Performance

Report

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| Name of service: | Killara Gardens Aged Care |
| Service address: | 17 Greengate Road KILLARA NSW 2071 |
| Commission ID: | 2430 |
| Approved provider: | Pathways Aged Care Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 20 April 2023 |

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

**This performance report**

This performance report for Killara Gardens Aged Care (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 4 April 2023.

# 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

Consumers said staff are polite and respectful, consistent with observations. Staff described how they treat consumers with respect and were aware of consumers’ individual needs. Care planning documents reflected consumers’ backgrounds and the language used in documentation was appropriate.

Staff identified consumers from a culturally and linguistically diverse background and demonstrated understanding of each consumers’ cultural care needs that aligned with information in care planning documents. Consumers and representatives said the service recognised and respected consumers’ cultural background and provided care consistent with their cultural preferences

Consumers stated that their choices are considered and respected by staff. Management and staff described how they support consumers to make choices, maintain independence and relationships of choice. Care planning documents identified consumers’ individual choices around how and when care is delivered, who is involved in their care and how the service supports them in maintaining relationships that are important to them.

Care planning documents included risk assessments and risk mitigation strategies to support consumers to take risks to enable them to live the best life they can. Consumers expressed satisfaction with how the service supported them to take risks. Staff described the strategies to reduce risk where possible.

Clear and easy to understand information was displayed around the service to enable consumers to exercise choice. Consumers confirmed they are kept informed through different avenues including printed information and verbal reminders. Staff were observed adapting their communication style when they provided information to consumers who have a hearing and cognitive impairment.

Staff demonstrated the practical ways a consumer’s privacy is respected and how consumer information is kept confidential. Consumers confirmed that staff respected their privacy. The service had a privacy policy and procedure and the protocols that protect consumer privacy such as knocking on doors prior to entering consumer rooms were in place.

# 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

Staff described the care planning process in detail, and how it informs the delivery of care and services. Care planning documents demonstrated effective assessment and planning, identifying the needs, goals and preferences of consumers. Consumers and representatives said consumers get the care and services they need.

Consumers and representatives said staff sensitively approached end of life discussions should consumers wish to during care plan reviews, upon admission and if consumers deteriorate. Staff described how end of life discussions are approached on consumers’ entry to the service or followed up every 4 months when consumers are ready to discuss.

Care planning documents evidenced involvement of consumers, their representatives, and a diverse range of external providers and services in the assessment and planning process. Consumers and representatives said they are actively involved in the ongoing assessment and planning process. Staff described the importance of consumer-centred care planning.

Consumers said they have, or have access to, care planning documents. Staff said, and care planning documents evidenced, staff regularly update representatives and consumers on the outcomes of assessment and planning.

Staff described the review process of care and services and how care planning documents are reviewed. Care planning documents evidenced review of care and services regularly or when circumstances change or incidents occur.

# 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

Consumers and representatives said consumers received safe and effective personal and clinical care that is best practice, tailored to meet their needs and optimised their health and well-being. Care planning documents reflected care that was safe, effective and tailored to the specific needs and preferences of consumers is delivered. The Site Audit report identified:

* The service did not identify, prior to the Site Audit, 29 consumers subject to environmental restraint as the door was code locked and consumers did not have the code. There was no evidence that these consumers had the required consent and Behaviour Support Plans in place. This has been considered under Requirement 8(3)(c) as the deficiency relates to regulatory compliance with restrictive practices. There was no evidence to demonstrate the service was not providing safe and effective clinical care as a result of restrictive practices.
* One consumer’s care planning documents did not capture all behaviours displayed by the consumer and include strategies to address those behaviours.
* One consumer’s urine bag was not emptied at times consistent with the service’s policy.

The providers response submitted additional information and evidence in relation to these issues which demonstrated the delivery of safe and effective clinical and personal care.

Management and staff described the high-impact and high-prevalence risks for consumers at the service. Consumers and representatives said they felt that the service is adequately managing risks to consumers' health, particularly for falls prevention. Care planning documents identified high impact and high prevalent risks to consumers and a range of strategies to minimise them.

A representative of a consumer who had recently passed away said the service discussed with them the consumer’s end of life wishes, the consumer’s wishes were respected and care was delivered in line with the consumer’s wishes. This was also evident in care planning documents. Staff described how they take care of consumers in the palliative stages of care.

Consumers and representatives said the service recognised and responds to changes in condition in a suitable and timely manner. And this was also evidenced in care planning documents. Staff explained how deterioration would be discussed during handovers, staff meetings and would trigger a review, hospital transfer if needed and a subsequent review of care planning documents.

Documentation, including care planning documents, provided adequate information to support effective and appropriate sharing of consumers’ information to support care. Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff. Staff described how information and updates are shared through staff meetings and handover, consistent with observations.

Consumers and representatives said referrals are timely, appropriate and occur when needed, and that the consumer has access to a range of health professionals. This was also evident in care planning documents. Staff provided examples of referrals to individuals and other organisations and providers of care where they could provide value to a consumer's care.

