Performance

Report

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| Name: | Estia Health Parkside |
| Commission ID: | 6760 |
| Address: | 17 Robsart Street, PARKSIDE, South Australia, 5063 |
| Activity type: | Site Audit |
| Activity date: | 4 June 2024 to 6 June 2024 |
| Performance report date: | 3 July 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4232 Estia Health Parkside |

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 Parkside (**the service**) has been prepared by Denise McDonald, 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 Site Audit report received 21 June 2024
* other information and intelligence held by the Commission relating to the performance of the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and understood aspects of their lives, such as their identity and background. Staff gave practical examples of how they showed respect to consumers, such as asking for, and respecting their choices when providing care. Staff were observed having respectful interactions with consumers, as they listened to their needs and provided assistance during activities.

Consumers confirmed staff respected their culture, beliefs, values. Staff explained information about consumers’ cultural preferences were documented during the entry process, to ensure their needs were supported and they could engage in cultural activities. Care documentation evidenced consumers’ cultural and religious needs.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections or maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring care was provided in line with their preferences, whilst family relationships were supported by facilitating phone calls, and friendships between consumers were encouraged by ensuring friends were seated together during activities. Care documentation evidenced people of significance in consumers’ lives, consumers’ care preferences and how staff could provide them with opportunities to make decisions and choices about their care and services.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to attend to their own errands. Staff explained they supported consumers who participated in activities with an element of risk by encouraging them to mitigate the risk through agreed safety strategies, to the extent consumers wished. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers confirmed they received timely information through various means including verbally, via newsletter and an activities calendar, which enabled them to make informed choices about their care and daily living needs. Staff said they supported consumers to exercise choice during the delivery of care, by providing information about the care steps to be taken and seeking consent to continue. Noticeboards promoted current information about activities, whilst the consumer handbook included information about meals, service personnel and available advocacy supports.

Consumers gave practical examples of staff closing doors and curtains when providing care as to how their privacy was respected. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and sensitive discussions were held in private areas. Staff were observed knocking on consumers’ doors and seeking consent prior to entering, with consumers’ privacy preferences specified on signs on their doors.

# Standard 2

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

Findings

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

Staff described how risks to consumers were identified, monitored, managed and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, such as falls and pressure injuries, with care strategies planned to guide staff practice. Care documentation evidenced risks to consumers were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during the entry process and revisiting these discussions during scheduled care reviews and as consumers needs changed. Care documentation reflected consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as medical specialists, participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from medical officers, medical specialists and allied health professionals was sought in the assessment of consumers’ care, with consumers having given consent for their involvement. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with representatives and healthcare professionals.

Consumers and representatives said staff explained outcomes of the assessment and planning of consumers’ care, and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives and they were offered a summary care plan. Care documentation evidenced the outcomes of assessment and planning were shared with consumers and representatives.

Consumers confirmed their care and services were reviewed regularly and in response to incidents, such as unexplained weight loss, following which their changed needs were reassessed. Staff explained consumers’ needs were reviewed quarterly and in response to incidents and changed circumstances, which may also result in a reassessment of their needs and preferences. Care documentation evidenced consumers’ needs were reviewed regularly and reassessment occurred when their health status or circumstances changed.

# Standard 3

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

Findings

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

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said addressed their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer influenced care delivery. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services, particularly where consumers were at risk of falls. Staff understood the high-impact and high-prevalence risks for consumers, such as falls and infections, and explained how these were monitored, managed and prevented. Care documentation evidenced risks to consumers, such as falls, were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were supported by their medical officer and kept comfortable through provision of regular comfort care and pain medications, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort, with support from palliative care specialists and providers of spiritual care available to meet consumers’ cultural needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their appetite, changed behaviours and lack of interest in activities, with any changes documented and the consumer escalated to clinical staff or their medical officer for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly when consumers’ needs changed. Staff explained changes in consumers’ care and services were discussed as needed throughout the day, during shift handovers, scheduled meetings and they accessed information in the electronic care management system (ECMS). Staff were observed conducting a shift handover, during which they shared information about consumers’ needs and preferences, including upcoming care evaluations and appointments.

Consumers confirmed they had access to other health care providers and referrals were timely. Staff explained the referral process and said guidance from consumers’ medical officer was sought if needed, and consumers had access to a network of allied health professionals to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as speech pathologists, as needed.

Consumers gave positive feedback about how infection-related risks were prevented and managed, and said staff washed their hands and wore personal protective equipment, if required, when attending to their needs. Staff described how they minimised the use of antibiotics for consumers and explained infection control measures they used in their work practices. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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

Findings

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

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, such as gardening, which optimised their wellbeing. Staff explained consumers participated in a lifestyle assessment which captured their background, likes and preferences, which were used to inform the activities calendar. The activities calendar was observed to cater for consumers’ interests and included a variety of group and individual activities.

Consumers gave practical examples of how staff supported their emotional, psychological and spiritual needs, such as spending time with them and ensuring they were ready to attend planned religious services. Staff advised they supported consumers by spending one-on-one time with them when their mood was low and assisting them to participate in activities of their choice. Care documentation evidenced consumers’ spiritual and emotional needs, with strategies to support their well-being.

