**Performance**

**Report**

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| Name: | Jymbilung House Aged And Disabled Care Services (Ccp) |
| Commission ID: | 700161 |
| Address: | 9 / 13 Summerfield Drive, BEAUDESERT, Queensland, 4285 |
| 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

Home Care Packages (**HCP**) included:

Provider: 1274 Mununjali Housing and Development Company Ltd

Service: 18230 Jymbilung House Aged And Disabled Care Services (Ccp)

Commonwealth Home Support Programme (**CHSP**) included:

Provider: 7545 Mununjali Housing and Development Company Limited

Service: 23773 Mununjali Housing and Development Company Limited - Care Relationships and Carer Support

Service: 23772 Mununjali Housing and Development Company Limited - Community and Home Support

**This performance report**

This performance report for Jymbilung House Aged And Disabled Care Services (Ccp) (**the service**) has been prepared by P. Sherin, 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 30 October 2023 providing additional information.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | 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 understand the consumer’s background, preferences, and what is important to the consumer. Staff spoke respectfully about consumers and described ways they assist in maintaining each consumer’s dignity and tailor care to their individualised needs. Newsletters provided to consumers and representatives include information on consumer rights, dignity, and choice.

Consumers and representatives confirmed the service delivers culturally safe care and services. Staff described ways they interact with consumers sensitively and how they understand consumers’ diversity and cultural background. Management described the service’s approach of respecting the rights, views, and values of each consumer. Information regarding each consumer’s personal preferences, spiritual, and cultural diversity are captured in care plans to guide staff practice. The service has policies, procedures and staff training to support the provision of culturally safe care and services. Documentation such as the information pack and newsletters provide a range of information to consumers regarding cultural supports and services.

Consumers and representatives advised consumers are informed of services available, are encouraged to make their own decisions, and are supported to be as independent as possible. Consumers and representatives confirmed they can speak with staff and/or management at any time to make requests or changes to services and these are acted on promptly. Staff described how consumers are supported to make informed decisions, and demonstrated an understanding of individual consumers’ communication needs and preferences.

Consumers and representatives said the service supports consumers to live their best life and encourages them to keep independent and active. Staff described the importance of supporting consumers in their choices, outlining how consumers have the right to take risks, and describing assistance measures implemented. Management advised how the service ensures any identified risk is discussed with the consumer to enable informed decision-making and is documented via a dignity of risk form and under a risk management register.

# 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

The service demonstrated assessment and planning, including risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Staff described the assessment and planning process and the use of validated assessment tools to determine risks. Care plans identified adequate information to guide staff in the delivery of care and services, including the consideration of any risks to the consumer’s health and wellbeing.

Consumers and representatives confirmed services meet consumers’ current needs, goals, and preferences and is based on ongoing discussion with the consumer and/or representative. Staff demonstrated knowledge of each consumer’s individual needs and preferences; this aligned with information under care planning documentation. Management described how advance care planning is discussed on entry to the service as part of the assessment and planning process. Information on advance health directives was observed in consumer files.

Consumers and representatives confirmed they can participate in the planning and review of services and to make decisions about when other individuals are involved. Staff and management demonstrated an understanding of the consumer’s right to make decisions about their care and services. Care planning documentation identified ongoing involvement of consumers and representatives, medical professionals, and other health professionals and providers as appropriate to each consumer’s needs.

The service demonstrated the outcomes of assessment and planning are effectively documented in a care and services plan that is readily available to the consumer. Consumers and representatives confirmed they are provided a copy of the consumer’s care plan which is kept in the consumer’s home. Staff confirmed they can access sufficient information about consumers’ care and service needs. Management confirmed notes are collated and brought back to the service monthly for transition to the consumer’s digital file with urgent information communicated to supervisors as required.

Care planning documentation identified care and services are reviewed regularly, including when a consumer’s circumstances change, or incidents occur. Staff conducting the reviews could describe the process in detail, which involves a standardised list of questions to ask the consumer. Consumers and representatives confirmed the service regularly communicates with them and conducts reviews when appropriate.

# 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The service demonstrated clinical and personal care provided to consumers is best practice, tailored to consumers’ needs, and optimises their well-being. Staff had good knowledge of the consumer’s care needs and could describe how the service ensures care is best practice. Management and staff described various ways the service ensures personal and clinical care provided is best practice and effective. Staff undergo regular training, including mandatory refresher training in topics such as manual handling and wound care. Care plans captured individualised information on consumers’ personal and clinical care needs to guide staff.

The service demonstrated high-impact and high-prevalence risks associated with the care of consumers are effectively managed. Risk assessments are undertaken to create strategies that minimise the occurrence of incidents. Staff demonstrated knowledge of risks to individual consumers and strategies adopted to manage those risks.