The service had documented policies and procedures to support the minimisation of infection related risks, including an outbreak management plan. Staff demonstrated knowledge of key infection control practices which was also observed.

# 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

Consumers said they feel supported to participate in activities that they like, and they are provided with appropriate support to optimise their independence and quality of life. Staff explained what consumers like to do and this is aligned with information in care planning documents. The activity calendars demonstrated a variety of activities

Consumers described how the service promoted their emotional, spiritual and psychological well-being. Care planning documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences and staff described how they support consumers emotional and spiritual needs. The activity schedule evidenced activities to support the emotional, spiritual and psychological well-being of consumers.

Consumers said they feel supported to participate within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Care planning documents aligned with information provided by consumers, representatives and staff regarding consumers continued involvement in the community and maintaining personal and social relationships.

Consumers said their needs and preferences are well communicated. Staff described the ways in which they share information and keep informed of consumers’ conditions, needs and preferences. Care planning documents provided adequate information to support safe and effective care as it relates to services and supports for daily living. However, issues around information management were identified and these were considered under Requirement 8(3)(c) where it is relevant.

Consumers said they are supported by other organisations, support services and providers of other care and services. Care planning documents identified referral to other organisations and services. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilised these services.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of food provided and said they are able to request alternative meals if they do not like what is on the menu. Hospitality staff explained how consumer preferences are incorporated into the menu and how feedback is used to inform the development of the menu.

Staff and consumers said they have access to equipment when they need it, and equipment is always kept clean and well maintained. This was consistent with observations.

# 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

The Assessment Team recommended Requirement 5(3)(b) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 5(3)(b), the Site Audit report brought forward the following deficiencies:

* The service did not identify, prior to the Site Audit, 29 consumers subject to environmental restraint as the door was code locked and consumers did not have the code. This has been considered under Requirement 8(3)(c) as the deficiency relates to regulatory compliance with restrictive practices.
* Five staff members stated they would not allow consumers to leave independently. For example, one staff said that most consumers in one area of the service were ‘high risk’ and ‘cognitively impaired’, and they would not give these consumers the keypad code to exit the building. Further, clinical staff said they were not allowing some consumers to leave the service as they could not find their dignity of risk form. Management acknowledged it was inappropriate for staff not to allow consumers to go out independently because of missing documentation and said they would revise their risk assessments and immediately conduct open disclosure with the consumers involved.
* All entry and exit points were observed to be locked with the keypad code not displayed or difficult to sight. Two consumers said they were unable to access an area of the service without assistance from staff.

During the Site Audit passcodes for all door keypads was issued and management advised that visually impaired consumers would be given a door fob and education about supporting free movement indoors and outdoors would be provided to staff and consumers immediately. Management advised they convened a consumer meeting on day 3 of the Site Audit where consumers said, ‘they do not feel restricted’.

The provider’s response provided the following clarifying information.

* Staff were provided clarification on when environmental restraints is appropriate depending on each consumer and education and training had been provided. Staff were also reminded of where to access information so that lost documentation did not mean consumers could not exit the premises when they wished.
* The service confirmed entry points were equipped with keypads that display the code to allow consumers to exit to the outside environment. All consumers have been assessed and have the ability to operate the keypad effectively however key fobs will be considered in the future for consumers who may need them.
* Management organised a series of meetings with consumers after the Site Audit and no consumers raised concerns in relation to their ability to move around freely.

I consider the provider’s response adequately addressed the deficiencies identified in the Site Audit report. Further, the Site Audit report noted:

* Consumers said the equipment in their rooms worked well, the maintenance staff fix things in a timely manner and their rooms were cleaned regularly.
* Consumers were observed accessing lounge rooms and courtyards with their walking aids.
* Staff advised that cleaning and preventative maintenance schedules were followed, and reactive maintenance was recorded in a log. Records showed maintenance was completed in a timely manner.

Therefore, on the balance of the evidence before me, I find Requirement 5(3)(b) compliant.

I am satisfied the remaining 2 requirements in Standard 5 are compliant.

Consumers said the service’s environment is welcoming and enhances their sense of belonging. This was consistent with observations. Management and staff described aspects of the service that help consumers feel welcome and optimise each consumer’s sense of belonging.

Consumers said equipment is kept clean and safe for use along with a working call bell system. Consumers said maintenance issues are attending to promptly which was consistent with documentation.

# 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

The Assessment Team recommended Requirement 6(3)(d) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 6(3)(d), the Site Audit report brought forward several deficiencies. I consider the following relevant to this Requirement, the service’s Continuous Improvement Plan (CIP) did not capture feedback from 2 consumers and 1 representative regarding meals and maintenance.

The provider’s response provided the following clarifying information:

* A comprehensive plan was outlined for ensuring that feedback and complaints were captured, regularly reviewed and used to improve the quality of care and services. This included auditing and evaluating the effectiveness of the plan.
* Immediate actions were taken to address the concerns identified in the Site Audit report with the consumers and representatives involved.

