**Performance**

**Report**

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| Name: | IC Care |
| Commission ID: | 200380 |
| Address: | 65 Menangle Street East, PICTON, New South Wales, 2571 |
| Activity type: | Quality Audit |
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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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7716 Wollondilly Support and Community Care Inc  
Service: 23855 Wollondilly Support and Community Care Inc - Community and Home Support

**This performance report**

This performance report for IC Care (**the service**) has been prepared by L. Malone, 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 Quality Audit report 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 February 2024

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives said staff treat consumers with dignity and respect and that they feel valued as an individual. Staff described respectful care as getting to know consumers, treating people with kindness and valuing diversity. The Assessment Team found care documentation to include information about consumer’s background and interests, and the service has a range of policies related to person-centred care and consumers’ right to dignity and respect.

Consumers and representatives described staff asking consumers about their cultural background and understanding what is important, and that they feel valued. Management, staff and volunteers described the training available to support culturally safe practice, and how they understand what is culturally safe for individual consumers and adapt the care they deliver. The Assessment Team viewed care documentation which identified a consumer’s culturally specific needs or preferences and planned care which respects this. The service has written policies which guide staff practice related to culturally safe care and service delivery.

Consumers and representatives described ways consumers, and the people they chose to involve in their care, are supported in making choices. Consumers and representatives provided examples such as receiving activity schedules in advance, participating in planning discussions, and of the staff knowing who to involve in decision making. Staff described ways they support independence and choice through giving consumers information and allowing them time to consider and collaborate with their representatives. Staff and management described how they regularly seek feedback and maintain regular contact to ensure they understand consumers’ needs and choices. The service has policies which supports partnership with the consumer and others they chose to involve in decisions about their care and services.

Consumers and representatives provided examples of ways the service supports them to do the things they wish and live their best life such as going on outings they could not otherwise or maintaining their physical fitness or safe mobility in the presence of pain or fatigue. Staff described how they understand relevant risks related to consumer choices, have discussions about risks and implement strategies to minimise risks while supporting the consumer in what they wish to do. The service has written documentations which support consumers’ rights to be supported in choices involving risk.

Consumers and representatives were satisfied the information they receive in the form of monthly statements, newsletters and activity schedules is clear, easy to understand and enables them to make informed choices. Staff and management described a regular schedule of invoicing, regular newsletter, menus and activity schedules being provided to consumers along with time to review and consider the information. Example of written information viewed by the Assessment Team reflected the feedback from staff and consumers.

Consumers and representatives said they felt consumers’ privacy is respected during care and service delivery and their personal information is kept confidential. Staff, management and volunteers could describe how information privacy is protected and processes of consent to share information. The Assessment Team viewed documentation which demonstrated consumers are informed of their rights related to privacy and written policies and procedures support effective practice.

I have considered the evidence and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) to be Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Requirements 2(3)(e):

The Assessment Team recommended this Requirement as ‘Not Met’ as it was found a proportion of consumer care files were overdue review. The Assessment Team also received feedback from consumers and staff which describe effective systems to identify and communicate changes in a consumer’s condition and found consumer care documentation provided evidence of regular updates to a consumers care and services when things change. Management described how consumers due for review are monitored although documentation was not available to the Assessment Team at the time of the Quality Audit.

Further information submitted by the provider in their response dated 1 February 2024 includes evidence of actions implemented prior to the Quality Audit and actions that are ongoing to complete overdue reviews such as allocation of funding to support staff resources, current recruitment to a newly developed position responsible for review assessments, and evidence that the improvements are overseen and prioritised by the governing body. The provider has also submitted a copy of the reassessment tool which is comprehensive, and evidence review of assessment and care planning has occurred for consumers identified as being overdue in the Quality Audit report.

I have considered the evidence and find there are effective systems and processes in place to ensure consumer assessment and care planning is reviewed, and that while some consumers reviews are planned or in progress the evidence satisfies me risks to wellbeing and individual needs and preferences of the consumer are adequately identified and responded to in the interim.

I find Requirement 2(3)(e) to be Compliant.

Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(d):

Consumers and representatives provided positive feedback in relation to assessment and care planning. Staff demonstrated knowledge of the risks relevant to the health and wellbeing of individual consumers such as those associated with impaired vision or mobility, and described how they plan care and services which are safe. The service conducts risk assessments at admission and at reassessment and care planning reviews. These assessments inform appropriate risk management strategies, and care documentation was found to align with information provided in interviews. The service has a range of policies related to assessment and care planning processes.

Consumers and representatives provided positive feedback and examples of how the care and services meet their needs, goals and preferences. None recalled having discussions regarding end-of-life wishes but they also said they had not wished to. Management advised the Assessment Team this was identified and added to the service’s continuous improvement plan at the time of the Quality Audit. Staff said the assessment and care planning information they receive supports them to provide safe and effective care. The Assessment Team found care documentation to be current and individualised to consumer’s needs, goals and preferences. The provider submitted further information in their response related to approaching discussions of end-of life wishes and how information related to Advance Care Planning and end-of-life is provided to consumers.