Management and staff described how care and services are adjusted for consumers nearing the end of life. Whilst the service does not provide direct palliative care, the service liaises with palliative care teams consumers are receiving assistance from.

The service demonstrated deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner. Management and staff described how staff are encouraged to report any changes in the condition of consumers. Review of documentation demonstrated appropriate action is taken in response to cases where deterioration is identified.

Consumers and representatives reported staff know the consumer’s needs well and they do not have to provide direction often as they usually receive care and services from the same staff. Information in consumer care plans was observed to be sufficient to provide staff direction in delivering care and services to the consumer.

Consumers and representatives said they are satisfied with the services provided by organisations the consumer have been referred to. Staff and management confirmed where a need is identified, the service refers consumers to other organisations and providers. Care planning documents demonstrated consultation and referrals to other service providers, such as occupational therapists and physiotherapists. Staff were aware of processes to make appropriate referrals based on consumer needs.

Consumers and representatives reported the service adheres to infection mitigation measures such as wearing personal protective equipment, where required. All staff are trained in infection control measures and are provided a supply of personal protective equipment. All staff, consumers, and visitors to the service’s day respite centre are required to undergo infection screening measures before entering the premises.

# 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. | Compliant | Compliant |

Findings

Consumers and representatives reported services and supports help consumers to maintain their quality of life and independence. Information in consumer files evidenced staff and management consider how services can improve each consumer’s health and well-being. Staff demonstrated an understanding of what is important to each consumer, including what they can do to improve their health and well-being. Management stated they monitor the delivery of service through various means to ensure it promotes consumer independence and quality of life.

Staff provided examples of how they support consumers’ emotional and psychological well-being. Most care plans reviewed captured information about emotional and psychological factors impacting consumers to guide staff practice, where appropriate. The service maintains a clinical indicators spreadsheet identifying psychosocial risks and required support for consumers.

Consumers and representatives confirmed there is flexibility in the delivery of services, enabling consumers to participate in the community and do things of interest to them. Consumers at the service’s respite centre provided positive feedback about the variety of activities on offer. Care plans capture information about each consumer and evidenced consumers are supported to participate in the community and engage in activities of interest to them. The service provides a range of individual and group-based social support services, and the respite centre’s activity and outing schedule caters to a range of interests.

Consumers and representatives confirmed they are satisfied staff have a good understanding of their needs and preferences. Staff described how they access information about the consumer’s care and services via the service’s electronic records system and hard copy care plans. Review of documentation identified internal communication regarding the needs and preferences of consumers.

Consumers and representatives said they are satisfied with the services delivered by other providers the consumer has been referred to. Staff described the referrals process including escalating any additional needs of the consumer to their supervisor who organises appropriate referrals to other providers of care and services, where required.

Consumers and representatives advised the meals provided by the service are varied and of suitable quality and quantity. Consumers are afforded appropriate choice and variety when choosing meals they would like to receive. The service operates a rotating monthly menu catering to various dietary requirements and needs.

In relation to Requirement 4(3)(g), the quality audit report brought forward information identifying the service did not demonstrate equipment sourced for consumers for use within their homes is well-maintained and serviced regularly, specifically for consumers under home care packages. Whilst consumers/representatives provided positive feedback about the equipment sourcing process, they advised equipment had either not been serviced or they had not received information about servicing and maintenance of large equipment such as electric beds.

The Provider submitted supporting documentary evidence and advised of improvement actions implemented in response to the deficits identified. This included but is not limited to amendment of initial assessment forms and care plan templates to include information regarding servicing of equipment; communication to all home care package consumers regarding equipment service and maintenance via flyers and newsletters; training to staff; and engagement of contractors to service various mobility aids and equipment.

Based on the information provided above, it is my decision this Requirement and therefore all Requirements under this Standard are 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 can move freely throughout the service environment and confirmed they feel welcome in the service and the environment is open and hospitable. The service environment was observed to be welcoming optimising consumers’ sense of belonging and function. Staff described how regular ‘theme days’ are celebrated at the service. The activity schedule is available for all consumers and staff were observed greeting and interacting consumers in a friendly manner.

The service environment was observed to be clean, well-maintained, and comfortable, with consumers observed moving freely indoors and outdoors. The service environment includes an outdoor veranda, and all outdoor equipment was observed to be kept clean and in good condition.

Furniture, fittings, and equipment were observed to be safe, clean, and appropriate for consumer use. Staff described the maintenance process for equipment and the service environment. A servicing schedule, which includes management of the service’s vehicle fleet is maintained. Fleet vehicles are inspected weekly with inspection documents completed.

# 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 said they are aware of how to provide feedback or make a complaint and felt supported to do so. Management and staff described ways they encourage consumers to provide feedback such as through information in the consumer welcome pack, newsletters, the service’s website and social media page, or by raising concerns with staff directly. The service has complaints handling policies and procedures to guide staff practice.

