Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Eventide Homes (Stawell) Inc |
| Service address: | 111 Patrick St STAWELL VIC 3380 |
| Commission ID: | 3345 |
| Approved provider: | Eventide Homes (Stawell) Inc |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 15 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Eventide Homes (Stawell) Inc (**the service**) has been prepared by A. Douglas, 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; 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* 7(3)(e) – Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 said they were treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of consumers’ identities, diversity, and culture. Care documents reflected consumers’ culture and identity.

Consumers said staff delivered care that was consistent with their cultural preferences. Staff were aware of consumers from different cultures and could explain how care and services were tailored to ensure their culture was valued. Care documents identified consumers’ specific cultural needs, such as religious practices they wished to maintain.

Consumers said staff supported them to exercise choice and independence when making decisions about their care. Staff described how they supported consumers to make informed choices about their care. Care documents included evidence of consumers exercising choice and independence to maintain personal relationships and make decisions about their own care.

Consumers said they were supported by staff to understand the risks they chose to undertake. Staff knew which consumers took risks, and the associated mitigation strategies to support them. Care planning records contained current risk assessments.

Consumers said the service provided them with information in a way they could understand. Staff could describe the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers said the service protected their privacy and confidentiality. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 confirmed their involvement in assessment and planning processes and confirmed it was based upon their needs and preferences. Staff described the assessment and care planning processes, and how it informed the safe delivery of care and services. Care documents included comprehensive assessments and identified individual risks to consumers.

Consumers and representatives confirmed their involvement in conversations regarding advance care planning. Staff said advance care planning and end of life (EOL) care was discussed with consumers and representatives on admission, or as care needs changed. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they understood what was included in their care and services plan, and confirmed it met their needs, goals, and preferences. Staff detailed processes whereby they informed consumers and representatives of the outcomes of care planning and assessments. The Assessment Team observed the service used an electronic care management system (ECMS) to record all care planning and progress notes and care plans were readily available if requested.

Consumers and representatives confirmed care and services were reviewed regularly for effectiveness and when circumstances changed. Staff could describe how and when care plans were reviewed for effectiveness. Care documents confirmed the service conducted regular reviews of consumers’ care plans.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

As part of an Assessment Contact conducted in July 2022, the service was found non-compliant for Standard 3, and subsequently issued a Notice to Agree (NTA). Specifically, the Assessment Contact found the service did not meet Requirements 3(3)(b) and 3(3)(g). Evidence in the Site Audit Report for the Site Audit conducted between 20 and 22 June 2023 demonstrated the service had implemented effective improvement actions to address the previously identified non-compliances.

Consumers and representatives said they were satisfied consumers received care that met their needs and optimised their health and well-being. Staff demonstrated they were familiar with the individual personal and clinical needs of consumers. Care plans contained tailored information that was safe, effective, and specific to each consumer.

The service demonstrated how high impact and high prevalence risks were effectively managed through regular clinical data monitoring, trending, and implementation of suitable risk mitigation strategies for individual consumers. Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Staff recognised high prevalence and high impact risks and were able to specify individual consumer risks and mitigation strategies which were in place. Care documents included the identification of risks, and strategies to manage these were recorded in assessment tools, care plans and progress notes.

Consumers and representatives confirmed advance care planning, including consumers’ EOL wishes, were discussed with them. Staff could describe how they adjusted care to support the needs and preferences of consumers receiving palliative and EOL care. Advanced Health Directives (AHD), or other EOL directives, were reflected on the consumer’s care plan.

Consumers and representatives expressed satisfaction with the service’s recognition of deterioration or changes in the consumer’s condition. Staff described the ways in which they responded to a change in a consumer’s condition. Care documents, progress notes and charting demonstrated deterioration in a consumer’s health, capacity and function were recognised and responded to appropriately.

Consumers and representatives said they were satisfied that their care needs and preferences were documented and communicated between staff. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals. Care plans and handover reports provided adequate information to support effective and safe care.

