Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Maranatha House |
| Commission ID: | 0223 |
| Address: | 127 - 137 Whiteley Street, WELLINGTON, New South Wales, 2820 |
| Activity type: | Site Audit |
| Activity date: | 24 October 2023 to 26 October 2023 |
| Performance report date: | 7 December 2023 |
| Service included in this assessment: | Provider: 233 Maranatha House  Service: 239 Maranatha House |

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 Maranatha House (**the service**) has been prepared by Katrina Platt, 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 report was informed by [a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

|  |  |  |
| --- | --- | --- |
| 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 and consumer representatives said they were treated with respect and dignity and their identity, culture and diversity were valued. Consumer background details were captured on entry and consumer care plans detailed consumer interests, likes, dislikes, cultural and religious beliefs. Staff were observed to respectfully interact with consumers and were friendly in their approach. Management and staff were familiar with consumer personal circumstances and life journeys and described the influence on care and services delivery.

Consumers and consumer representatives described staff were supportive and respectful of culture and identity. Care planning documentation reflected consumer cultural needs, spoken languages, religious preferences and cultural celebration and activity choices. Staff discussed consumer individuality and their culturally diverse backgrounds, and strategies used to address barriers and ensure culturally safe care and services were delivered.

Consumers and consumer representatives described they were supported to exercise choice and independence about care and services delivery and maintain important relationships. Care plans recognised responsible persons, financial case managers, powers of attorney and others of importance identified by consumers. Management and staff were knowledgeable about important relationships and described support provided to consumers to maintain those relationships. Staff discussed informed choices made by consumers and assistance provided when required.

Consumers and consumer representatives said they were supported to take risks and live their best life. Care planning documentation revealed completed risk assessments and showed that consumers make informed decisions on risk engagement. Staff described areas where consumers were supported to take risks and involvement of consumers in risk reduction and problem-solving. Management discussed the balance between risk avoidance and the reasonable care of consumers, which did not impact consumer responsibility for their own decisions and choices.

Consumers and consumer representatives discussed information received which informed their decision-making, and included monthly activity calendars, newsletters, daily menu choices, the activity application and regular management updates. The resident handbook confirmed the service’s commitment to provide updated and timely information and brochures including information about advocacy, comments and complaints, site audit notices and menu and activity schedules were available to consumers.

Consumers and consumer representatives said privacy was respected and their information was kept confidential. Staff described knocking on consumer doors before entering rooms, which was consistent with consumer feedback. Staff were observed seeking permission for room entry and speaking quietly with consumers during care provision. Policy and procedure documentation for consumer privacy and information confidentiality were evidenced to support staff.

# Standard 2

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

Findings

Consumers and consumer representatives said care delivery was safe and effective. Initial and ongoing assessments and planning were evidenced in clinical documentation, with reassessments undertaken when consumer circumstances changed or when incidents occurred. Behaviour support plans were individualised, comprehensive and regularly reviewed, and included recommendations from organisations like Dementia Support Australia. Diabetes management included monitoring and medical officer reviews and assessments, and risk mitigation strategies were implemented when required. Staff demonstrated awareness of processes for care plan review and assessment.

Consumers and consumer representatives provided positive feedback about their needs, goals and preferences being met and engagement in end of life planning. Advance care directives and end of life care planning were individualised and considered consumer needs, goals and preferences for palliation, pain management and spiritual care. Staff described consumer preferences in care planning and end of life care, and processes for communication of changes in consumer personal and clinical care.

Consumers and consumer representatives confirmed involvement in care planning, which included medical officer choice and visiting health and allied health professionals. Clinical documentation showed consumers were decision-makers in planning their care and services and specialist nurses, palliative care teams, allied health professionals and organisations like Dementia Services Australia were involved, and informed care and services planning.

Consumers and consumer representatives were well informed about assessment and planning outcomes and received copies of their care plans. Clinical care documentation confirmed case conferences involved consumers and people involved in their care. Staff described how outcomes and updates to consumer assessments and planning were communicated through clinical handover, progress notes, electronic care system alerts and clinical tasks.

