Performance

Report

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| Name: | Kaloma Home for the Aged |
| Commission ID: | 5304 |
| Address: | 16 Gough Street, GOONDIWINDI, Queensland, 4390 |
| Activity type: | Site Audit |
| Activity date: | 11 June 2024 to 13 June 2024 |
| Performance report date: | 19 July 2024 |
| Service included in this assessment: | Provider: 1311 Kaloma Home for the Aged Limited  Service: 3661 Kaloma Home for the Aged |

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 Kaloma Home for the Aged (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The approved provider did not submit a response to the Site Audit report.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers and representatives confirmed staff treated consumers with dignity and respect, and valued their identity, culture and diversity. Care planning documentation reflected consumers’ diversity, background and personal preferences. Staff were familiar with consumers’ backgrounds, and described how they provided care that was respectful of consumers’ culture and diversity.

Consumers and representatives advised consumers’ cultural backgrounds were recognised and respected. Staff received training on the delivery of culturally safe care and services, and described how consumers’ cultural needs influenced the delivery of their daily care and services. Care planning documentation evidenced the strategies to support consumers’ cultural needs and preferences.

Consumers outlined how they were supported to exercise choice and independence when making decisions about their own care, and when others should be involved in the decisions regarding their care and services. Staff advised they encouraged consumers to be as independent as possible, and would ask consumers for their choices, and respect their preferences. Policies and procedures were in place which guided staff practice to ensure consumers were supported to exercise choice and independence.

Consumers confirmed they were supported to engage in their chosen activities which contained an element of risk. Care planning documentation evidenced risk mitigation strategies were identified and discussed with consumers and representatives. Staff were aware of the risks consumers chose to engage with and the supports provided to promote their safety.

Consumers and representatives advised they were kept informed of current information through printed information and verbal reminders. Care planning documentation outlined consumers’ communication preferences and the strategies to ensure information was provided in a clear and easy to understand manner. Staff described how they kept consumers and representatives informed through newsletters, verbal reminders and notices displayed throughout the service, and confirmed they adjusted their communication style when providing information to consumers living with cognitive or sensory impairments.

Consumers confirmed their privacy was respected, and staff closed their doors prior to delivering care. Staff outlined the practical measures to ensure the privacy of consumers including by knocking on their doors prior to entry and discussing consumers’ personal information in a confidential manner. Nurses’ stations were observed to be locked, and the electronic care management system was password protected when not in use.

# Standard 2

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

Findings

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

Staff demonstrated an understanding of the initial and ongoing assessment and planning process, including how it was utilised to identify risks and inform the delivery of safe and effective care and services. Care planning documentation evidenced checklists were completed during the consumer’s initial entry to the service to ensure key risks were identified and tailored strategies developed.

Consumers and representatives confirmed consumers’ current needs were captured, and they were involved in discussions regarding their end of life wishes. Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Staff described how they assessed and gathered information relating to consumers’ needs, goals and preferences, and detailed how they approached end of life planning conversations.

Consumers and representatives described how they were involved in the assessment, planning and review of consumers’ care, confirming they could provide input to ensure the consumer’s preferences and needs were met. Care planning documentation evidenced the collaboration between consumers, representatives, allied health professionals and specialist providers. Staff advised assessment and care planning was completed in partnership with consumers, representatives and other providers consumers chose to be involved in their care.

Consumers and representatives reported assessment outcomes were regularly communicated to them, and they were offered a copy of the consumer’s care and service plan. Staff described how they effectively conveyed assessment outcomes to consumers and representatives via phone calls, emails and in-person conversations. Care planning documentation included summary care and service plans that were accessible to staff and available to be provided to consumers and representatives.

Consumers and representatives confirmed consumers’ care and service plans were reviewed for effectiveness on a regular basis, and when changes or incidents occurred. Staff advised the processes to evaluate consumers’ care and services through monthly case conferences and in response to incidents. Care planning documentation evidenced the reassessment of care directives and the implementation of enhanced risk mitigation strategies and monitoring processes following incidents.

# Standard 3

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

Findings

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

Consumers confirmed they received safe and effective personal and clinical care which met their needs and optimised their well-being. Staff demonstrated an understanding of the policies and procedures in place which outlined the best practice guidance for key areas of consumers’ care. Care planning documentation evidenced care directives, and monitoring and review practices were individualised to support and optimise consumers’ health and well-being.

Staff were aware of the risks associated with consumers’ care and described the strategies to promote and monitor their safety. Care planning documentation evidenced care directives were in place to support the management of consumers’ risks. Consumers and representatives provided positive feedback regarding the management and implemented risk mitigation strategies associated with consumers’ high impact risks.

Staff described how they delivered end of life care to consumers by maximising their comfort, managing their pain and providing regular repositioning and hygiene care. Care planning documentation for a late consumer evidenced they received comfort and hygiene care, with medications to manage symptoms, and received visits from their family. Policies and procedures were in place to guide staff practice to deliver palliative care and to ensure consumers’ end of life goals were respected.