Consumers confirmed the service had referred them to appropriate providers, organisations, or individuals to meet their needs. Staff were able to describe referral processes both internally and externally in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Consumers said they were satisfied with the service’s infection control practices. The service had policies and procedures which underpinned their infection, prevention and control processes related to antimicrobial stewardship (AMS) and infection control management. During the Site Audit, staff followed effective infection control procedures, including screening for COVID-19. The service had an appointed infection prevention and control lead, who had completed relevant training.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said the service supported them to participate in activities of interest to them. Staff could describe how they supported consumers to maintain a good quality of life in alignment with their preferences. Care documents included information about consumers’ lifestyle interests, preferences, and goals. The service’s activities schedule showed it offered a wide range of activities 7 days per week.

Consumers and representatives said they were provided with effective supports that benefited their emotional, spiritual, and psychological well-being. Staff described strategies they used to support consumers’ emotional and psychological well-being. Care documents identified emotional and spiritual well-being needs.

Consumers confirmed they participated in activities within and outside of the service. Staff described how they promoted a sense of community within the service and supported consumers to participate in the community. Care documents contained information about consumer interests and personal relationships.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Overall, consumers expressed satisfaction with the quality, quantity, and variety of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care. The Assessment Team observed equipment was clean, safe, and suitable for use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 said the service environment was welcoming and easy to understand. The service featured clear maps and signage to assist consumers to navigate around the service. The Assessment Team observed consumers’ rooms were personalised according to their preferences.

Consumers and representatives confirmed the service was cleaned to a satisfactory standard. Staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The Assessment Team observed walkways and communal areas were free of obstructions.

Consumers said the service’s equipment was clean and well maintained. Staff said they had access to a sufficient amount of well-maintained equipment needed for consumer care. The Assessment Team confirmed the service had effective processes in place for preventative and reactive maintenance.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 said they were aware of avenues for raising a complaint. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers demonstrated an awareness of different options for raising complaints, including advocacy services and external complaint mechanisms. Staff demonstrated an awareness of consumers who had recently accessed advocacy services. The Assessment Team observed information displayed throughout the service relating to advocacy services, language services, and external complaints avenues.

Consumers and representatives said management promptly responded to and sought to resolve their concerns after they made a complaint. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data from the past demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |

Findings

As part of an Assessment Contact conducted in July 2022, the service was found non-compliant for Standard 7, under Requirement 7(3)(a), and subsequently issued a NTA. Specifically, the Assessment Team found the service did not have adequate strategies in place to fill staff shifts and ensure continuity of care.

In response to this finding, the service implemented various improvement measures. Key improvements included conducting further training for surge capacity staff and maintaining an active recruitment campaign which has resulted in the onboarding of 37 new staff in 2023 across various roles. The service also engaged with a specialist service to recruit from overseas markets, particularly Registered Nurses (RNs) to meet new legislative requirements.

Evidence in the Site Audit Report for the Site Audit conducted between 20 and 22 June 2023 supported a finding that the service had implemented improvements to effectively address the previously identified non-compliance under Requirement 7(3)(a). Most consumers confirmed the number of staff within the service was adequate to deliver the care they needed. Staff confirmed they had adequate time to complete their tasks and deliver safe care. Based on this information, I am confident the service has resolved the matters underpinning the Assessment Team’s findings. I have therefore formed the view that Requirement 7(3)(a) is compliant.

*Requirement 7(3)(e):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate effective organisation wide governance systems in relation to regulatory compliance.

The Site Audit report noted:

* The service could not provide documents to show it had completed staff performance appraisals prior to the Site Audit.
* Management could not provide evidence of any completed performance appraisals. The service’s Executive Lead for People and Capability confirmed the service did not have a policy or procedure outlining processes for staff performance appraisals.
* Staff advised they had not had a performance appraisal during the 12 months prior to the Site Audit.