Consumers and consumer representatives said they were informed when circumstances changed. Consumer care plans were reviewed monthly and whenever a change in consumers’ conditions occurred, and the care planning and case conference schedules indicated there were no outstanding reviews. Staff were knowledgeable about care and services planning and review processes.

# Standard 3

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

Findings

Consumers and consumer representatives provided positive feedback about clinical care provision and indicated staff knowledge of clinical care needs was optimal. Safe and effective personal care and clinical care was individually tailored and best practice for wounds management, pressure injuries, restrictive practices and pain management. Care documentation supported individualised care for consumers with complex care needs and diabetic management plans were reviewed and monitored, with medical officer support. Management of behaviours of concern included non-pharmacological interventions and appropriate authorisations were in place.

Consumers and consumer representatives said their care risks were well managed. Falls assessments and mitigation strategies were evidenced for consumers with increased falls risks. Consumers with high-risk wounds were monitored regularly and reviewed in accordance with charted schedules, repositioned, observed for pain management and received nutrition management. Behaviour support plans included individualised interventions which ensured chemical restraint was used as a last resort measure and staff described interventions and their effectiveness. Regular review of psychotropics occurred and appropriate consents were evidenced.

Advance care directives were discussed at case conferences and evidenced in clinical documentation. Staff described consumer personal and clinical end of life goals, needs and preferences which included oral care, family involvement and engagement of local religious and spiritual support. Staff also referenced engagement with palliative care teams and discussed pain management regimes for comfort maximisation.

Consumers and consumer representatives were satisfied with management of consumer health changes and deterioration. Care documentation evidenced timely responsiveness to vital signs, neurological observations and variations in blood glucose levels. Staff described escalation processes which included informing registered nurses, medical officer review and hospital referrals when necessary. Staff were knowledgeable about procedures for assessment of deterioration and pathways for management, escalation and referrals.

Consumers and consumer representatives said communication about care needs and preferences was timely and consistent. Care documentation evidenced communication with medical officers, physiotherapists, audiologists, specialist nurses, hospitals and Dementia Support Australia. Clinical handover discussions about consumer needs and conditions were supported by electronic handover and care task sheets.

Appropriate and timely referrals were evidenced for medical officers, allied health professionals, mental health services, Aboriginal Health Services and palliative care. Staff advised care providers visited when required and included audiology, physiotherapy, podiatry, speech therapy and dietetics. Care documentation evidenced referral assessments and recommendations, and included dietary needs and meals assistance.

Consumers and consumer representatives provided positive feedback about infection management and infection control practices. Staff discussed appropriate hygiene practices when providing consumer care delivery, encouraging consumer fluid intake to minimise urinary tract infections and obtaining pathology before antibiotic commencement. Consumers possessed individual transfer slings. Personal protective equipment, centrally located and well stocked outbreak trolleys, handwashing and sanitiser facilities, donning and doffing stations and appropriate signage were observed.

# Standard 4

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

Findings

Consumers and representatives said they received safe and effective care and services and were supported with activities that met their individual well-being and quality of life needs and preferences. Consumer histories, interests and goals were used to individualise services and supports, with lifestyle activities developed which encouraged independence and supported functional ability and participation. Group activities and activities of choice were available, with one-on-one support provided to consumers if preferred. Staff demonstrated awareness of individual consumer needs and preferences and activity records were regularly updated when consumer needs and preferences changed.

Consumers and consumer representatives described they were supported with services and activities that promoted their emotional, spiritual and psychological well-being. Care plans included information about emotional, spiritual and psychological well-being requirements which was gathered on service entry and through regular consumer and staff feedback. Activities provided included religious services, entertainment, arts and crafts, gardening and other activities, and cultural community activities. Staff discussed one-on-one activities provided which included dancing, life reminiscence and sensory engagement.

Consumers and consumer representatives said they were supported to stay connected with people important to them, and were engaged in the service and local community. Consumers participated in regular bus outings and were supported by the community visitors scheme, volunteers and intergenerational learning from local schools. Care plans reflected consumer engagement in the community, maintenance of their social and personal relationships and participation in activities of interest to consumers.