Consumers and representatives gave practical examples of how consumers were supported to participate in the service and wider communities and maintain important relationships, such as leaving the service to spend time with loved ones. Staff explained they supported consumers to build friendships with each other by making introductions and ensuring they were seated together, particularly for consumers who were new to the service. Consumers were observed socialising with each other or spending time with their families.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their dietary needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Staff were observed conducting a shift handover, during which staff were actively engaged as they shared information about consumers’ daily living needs.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers. Staff explained volunteers were being sought to spend meaningful one-on-one time with consumers, pet therapy was regularly provided and professional counselling accessible to consumers and their loved ones, if requested. Care documentation evidenced referrals were made to other organisations and individuals to meet consumers’ needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements and portion sizes were sufficient. Staff explained the menu was developed based on feedback provided at consumer meetings, options were offered for all meals, with snacks always available. Meal service was observed with staff available to assist those consumers who required help to eat their meal.

Consumers confirmed they had access to safe, well-maintained equipment which was suitable for their use. Staff said, and documentation confirmed, equipment was inspected and serviced regularly with defective or faulty items replaced. Lifestyle equipment was observed to be clean, well maintained and suitable for consumers’ use.

# Standard 5

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

Findings

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

Consumers and representatives confirmed the service had a welcoming atmosphere, and said consumers felt safe and comfortable in a home-like environment, particularly as rooms were personalised with their own belongings. Staff explained they supported consumers upon entry to the service by introducing them to their neighbours, other consumers and staff members, with whom they built rapport. Consumers were observed moving freely around an environment which was easy to navigate, with spacious corridors that supported ease of movement for those who used mobility aids.

Consumers gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, which were attended to daily. Staff said, and observations confirmed, consumers had free movement both indoors and outdoors, and support was provided to access these areas, if needed. All doors to outdoor areas were observed to be unlocked, which allowed consumers to access these areas independently, as they exercised outdoors and socialised with friends.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for their use. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be clean, in good condition and suitable for consumers’ use.

# Standard 6

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

Findings

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

Consumers confirmed they were encouraged to provide feedback or make complaints and gave practical examples of speaking with staff, attending consumer meetings and completing feedback forms, as ways they could give feedback. Staff explained they attended training in complaints processes and confirmed consumers were assisted to complete feedback forms, if required. Consumer meeting minutes evidenced feedback and complaints were a standing agenda item, whilst the consumer handbook and monthly newsletter encouraged consumers to raise concerns.

Consumers and representatives understood how to access external complaints and advocacy services, and representatives said they were supported to advocate for their loved ones. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Multilingual posters and brochures promoted access to the Commission, advocacy services and language services.

Consumers gave practical examples of staff ensuring consumers with changed behaviours do not enter their rooms uninvited, as appropriate action taken in response to complaints of such occurrences. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers gave practical examples of how their feedback and complaints resulted in church services being increased to 3 times a month, so their spiritual needs were better supported. Staff explained feedback and complaints were regularly reviewed and added to the continuous improvement plan for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# Standard 7

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

Findings

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

Consumers gave positive feedback about staffing levels and confirmed their needs were promptly met. Management explained the roster was developed based on meeting legislative responsibilities and consumers’ clinical needs, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced consistent staffing across shifts, with a mix of skills to meet consumers’ needs, and a registered nurse was always available.

Consumers and representatives said staff were kind, caring, familiar with consumers’ needs and preferences and respectful of their identity, culture and diversity when care was delivered. Staff explained they worked as a team to ensure consumers’ needs were met in a kind, caring and respectful manner. Staff were observed greeting consumers by their preferred names, knocking on doors and seeking consent to enter their rooms, and interactions with consumers were warm, friendly and kind.

Consumers confirmed staff were suitably skilled, competent and experienced in meeting their care needs. Management explained staff competency was determined through engaging people with appropriate qualifications for their role, pre-employment checks, an induction program inclusive of training, performance monitoring and ensuring professional registrations were current. Personnel records evidenced staff held qualifications, knowledge and experience relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing personal and clinical care. Management explained, and staff confirmed, training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, wound management, falls prevention, incident management, infection control, antimicrobial stewardship, medication management and the Quality Standards. Training records evidenced staff completed Code of Conduct for Aged Care, infection control, fire safety and manual handling competencies.

Management advised staff performance was assessed and monitored through annual performance reviews, with informal appraisals through observations and inviting feedback from consumers and representatives. Staff confirmed they participated in performance reviews and described the process as an opportunity for career development, training needs were discussed, and they were supported by management. Personnel records evidenced most staff performance reviews had been completed, with those outstanding scheduled for finalisation.

# Standard 8

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

Findings

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

Consumers confirmed they were supported to evaluate their care and services through consumer meetings, during which feedback was provided on food, activities and their care and services, overall. Management advised consumers further contributed to service evaluation through scheduled meetings, the feedback process, case conferences and daily interactions with staff. Consumer meeting minutes evidenced they were well attended, with consumers supported to evaluate food, activities, staffing and their care and services.

Consumers confirmed they felt safe and lived in an inclusive environment with access to care and services. The board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a committee focused on safe and quality clinical care, and it received regular reports on routine audits, consumer and representative complaints, identified risks, continuous improvement, workforce and training, incidents and SIRS notifications. Meeting minutes evidenced operational management reports were submitted to the board and used to monitor compliance with the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)