The Approved Provider responded to the Assessment Team’s findings in a response received on 7 August 2023:

* During the Site Audit, the service added an action item about performance appraisals to its PCI. The action item committed the service to developing a new performance appraisal policy and procedure by 1 September 2023. The service also committed to ensuring 80% of its staff participated in its new performance appraisal process by 31 December 2023, and 100% by March 2024.
* During the Site Audit, the service produced its existing staff performance appraisal template, dated 9 December 2022.
* The Approved Provider outlined the professional delivered to staff over the past 12 months in response to a NTA issued in July 2022 by the Aged Care Quality and Safety Commission.
* The service provided documents dated 21 June 2023 including a Performance Appraisal Procedure, Performance Appraisal Policy, and a Performance Appraisal template.

I have considered the information submitted by the Assessment Team and the Approved Provider. The Approved Provider has committed to implementing a formal performance appraisal process and provided documents showing progress toward this goal. The Approved Provider has also committed to ensuring 100% of the service’s staff participate in a formal performance appraisal process by March 2024. However, at the time of the Site Audit and Approved Provider’s response, the service could not provide evidence of any performance reviews it had undertaken for staff in the past 12 months. It is evident the service is yet to measure the effectiveness of proposed improvement actions and it will likely take time for the service to effect satisfactory change. Based on this information, I cannot conclude the service has resolved the matters underpinning the Assessment Team’s findings. I have therefore formed the view that Requirement 7(3)(e) is non-compliant.

I am satisfied the service is compliant with the remaining requirements of Quality Standard 7.

During the Site Audit, staff interactions with consumers were observed to be kind, caring, and respectful. Consumers said staff were kind, caring and gentle when providing care. The service had a suite of policies and procedures to guide staff in delivering respectful care that aligned with consumers’ cultural preferences.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers said they felt the service’s staff were competent in their roles. Overall, staff said they were confident the service’s training had equipped them with the appropriate skills and knowledge to deliver care to consumers. The service’s training schedule included a range of mandatory training to ensure staff remained sufficiently skilled to meet consumers’ needs. However, management advised the service’s current mandatory training completion rate was 38% due to staff resignation and new onboarding of various staff. Management provided evidence that the service was actively working towards increasing completion rates in mandatory training. The service’s PCI included a target of 80% completion for mandatory training by 1 September 2023.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

*Requirement 8(3)(c):*

As part of an Assessment Contact conducted in July 2022, the Service was found non-compliant for Standard 8, under Requirement 8(3)(c), and subsequently issued a NTA. Specifically, the service was not able to demonstrate it had effective organisation wide systems to govern its workforce. The Assessment Contact report noted that the service was dependent on external agency services, lacked clear responsibilities and accountabilities for its workforce throughout the COVID-19 outbreak, and did not provide adequate support to externally sourced staff to help them carry out their roles.

During the Site Audit, the service demonstrated it had implemented effective improvement measures to address the previously these deficiencies. Consumers, representatives, management, and staff expressed satisfaction with how staff managed its COVID-19 outbreak in May 2023. The service restructured their organisational chart and clearly outlined roles and responsibilities for staff within the organisation. As noted in Standard 7, the service recruited 37 new staff as part of their ongoing recruitment campaign. Additional training and education had also been implemented for staff at various levels. Based on this information, I am confident the service has resolved the matters underpinning the Assessment Team’s findings.

However, the Assessment Team recommended Requirement 8(3)(c) was still Not Met based on other evidence gathered during the Site Audit regarding regulatory compliance. Specifically, the Assessment Team found evidence which showed the service had administered psychotropic medication to 1 named consumer without following appropriate practices for assessing, documenting, obtaining consent, and conducting regular reviews. Following the Site Audit, the Approved Provider provided a response on 7 August 2023 and provided evidence which confirmed the service had obtained consent to administer medication to the named consumer, documented the medication appropriately, developed a tailored behaviour support plan, and implemented timeframes for regular reviews of the consumer. Based on this information, I have concluded that the service has resolved the matters underpinning the Assessment Team’s findings. I have therefore formed the view that the service is compliant with Requirement 8(3)(c).

I am satisfied the service is compliant with the remaining requirements of Quality Standard 8.

Consumers said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Information from management showed the service had an appropriate organisational structure that governed quality care delivery. During interview, staff could cite examples of how the governing body ensured the service was meeting each of the Quality Standards. The governing body actively monitored the service’s operations through a comprehensive reporting structure.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)