Consumers and representatives said the service involves them in assessment and care planning and described feeling encouraged to make decisions about the care and services. Staff and management described the processes to support consumers in decision making and consent to share information or involve others. Management described respecting consumer choice and recognition of informal and formal providers of care as part of the assessment and care planning process.

Some consumers and representatives described receiving documented care planning information and some did not but were satisfied assessment and care planning information is effectively communicated and said staff go through information before consumers agree to it. Staff said information is effectively communicated to them in the form of handover, care plans and ‘run sheets’ and they are updated on any changes to a consumer’s care or services at the commencement of their shift.

I have considered the evidence and find Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(d) to be Compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Applicable | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Applicable | Not Applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not Applicable | Not Applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not Applicable | Not Applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not Applicable | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable | Not Applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not Applicable | Not Applicable |

Findings

The service does not provide personal and clinical care. This Standard is Not Applicable.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable | Not Applicable |

Findings

Consumers and representatives provided examples of how the services and supports consumers receive assist them to remain independent, improve wellbeing and quality of life. Staff provided examples of the services and supports important to individual consumer’s goals and described how they adjusted the type of activity, schedule or other factors to meet consumers preferences.

Consumers and representative said consumers enjoy the services they receive, that staff check on their wellbeing or described how the social interaction through the service supports their emotional wellbeing. Staff and volunteers interviewed by the Assessment Team knew consumers well and describe observing changes in a person’s mood or behaviour and how they offer support when a consumer is feeling low. Volunteers said they have adequate time to check in on consumers when delivering meals and management described these types of social interactions and consumers’ emotional and psychological wellbeing as important. Care planning documentation provided information about individual consumers emotional and psychological support needs and evidence of the service responding appropriately to support consumer wellbeing.

The Assessment Team received positive feedback from consumers and representatives about how they service and supports enable them to participate in the community and do things of interest. Staff and volunteers provided examples of supporting consumers to go shopping, attend appointments, have a coffee and chat and do things they enjoy such as visits gardens or attend special occasions. Staff and volunteers described how they support consumers with sensory needs such as low vision, or who have physical or cognitive difficulties, to be included and participate. Management described how consumers are consulted on the planned schedule of activities and are advised 3 months in advance, so they can plan the activities they wish. Care documentation provided information on consumer’s important people and relationships, individual interests or hobbies, and how services are to be delivered to assist the individual consumer to maintain social connection and community participation.

Consumers and representatives said staff know their needs, that they regularly receive services form the same workers and that staff and volunteers communicate well. Staff and volunteers described knowing individual consumers well and said changes are communicated effectively and they are confident the information they receive is accurate and effectively supports shared care. The Assessment Team found documentation which demonstrated effective, accurate and timely communication of consumer’s needs, goals and preferences and this information is accessible to those that share care.

Staff could describe how they identify the need for other supports and services in discussion with the consumer and their representatives and the process of making referrals. Care documentation reviewed by The Assessment Team provided evidence of timely referrals made to a range of lifestyle supports and engagement of external care providers to meet the needs, goals and preferences of consumers.

Consumers and representatives provided positive feedback in relation to the quality and quantity of meals served. Staff and management described how they provide choice or alternatives when a consumer does not like a particular meal, and how they ensure meals meet their dietary needs, allergies and preferences of consumers.

The service does not provide equipment. Requirement 4(3)(g) is Not Applicable.

I have considered the evidence and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(f) to be Compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers described the service environment as welcoming and said it enables social interaction. Staff described how they ensure the environment is easy to navigate and set up activities to promote consumer independence and participation within the environment. The Assessment Team observed areas such as activity rooms and refreshment facilities, as well bathrooms, to be well signed, well-lit and easily accessible for consumers.

Consumers and representatives found the service environment to be clean and well maintained. The service demonstrated processes are in place to ensure regular cleaning and maintenance of safety fittings, lighting and fire prevention systems. Consumers were observed to move freely indoors and outdoors.

Consumers said the equipment and furniture are safe and comfortable, and the vehicles used for transport services are clean and well maintained. Staff described the processes for monitoring and ensuring the safety and functionality of equipment and vehicles. The Assessment Team observed vehicles to be fitted with steps, hoist and other equipment to support consumers with varied mobility needs. Vehicles contained first aid kits and emergency procedures and the service provided documentation evidence of regular maintenance and servicing records.