I consider the provider’s response adequately addressed the deficiencies identified in the Site Audit report and there is insufficient evidence to support that the service does review feedback and complaints and use them to improve the quality of care and services. Further, the Site Audit report stated most consumers and representatives said their feedback and complaints is used to improve services. One consumer provided an example of feedback they provided at a consumer meetings and how this was implemented to drive improvements at the service. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(d) compliant.

I am satisfied the remaining 3 requirements in Standard 6 are compliant.

Consumers and representatives described how they provide feedback and complaints and said they feel safe doing so. Management and staff described how they would support consumers or representatives when they are presented with feedback or complaints such as providing assistance with completing a feedback form.

Consumers and representatives said they were aware of advocacy services if needed. Management described information around advocacy and language services available to consumers and representatives. Information about advocacy and language services across most areas of the service.

Consumers said open disclosure was used by the service when things went wrong. Management and staff described the underlying principles of open disclosure, including being open and transparent as well as an emphasis in providing an apology. Documentation, including the service’s complaints register, demonstrated staff response was consistent with the service's complaints handling procedure and that complaints were appropriately actioned.

# 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

Consumers and representatives said there is enough staff at the service and call bells are responded to in a timely manner. Documentation, including staff roster, demonstrated minimal unfilled shifts and call bells were answered promptly. Management described strategies to ensure sufficiency of staff.

Consumers and representatives said staff are kind, caring and gentle when providing care. Staff were observed to always greet consumers by their preferred name and demonstrated that they are familiar with each consumer’s individual needs and identity.

Consumers and representatives said staff know what they are doing. The service had position descriptions which included key competencies and qualifications that are essential for each role. Documentation evidenced all registered staff's current registration with the relevant regulatory agency, and legislative requirements, such as police checks, were current.

Consumers and representatives did not identify or provide any specific feedback on any areas where staff need more training. Staff said the service provided mandatory and supplementary training to support them to provide quality care. Though some staff were still yet to complete mandatory training, management provided this would be completed in the near future.

Staff outlined how their performance is monitored through annual performance appraisals. Management described the performance appraisal process and said if they had any concerns with a staff member's performance, they would have conversations with the staff member when issues arise, in order to address it immediately rather than wait for the annual performance appraisal.

# 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

The Assessment Team recommended Requirement 8(3)(c) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), the Site Audit report brought forward several deficiencies. I consider the following relevant to this Requirement:

* In relation to information management, staff were unable to access Behaviour Support Plans, Dignity of Risk Forms and policies and procedures.
* The Assessment Team found the service did not demonstrate regulatory compliance in relation to environmental restrictive practices. The service was initially unable to specify the consumers subject to environmental restraint. While the service did eventually identify 29 consumers that were subject to environmental restrictive practice, they were unable to locate signed consent forms or Behaviour Support Plans for some of these consumers.

The provider’s response provided the following clarifying information:

* The response acknowledged some minor gaps in staff documenting information and demonstrated the key details had been captured elsewhere in the electronic care management system. The response disagreed these demonstrated the organisation’s governance arrangements for information management systems were ineffective. The response asserted information management systems were effective in enabling staff to deliver care and services in accordance with the quality standards. This is reflected in positive feedback from consumers and relatives in relation to care and service delivery, information transfer and feedback and complaint processes under Requirements 3(3)(a), 4(3)(d) and 6(3)(c) respectively.
* The response acknowledged lack of identification of consumers subject to environmental restraint prior to the Site Audit but was able to identify those consumers during the Site Audit. The response outlined several strategies that have been, and will be, implemented to enhance identification of restrictive practices at the service. The response also provided that for all consumers identified as environmentally restrained, consent is in place and a Behaviour Support Plan where required.

I consider the provider’s response demonstrated appropriate action has been taken to ensure regulatory compliance and provided sufficient information to demonstrate effective information management. The Site Audit report also provided the service had effective governance systems related to continuous improvement, financial governance and workforce governance. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 4 requirements in Standard 8 are compliant.

Management said consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through a variety of mechanisms. This was reflected in documentation such as consumer meeting minutes.

Management described an organisational structure which facilitated oversight of the delivery of quality care and services across the service. Review of monthly clinical indicators and Board meeting minutes evidenced the occurrence of regular monitoring by the service’s governing body.

The service had frameworks, policies and guidelines to support the management of risks, and acceptance by consumers of risks in respect of their choices, and in response to incidents. Staff confirmed they have access to and have been trained on the service’s risk management system and understood their role and responsibilities within the system.

The service had a clinical governance framework that included antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure process. Staff demonstrated understanding of the framework, their role and responsibilities and how it applied to their day-to-day work. However, gaps were identified in relation to compliance with restrictive practices and this has been considered under Requirement 8(3)(c) where it is relevant.

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