Consumers and representatives advised they are comfortable in raising concerns or feedback with management and are aware of other agencies they could contact to raise a complaint. The service provides information on how to access communication supports, advocacy services, and interpreters via various documents including the information pack, newsletters, and the service agreement. Staff demonstrated an awareness of the range of options available to support consumers to make a complaint, including consumers who may have difficulty communicating.

Consumers and representatives confirmed any feedback or concerns raised would be actioned by the service in a timely manner and to their satisfaction. Staff demonstrated an understanding of open disclosure processes when things go wrong. Review of the complaints register identified complaints are documented, forwarded to the service’s senior management for review, and the consumer/representative are contacted to discuss and resolve the complaint.

Consumers and representatives said they are satisfied the service listens to their views and is responsive to feedback and complaints. Management described how feedback and complaints are documented and reviewed for trends which are communicated to staff via regular meetings. Review of documentation demonstrated improvements are identified and actioned following any feedback or complaint.

# 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

Consumers and representatives were satisfied with staff availability and consistency, confirming staff are generally on time and know consumers’ needs and preferences. Consumers and representatives advised they are consulted if regular staff are not available unexpectedly and are offered the choice of another staff member or an additional service at another time. Staff said they have sufficient time to provide care and services in accordance with consumer needs.

Consumers and representatives provided positive feedback in relation to their interactions with the workforce and said staff are kind, caring, and respectful. Staff demonstrated an understanding of how to respond to the diverse needs of consumers, including sharing respectful conversations, asking consumers how they want things done, and valuing their individual needs and preferences. The service monitors staff interaction through meetings, performance reviews, and consumer/representative feedback. Policies and a staff code of conduct are available to guide workforce interactions.

Consumers and representatives expressed confidence in service management and staff, and confirmed staff know what they are doing. Staff said they work within their responsibilities, skills, and scope of practice. Management described the service’s staff selection criteria including the qualifications and knowledge requirements for each role which guides the recruitment process. Compliance checks are undertaken prior to the appointment of new staff including requiring copies of relevant qualifications, licenses, and registrations.

Consumers and representatives said they are satisfied staff are trained and equipped to deliver quality care and services. New staff undergo induction and orientation, complete mandatory training, and participate in buddy shifts. Staff confirmed they receive ongoing training and said management are available to provide support at any time. The service implements a comprehensive staff training calendar which includes mandatory and optional online and face to face training topics. Individual staff training needs are identified through various mechanisms such as review of feedback, incident reports, and performance appraisals.

Consumers and representatives expressed their satisfaction with staff performance. Management said all staff attend a bi-annual performance appraisal. Staff confirmed they had participated in recent performance appraisals and advised any training or development needs are addressed in a timely manner. Where staff are identified as underperforming and/or require additional training and support, a performance management plan is implemented.

# 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. | Compliant | Compliant |

Findings

Consumers and representatives provided feedback confirming they can provide input into care and services which is considered by management. Management and staff provided examples of how the service seeks feedback and ensures ongoing consultation with consumers and representatives to inform improvements to care and service delivery.

The organisation employs a range of dedicated roles in senior personnel responsible for maintaining oversight, supporting, and actioning matters in relation to the service’s compliance with the Aged Care Quality Standards. Management provides monthly reporting which includes data from incidents, feedback, and complaints to the governing body. The organisation uses this information to oversee the delivery of safe, inclusive, and quality care and services. The organisation’s commitment to quality, safety, and inclusion is outlined under various documents and communicated to consumers and the workforce.

The organisation has a risk management framework and policies and procedures to guide staff in identifying and responding to risk and supporting consumers to live their best life. Incidents are recorded within an incident management system. Incident data is analysed and used to inform continuous improvement practices and to prevent reoccurrence. Staff receive education on elder abuse and neglect, including how to recognise the signs and the requirement to report any concerns.

The organisation has a documented clinical care governance framework and supporting policies in relation to minimising the use of restraint, infection prevention and control, antimicrobial stewardship, and open disclosure. Staff said they have received training in relation to these policies and provided examples of application of these policies as relevant to their roles.

In relation to Requirement 8(3)(c), the quality audit report brought forward information identifying deficiencies in the maintenance of regulatory compliance documentation for subcontracted service provider staff. Review of documentation identified documents such as service agreements, registrations, police checks, or statutory declarations were either missing or not up to date for some staff.

The Provider submitted additional information and supporting documentation to evidence improvement actions taken in response to the identified deficits. A supplier register has been established and ongoing monitoring processes are in place to ensure all documentation is kept up to date. The register is a standing agenda item on ongoing continuous improvement committee meetings to ensure currency of information.

Based on the information provided above, it is my decision this Requirement and therefore all Requirements under this Standard are compliant.

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