the environment to support independence and belonging. The service environment is easy to navigate with clear signage and floor maps displayed for reference. The corridors, communal areas and outdoor spaces were spacious and clear of hazards, enabling consumers to free movement. Consumer rooms were observed to be personalised with photos and items of importance.

Consumers and representatives were satisfied with the cleanliness of the service environment and confirmed being able to move freely throughout the service. Consumers confirmed they can move freely throughout the service, and this was supported by the Assessment Team’s observations. Staff demonstrated understanding of maintenance processes and cleaning schedules. Documentation demonstrated that cleaning and maintenance is completed as scheduled, with issues reported and actioned in a timely manner.

Consumers and representatives expressed satisfaction with the cleanliness and suitability of fittings, fixtures and equipment. Maintenance documentation demonstrated regular maintenance is completed as scheduled and further action taken to ensure equipment is safe and fit for purpose. Staff described cleaning processes for shared equipment. A range of suitable equipment was observed to be available to meet the care and clinical needs of consumers. Furniture, fittings and equipment were observed to be clean and well maintained. Call bells were observed to be within reach of consumers.

# 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 representatives were satisfied they are supported to provide feedback and make complaints, and were aware of advocacy and external complaint services. Management described the methods for consumers and representatives to raise complaints or feedback including meetings, feedback forms and care discussions. Management and staff described the external advocacy and language services available to consumers and how they access these services. The Assessment Team observed feedback boxes and forms, advocacy and external complaints information readily accessible and on display in the service. Complaints resources were available in multiple languages.

Consumers and representatives were satisfied that appropriate action is taken in response to complaints. Management and staff demonstrated understanding of complaints handling processes including practicing open disclosure when things go wrong. Complaints and feedback documentation reflected appropriate action is taken and the service documents feedback and complaints in a timely manner. The service demonstrated it has complaints and open disclosure policies and processes in place to guide staff practice.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives expressed satisfaction with the service’s feedback and complaints process, confirming their feedback is reviewed and informs improvements to care and services. Management described how complaints are recorded and data is regularly reviewed and trended with a focus on continuous improvement. Documentation recorded examples of continuous improvement actions that have been informed by consumer feedback.

# 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

While some consumers reported delayed responses to call bells, all expressed satisfaction with the delivery of care and services received. Management described the workforce planning strategies in place for rosters, forecasting care minute targets and managing unplanned leave. The service maintains a pool of casual and permanent staff and has ready access to agency services who are available in their location. Management described the challenges in recruiting new staff due to the service’s rural location, that recruitment is ongoing and provided examples of several initiatives in place to recruit and retain staff. Roster documentation reflected appropriate staffing levels across each shift including the allocation of registered nurses. Processes are in place to ensure call bell data is reviewed, investigated and monitored. In their response to the assessment team report, the provider submitted evidence to demonstrate follow up to the negative feedback received from consumers in relation to delayed call bell responses. Supporting documentation submitted demonstrated that call bells were responded to within the provider benchmarks.

Consumers and representatives were satisfied that staff are kind, caring and respectful. Staff demonstrated understanding and application of person-centred care. The service has in place cultural diversity, equity and inclusion policies and procedures to guide staff practice. The Assessment Team observed positive and respectful interactions between staff and consumers.

Consumers and representatives were satisfied staff are competent and know what they are doing. The service has processes in place to assess the competency and capability of the workforce. Service documentation reflected mandatory checks and registrations for all staff are current, with monitoring processes in place.

Consumers and representatives were satisfied that staff are trained and have the knowledge and skills required to deliver safe and quality care and services. Management described the recruitment and onboarding processes that includes induction, mandatory training and buddy shifts. Staff have access to face-to-face and online training, and are supported by management through orientation and ongoing employment to maintain skills and provide opportunities for learning. Training records showed a high rate of completion for staff. Staff were satisfied with the level of training and support available and felt confident performing their roles. Staff described the processes in place to monitor the completion of mandatory training. Management described how they identify additional or supplementary staff training needs through incidents, feedback and trends.

The service demonstrated that processes are in place to regularly assess, monitor and review the performance of the workforce. Staff confirmed participating in annual performance appraisals. Documentation reflected that most staff have completed their annual performance appraisals with the remaining appraisals scheduled. Policies and procedures in relation to workforce performance are in place to guide staff practice.

# 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 and representatives were satisfied they are engaged in the development, delivery and evaluation of care and services. Management described the methods available to engage consumers such as consumer meetings, representative meetings, surveys, and feedback forms. Consumer and representative feedback and meeting minutes confirmed consumers attend and actively participate in meetings.

Consumers and representatives reported the service is well-run and management is accessible and responsive. Management described how the Board is involved in the delivery of care and services including the reporting processes in place to ensure the Board is regularly informed of the services performance. Meeting documents and reports demonstrated the Board is supported by established committees to ensure accountability in the delivery of quality care and services.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. Each system is supported by relevant frameworks, policies and procedures. Management and staff demonstrated understanding of the policies and processes that supported each of the governance systems.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are reported, escalated and reviewed. Staff demonstrated understanding of the service’s incident management system and described their responsibilities based on their position. Staff have completed training in SIRS and elder abuse. A review of SIRS incident reports demonstrated incidents are identified, investigated, responded to in a timely manner and include open disclosure.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Staff demonstrated understanding and practical application of the policies and procedures and provided examples of the relevance to their work.

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)