I have considered the evidence, as summarised above, and I find Requirements 5(3)(a), 5(3)(b) and 5(3)(c) to be Compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives described feeling encouraged to provide feedback on their care and services and said they can do so by a variety of methods such as in person, via email or the phone, or feedback form in the consumer newsletter. Staff and volunteers said consumers described ways they support consumers to provide suggestions, feedback or make a complaint. The Assessment Team viewed information available to consumers in the newsletter, displayed posters and consumer handbook which informs consumers and representatives of their right to provide feedback and how to do so.

The Assessment Team found information about advocacy and language services to be available and the service was able to demonstrate how they access an interpreter for consumers who require one. The service has policies which relate to providing consumers with advocacy information and support services.

Consumers who had raised complaints said the service took appropriate actions to rectify the issue and apologised to them. The service’s policy related to feedback and complaints provides guidance on open disclosure including being transparent and acknowledging when things go wrong. Staff and volunteers demonstrated understanding of open disclosure and describe how it applies to their role.

Complaints and feedback are documented in the services register which includes details of the nature of the complaint, manager responsible for resolution, actions taken and follow up. Complaints and feedback information is analysed for trends and reported to the governing body monthly to inform opportunities for improvement in the quality of care and services.

I have considered the evidence, as summarised above, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) to be Compliant.

# Standard 7

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

Findings

Requirement 7(3)(d):

The Assessment Team recommended Requirement 7(3)(d) to be ‘Not Met’ as it was found some volunteers had not having completed training on the service’s mandatory schedule, specifically food handling and first aid training. The Assessment Team noted that majority of staff employed had completed the required mandatory modules.

The provider submits further evidence in their response to the Quality Audit report dated 1 February 2024 including records of staff participation in training, explanation of other processes in place such as buddy shifts to ensure staff or volunteers without first aid do not work alone, and details of planned dates for training completion for those who are overdue.

I have come to a different view to the Assessment Team. In coming to my decision, I have considered the intent of the requirement and that is that the workforce is trained and equipped to deliver care and services which meet the Quality Standards. I have placed weight on the provider’s response which demonstrates a schedule of relevant training, processes to support and monitor staff participation and systems to support the workforce whilst developing knowledge and skills.

I have considered the evidence in the Quality Audit report and that submitted by the provider, and I find Requirement 7(3)(d) to be Compliant.

Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e):

Consumers and representatives were satisfied the workforce is planned and deployed to deliver quality care and services and some provided feedback to the Assessment Team that services are regularly delivered at the time scheduled. Management described how the workforce is planned, including covering planned and unplanned leave, and current recruitment strategies to support the workforce ongoing. The service demonstrated processes to match staff and volunteers and other resources such as vehicles to meet the individual needs and preferences of consumers, and specific requests for scheduled time or a particular worker are generally met through effective workforce planning and deployment.

Consumers and representatives described in various ways interactions with the workforce that are kind, ‘thoughtful’ or respectful. Staff and volunteers described showing respect by treating consumers as individuals, being compassionate and respecting their values, culture, beliefs and wishes.

The service has effective processes to ensure the workforce is competent including written policies and job descriptions which outline expectations of skills, knowledge and qualifications. The Assessment Team found the service monitors these requirements at recruitment and for ongoing staff and volunteers. Consumers and representatives were satisfied the workforce are competent and provide care in a way that meets their needs.

The service implements yearly reviews of workforce performance (for staff) and while some were due and scheduled for review, the Assessment Team found the service has processes to ensure participation is monitored and reviews are completed regularly.

I have considered the evidence, as summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e) to be Compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Applicable | Not Applicable |

Findings

Consumers and representatives said they are regularly asked for their input and were satisfied with the level of consumer engagement in development and delivery of services. The service conducts an annual survey to evaluate consumer satisfaction and have plans in progress for the establishment of a consumer advisory committee; the service has advertised for consumer expression of interests and demonstrated how the governing body is monitoring progress. Management described consumers having direct communication to the governing body and that board members attend some consumer social events to provide and informal opportunity for engagement.

The Assessment Team found the governing body has clear accountability and effective systems of communication to ensure the governing body is informed via regular reporting on workforce, incidents and risks, service outputs and other information relevant to safe, inclusive and quality service delivery.

The service demonstrated effective organisation wide governance systems related to information management, financial management, workforce governance, feedback and complaints, regulatory compliance and continuous improvement.

The service uses a centralised incident management system, and the Assessment Team found incidents are promptly investigated and responded to, with effective oversight form the governing body. There are systems in place to identify and respond to high-impact, high-prevalence risks, monitor the wellbeing of vulnerable and at risks consumers, prevent abuse and neglect, and to recognise and report incidents under the Serious Incident Response Scheme (SIRS).

The service does not provide personal and clinical care. Requirement 8(3)(e) is Not Applicable.

I have considered the evidence and I find Requirements 8(3)(a), 8(3)(b), 8(c) and 8(3)(d) to be Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)