Consumers and representatives advised staff were responsive to identifying and managing deterioration or change in the consumer’s condition. Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and escalated in a timely manner. Staff outlined how they monitored for signs in the consumer’s condition which may indicate deterioration, and advised they worked in partnership with external providers to ensure deterioration was appropriately managed.

Consumers and representatives reported information about consumers was effectively communicated between themselves, staff and external providers. Staff advised information regarding the consumer’s condition and care needs were communicated during huddles and handover and documented within the electronic care management system. Care planning documentation evidenced consumers’ information was comprehensive and accessible to support the delivery of their care.

Consumers and representatives confirmed referrals occurred in a timely and appropriate manner. Staff outlined their roles and responsibilities in relation to the referral process, and detailed how they would create referrals to various external providers of care. Care planning documentation evidenced referrals were made to allied health professionals in response to incidents.

Staff demonstrated an understanding of antimicrobial stewardship principles, including how they would await pathology results or the medical officer’s instructions prior to the commencement of antibiotics. Consumers and representatives described staff actions to minimise infection risk, including wearing personal protective equipment and practice hand hygiene. An outbreak management plan was in place which outlined the risks and actions to be taken in response to various infectious outbreaks, including COVID-19.

# Standard 4

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

Findings

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

Consumers and representatives confirmed consumers were supported to engage in daily living activities which met their needs, goals and preferences, and optimised their quality of life. Care planning documentation outlined the strategies and supports to encourage consumers to engage in their activities of preference.

Consumers and representatives gave examples of how consumers were provided with emotional support when they were feeling low. Staff described how they identified consumers who required additional emotional, spiritual and psychological supports, and advised they would escalate their concerns to clinical staff. Management confirmed regular church services were organised to promote consumers’ spiritual well-being.

Consumers and representatives advised consumers were supported to participate in activities within the internal and external community, maintain contact with people of importance to them and engage in activities of interest to them. The lifestyle activities calendar included a range of activities held within communal areas of the service and in the community. Care planning documentation evidenced the supports that can be provided to consumers to maintain their social and personal relationships. The activities schedule was informed by consumer interests and feedback.

Consumers and representatives advised information regarding consumers’ condition, needs and preferences were effectively communicated between staff and with others where responsibility for care was shared. Care planning documentation included sufficient information to inform staff in various roles of consumers needs and preferences. Staff said that they communicated with clinical staff, hospitality staff, and support services and that changes in preferences or needs are also communicated through handover sheets.

Care planning documentation evidenced consumers were referred to external organisations and individuals to meet their needs in a timely manner. Consumers and representatives advised consumers received supports from external organisations, including volunteer services. Staff provided examples of the various external providers of care that consumers could be referred to, including mental health counsellors and volunteers.

Consumers and representatives were mostly satisfied with the quality, quantity and variety of meals, however a consumer and representative advised they were dissatisfied with the quality of the meals provided to consumers. Management was made aware of this feedback, and they advised intent to engage with consumers to ensure meals were tailored dietary preferences and were observed to encourage consumers to provide their feedback regarding meal services. Staff advised the menu was rotated every 3 months and developed in consideration with consumers’ feedback. Care planning documentation reflected the dietary needs and preferences of consumers, and hospitality staff confirmed they were informed of any dietary changes by reviewing daily dietary advice forms.

A range of mobility and lifestyle equipment was observed to be clean, well maintained and suitable for consumer use. Consumers described how their mobility equipment was kept clean by staff and had no concerns regarding the maintenance of equipment. Staff advised they had appropriate access to lifestyle equipment to support the delivery of daily living activities.

# Standard 5

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

Findings

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

Consumers and representatives reported the service environment was welcoming and easy to understand. Staff described how they optimised consumers’ sense of belonging and independence by orientating consumers to their environment and encouraging them to personalise their rooms with their furniture, pictures and memorabilia. The service environment was observed to be welcoming, well-lit, with signage and handrails fitted throughout to assist consumers to independently navigate.

Consumers and representatives confirmed consumers were able to move around freely through indoor and outdoor areas and expressed satisfaction with the cleanliness of their rooms and communal areas. Staff described adhering to a cleaning schedule which included the regular cleaning of communal spaces, dining areas and consumers’ rooms. Maintenance documentation evidenced all scheduled maintenance for a recent 3 month period had been completed in a timely manner.

Consumers and representatives advised equipment, furniture and fittings were safe, clean, and well maintained. Maintenance staff described monthly audits were conducted to ensure the suitability of furniture, fittings and equipment for consumers. Staff outlined their responsibilities to ensure the regular cleaning of equipment, and advised any issues would promptly be resolved.

# Standard 6

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

Findings

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

Consumers and representatives were comfortable to provide their feedback and complaints. Management advised consumers and representatives were encouraged to raise their complaints through completing feedback forms, raising issues during consumer meetings and speaking directly with staff. Feedback forms and locked suggestion boxes allowing for anonymous submissions were located throughout the service.