Consumers and consumer representatives said staff knew them well and knew their dietary requirements, likes and dislikes and daily activity needs and preferences. Consumer care plans were consistent with dietician instructions and dietary requirements held for meal preparation. Staff described individual consumer dietary requirements and changes were effectively communicated to ensure food and nutrition plans remained current.

Consumers and consumer representatives confirmed they were supported by other organisations and providers of other care and services, which included independent support from the Older Persons Advocacy Network and volunteer groups. Care planning documentation showed collaboration with external providers for lifestyle support and included local schools, community groups and religious organisations. Staff discussed their work with external organisations and how lifestyle activities were supplemented through volunteers.

Consumers and consumer representatives were satisfied with the quantity and quality of food provided, and described daily consultation with the chef and hospitality staff about menus and provision of feedback. The dining experience was observed to be claim and relaxed and sufficient staff were available for consumer support when required. Consumer dietary requirements were incorporated into menu planning and staff were knowledgeable about consumer dietary needs, preferences and special requirements.

Consumers and consumer representatives confirmed they have the equipment needed, which is safe, suitable and clean. Equipment for routine and specialised care and lifestyle support was observed to be safe, suitable, clean and well-maintained. Staff described having sufficient equipment and resources provided to support consumers for various activities.

# Standard 5

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

Findings

Consumers and consumer representatives spoke positively about the environment, cleanliness of their rooms and tidy and well-maintained communal areas. The Assessment Team observed furniture and artworks provided a ‘home like’ environment and consumer rooms were personalised with photographs and personal belongings. Navigational aids guided consumers around the service and there were several outdoor areas for consumers to enjoy, including multiple gardens.

Consumers and consumer representatives said the service was safe, comfortable, clean and well-maintained, and they moved freely both indoors and outdoors. The Assessment Team observed all areas were accessible, clean and well-maintained and supported ease of consumer mobilisation. Management discussed new safety improvements to perimeter fencing and coded access to external gates, which involved consultation with consumers and consumer representatives.

Consumers and consumer representatives described the service, furniture and equipment was clean, well-maintained, comfortable, and reported that maintenance issues were responded to promptly. Staff explained use of the electronic management system for maintenance notifications and confirmed issues were addressed quickly. Management discussed both preventative and reactive maintenance schedules were current and specialist maintenance staff and contractors were available when required.

# Standard 6

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

Findings

Consumers and consumer representatives said they were encouraged and supported to provide feedback and make complaints, and felt comfortable raising concerns directly. Feedback and complaint process information was provided on entry to the service in the consumer handbook and admission pack. Regular consumer and consumer representative meetings were held and provided opportunities to submit feedback and raise complaints, and a monthly newsletter provided further encouragement. Staff discussed support provided to consumers and consumer representatives including assistance to speak directly with management or complete a feedback form.

Consumers and consumer representatives confirmed they provided feedback and raised complaints and were aware of advocacy and language services which could provide additional support. Management discussed internal and external complaint mechanisms and staff described the support provided to consumers. The Seniors Rights Service attended annually and monthly newsletters contained feedback and complaints forms and contact details for the Older Persons Advocacy Network. Other notices and brochures for external organisations, like the Commission, were located throughout the service.

Consumers and consumer representatives said their concerns were addressed and apologies and explanations were provided. Staff demonstrated awareness of their open disclosure responsibilities and confirmed discussions occurred with consumer representatives when incidents happened. Complaints and feedback were regularly discussed at consumer meetings and monitoring occurred to ensure appropriate action and resolution.

Consumers and consumer representatives described improvements made based on complaints and feedback, which included personal care needs and menu options. Management discussed that feedback and complaints from consumers and consumer representatives informed continuous improvement, with changes demonstrated in personal care provision, specialist services visitation and outdoor area improvements.

# Standard 7

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

Findings

Consumers and consumer representatives reported enough staff were available to meet their needs. Staff discussed the adequacy of staff to provide care and services based on consumer needs and preferences and reported they completed allocated tasks and responsibilities. Management explained that staff were reallocated and shifts extended for unplanned leave and casual staff used when required.