Consumers and representatives confirmed they were aware of and had access to advocacy services to raise and resolve their complaints, including the Commission. Management demonstrated an understanding of the language and interpretation services available to consumers, and staff described how they would assist consumers living with cognitive or sensory impairments to raise their complaints. Meeting minutes evidenced consumers were informed of the external advocacy supports available to them, and information regarding advocacy services were displayed in multiple languages throughout the service.

Consumers and representatives advised their feedback and complaints were appropriately responded to, and staff practiced open disclosure. Staff outlined their responsibilities to report and investigate complaints, and demonstrated an understanding of open disclosure principles, including providing an apology when things go wrong and providing open and transparent communication. The feedback register documented the actions taken to resolve complaints and evidenced open disclosure practices were applied when dealing with complaints and feedback.

Consumers and representatives confirmed their feedback and complaints were reviewed and have led to care and service improvements. Management provided examples of the improvements implemented in response to consumers’ complaints, and described how feedback was trended to identity improvement opportunities. The continuous improvement plan evidenced feedback and complaints from various sources were documented and utilised to improve the quality of care and services.

# Standard 7

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

Findings

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

Consumers and representatives mostly advised there were enough staff to meet the care needs of consumers. A consumer and representative reported inconsistencies in response times call bells but did not identify any specific incidents where the delivery of the consumer’s care was impacted. Management was made aware of this feedback and arranged a consultation with the consumer and representative to further discuss their feedback, and evidenced call bell data which demonstrated the majority of call bell responses were within the 10 minute target time frame. Service documentation also included investigation of extended call bell response times, attributing some to electrical faults with the call bell system. Staff advised there were sufficient staffing levels to ensure the consumer’s needs were met. Management explained the workforce was roster was developed in consideration with the personal and clinical care needs of consumers and care minute requirements.

Consumers and representatives expressed staff were kind, caring and gentle when providing care services. Management advised all staff were provided with training on respectful consumer interactions during orientation and on an annual basis. Staff demonstrated an understanding of consumers’ identity, culture and diversity, and were observed to interact with consumers in a kind and caring manner.

Consumers and representatives confirmed staff were competent and knowledgeable to effectively perform their roles. Management advised staff competency was assessed through the orientation and recruitment process, regular trainings and ensuring staff had the appropriate registrations for their roles. Personnel records evidenced all clinical staff had the required registrations, police checks and vaccinations for their respective roles.

Staff described the various training and education they received on a range of areas, including incident management, open disclosure and restrictive practices. Training records evidenced all staff had either completed or were scheduled to compete their annual mandatory training modules. Management confirmed they maintained oversight of the completion of mandatory training through electronic training records.

Management advised performance appraisals occurred after 5 months of employment for probationary staff and on an annual basis thereafter. Management further described staff performance was monitored through informal reviews and observations, and described how they would address underperformance through corrective and disciplinary actions. Appraisal documentation evidenced staff had a current performance appraisal in place, with outstanding appraisals attributed to staff on extended leave.

# Standard 8

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

Findings

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

Consumers and representatives reported the service was well run, and they could provide their input into the evaluation of care and services. Management described the various mechanisms to engage consumers and representatives in the development and delivery of care and services, including consumer meetings, feedback processes and during care and service plan reviews Management described the organisation-wide implementation of consumer engagement committees, including a consumer advisory body to provide information to the governing body on consumer experience and proposals for improvement. Consumer meeting minutes and surveys evidenced consumers were encouraged and supported to actively participate in the development of their care and services.

Management advised of the organisational hierarchy which allowed for regular reporting and reciprocal communication with the governing body. Management reported the governing body was provided with meeting minutes and information arising from various organisational meetings to ensure their effective oversight. Management demonstrated the governing body promoted a culture of safe and quality care through the implementation of recent improvement initiatives which improved wound management procedures.

Management and staff described processes and mechanisms in place for effective organisation-wide governance systems relating to key areas. Staff confirmed they could access the information required to perform their roles through the electronic care management system, online portal and documents found within nurses’ stations. Management advised the governing body maintained oversight of feedback and complaints, and the effectiveness continuous improvement initiatives were monitored through a review of data. Management outlined the governing body’s oversight of the budget approval process, and advised they were able to seek additional funding to purchase equipment. Management advised their legislative compliance department monitored for any legislative changes which were communicated across the organisation.

Management demonstrated an understanding of how the risk management framework managed high impact or high prevalence risks through assessment processes, clinical audits and reporting. Management outlined how staff were provided training on their responsibilities in identifying and reporting elder abuse and neglect. Management advised consumers were supported to live the best life possible through the identification and assessment of individual risks to consumers occurring during the consumer’s initial entry into the service and on an ongoing basis. The Serious Incident Response Scheme evidenced incidents were reported, and open disclosure was provided to representatives.

The clinical governance framework was supported by policies, procedures, and guidelines for best practice clinical care. Management advised the governing body was kept informed of antimicrobial stewardship issues through the Medical Advisory Committee, including the tracking of infections, wound swabs and testings. Staff demonstrated an understanding of how restrictive practices were minimised by ensuring alternative interventions were trialled prior to the use of restrictive practices. Staff were trained and comfortable to practice open disclosure, and policies were in place to guide the practice of open disclosure.

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