Consumers and consumer representatives said staff were kind, caring and respectful and were gentle with their care provision. Staff interactions with consumers and consumer representatives were observed to be kind, caring and patient. Staff were familiar with individual consumers and described their backgrounds, culture and identity. Management described that staff interactions were monitored through observations and through feedback and complaints mechanisms.

Consumers and consumer representatives described they were confident staff had the knowledge and skills needed to perform their duties effectively. Staff discussed completion of annual competencies and were knowledgeable about medication administration, manual handling, hand hygiene, and personal protective equipment donning and doffing. Management monitored professional registrations, vaccinations, employment background checks and staff competencies.

Consumers and consumer representatives expressed confidence in staff abilities and believed staff were professionally training and equipped to perform their roles. Staff discussed participation in training and records confirmed mandatory training requirements were completed for open disclosure, infection control, fire safety and the Serious Incident Response Scheme. Management discussed support provided to staff to ensure training completion.

A formal performance review process was demonstrated. Initial performance appraisals were conducted for all new staff on commencement and probation completion, and ongoing reviews were completed after 3 months, 6 months and 12 months. The chief executive officer noted staff performance was monitored through consumer feedback, incident investigation and observations by management.

# Standard 8

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

Findings

Consumers and consumer representatives were confident the service was well run and discussed feedback and suggestions provided for care and services improvements, which included meal selections. Monthly consumer meetings and newsletters provided engagement opportunities for consumers to discuss care and services delivery, and improvements were evidenced in transportation purchases and kitchen and dining areas remodelling.

Management explained the organisational vision, mission and philosophy captured the board’s commitment to a culture of safe, inclusive and quality care and staff orientation, training and the code of conduct ensured these principles were practised. Organisational policies and procedures outlined roles and responsibilities of the board, governance committees and the quality management process, with shared responsibility outlined in Quality Standards compliance. Communication with consumers, consumer representatives and staff about policies, procedures and legislative changes was documented.

Effective organisation wide governance systems were demonstrated. Information management systems ensured relevant stakeholders received appropriate and timely information and staff reported having access to consumer information which supported safe and quality care and services delivery. Continuous improvement initiatives were drawn from several sources and planned and completed improvement actions were demonstrated across multiple areas of care and services delivery. Feedback and complaints systems were reported at both service and board level, and information captured informed positive improvement initiatives and outcomes.

Financial governance systems and process were evidenced which supported planning and monitoring of budget expenditure, with availability for capital works and out of budget purchases like improved outdoor areas for consumers. Workforce governance, overseen by the chief executive officer, included staff planning and management, community partnerships and ongoing review of consumer care needs, clinical data, feedback and staff performance to ensure continued accountability for safe and quality care and services delivery. Regulatory compliance monitoring was achieved through communications with governing bodies including the Commission and external organisations, and ensured organisational policies and procedures were updated and reflected legislative and policy change.

A documented risk framework was evidenced through strategies, practices and policies and procedures for risk mitigation. Analysis of clinical data for high-impact and high-prevalence risks included root cause analysis and contributing factors which identified improvement areas and actions. Incidents under the Serious Incident Response Scheme were reported within legislative timeframes and appropriate action taken. Dignity of risk and supported decision-making policies and risk assessment and consultation were evidenced. Staff training and education occurred for incident management, the Serious Incident Response Scheme, consumer dignity of risk and supported decision-making and restrictive practices.

A clinical governance framework evidenced policies and procedures, responsibilities, planning, monitoring and improvement mechanisms utilised for safe and quality clinical care provision. The antimicrobial stewardship policy directed infection monitoring, which was discussed at monthly clinical governance committee meetings. Staff demonstrated a sound understanding of antimicrobial stewardship and discussed antibiotic minimisation through the use of pathology. Open disclosure principles were practiced and staff discussed being open, transparent and apologising to consumers when things went wrong, which was evidenced in consumer documentation. Staff training was demonstrated in antimicrobial stewardship, open disclosure, restrictive practices and the Quality Standards.

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)