

**Performance Report**

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| Name: | Martin Luther Homes |
| Commission ID: | 3192 |
| Address: | 67 Mount View Road, THE BASIN, Victoria, 3154 |
| Activity type: | Site Audit |
| Activity date: | 10 December 2024 to 12 December 2024 |
| Performance report date: | 14 January 2025 |
| Service included in this assessment: | Provider: 256 Martin Luther Homes Boronia Inc  Service: 1951 Martin Luther Homes |

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 Martin Luther Homes (**the service**) has been prepared by L Glass, 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, older people/representatives and others.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers confirmed they feel respected and valued at the service. The Assessment Team observed staff treating consumers with dignity and respect understanding individual consumer care needs and preferences. Care planning documentation detailed information about the consumers’ background, cultural, spiritual needs, and preferences. The service provides extensive information to consumers and representatives about consumer rights and respecting diversity.

Consumers and representatives are satisfied care and services are culturally safe at the service. Consumer’s cultural backgrounds and preferences are respected by the service which fosters a strong culture of inclusion and diversity. Culturally appropriate activities are planned to support the engagement of consumers. Care planning documentation reflects consumer cultural choice is recorded and consumers are involved in the planning of individual, culturally safe care.

Consumers have choice and control over their services and confirmed they are involved in decisions about how care and services are delivered and can include the people they want involved in the planning. Staff and management engage in person-centred practice and involve consumers and their representatives in the care and services provided. The service supports consumers to maintain relationships and make new friendships.

Consumers are supported by staff to take risks. Consumers have a choice about taking risks and can sign a Dignity of Risk (DoR) form. Staff explain risks to consumers. Care documentation reviewed confirmed the DOR forms are completed and that consumers and their representatives had been part of the process.

Consumers are satisfied with the level of information received. It is current, accurate and timely through monthly newsletters, information boards around the service and consumer engagement meetings. The newsletter contains written material and visual pictures for those who require assistance to understand the contents such as lifestyle updates, menu changes and themed dining experiences. The Assessment Team observed multiple stands with newsletters throughout the service.

Consumer privacy is respected and personal information is kept confidential. Staff described the importance of consent to enter consumer rooms when providing personal care services. The Assessment Team observed staff knocking before entering consumer bedrooms and providing care services. Care documentation reflected consumer choice and preferences for personal care.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and their representatives are satisfied with the assessment and care planning processes and that risks are considered and inform safe and effective consumer care. Care documentation shows that care planning includes relevant assessments and identification of risks. Staff demonstrated knowledge of consumer risks and described strategies to ensure safe and effective care. The organisation has policies and procedures to guide staff in assessment, care planning and risk management.

Consumer care planning documentation reviewed reflected the goals of care, needs and preferences for each consumer under all domains of care. Advance care planning is integral to the initial assessment process and is reviewed at 2 monthly care reviews. Documentation identified where medical practitioners have consulted with the consumers and their representatives about preferences for the consumer’s advanced care plans. Staff demonstrated knowledge of consumers needs and preferences.

Consumers and representatives are satisfied with the service’s communication and ongoing partnership with care and services. All representatives stated they are contacted and involved in a timely manner when a consumer’s circumstances change and are involved in decision-making regarding referrals. Clinical staff confirmed care and services for consumers are constantly reviewed in partnership with consumers and representatives, medical officers and allied health professionals. Care plans and progress notes showed involvement of consumer, their representatives and health professional involved in their care.

Consumers and representatives are satisfied staff communicate the outcomes of assessment and planning to them and representatives said they had received an email copy of the consumer’s care and services plan. A review of multiple care plans documented the outcomes of assessment and planning for each consumer, changes, reviews, updates, and communication aligning with the service’s policy. Staff have access to care plan information through the electronic care management system and staff handover processes. Care plan consultation is completed with consumers and representatives annually, and monthly updates are given during the patient of the day or as clinically requires or requested.

Consumers and their representatives said staff advise them of any changes to consumer needs or conditions and inform them when incidents occur as reflected in care planning documents reviewed. Staff demonstrated an understanding of the monitoring and review requirements following incidents or changes in consumer circumstances.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and their representatives are satisfied with the safe and effective personal and clinical care consumers receive. Staff interviews and documentation reflect that best practice principles are implemented and followed in relation to skin integrity, pain, behaviours and restrictive practices to optimise health and wellbeing. A suite of policies and procedures is accessible to guide staff in clinical and personal care delivery in line with best practices.

The service demonstrated effective processes to manage high-impact or high prevalence risks associated with the care of each consumer, such as changed behaviours, diabetes management, falls, and complex needs management. Documentation viewed by the Assessment Team indicated the service effectively managed high-impact and high-prevalence risks. Management and staff described the high impact and high prevalence risks to consumers at the service and ways risk is minimised.

Care file documentation for a recently deceased consumer, demonstrated that the consumer’s dignity was preserved, and care was provided in accordance with their needs and preferences. This was confirmed by staff. Care documentation included the use of external palliative care providers. The service has procedures and practices standards to inform staff practice in relation to palliative care.

Consumers and representatives are confident the service recognised and responded to changes in consumers’ condition in a timely manner. A review of care documentation reflected staff take appropriate action in response to deterioration or changes in a consumer’s health and wellbeing. Staff identify, act and communicate any deterioration or changes in a consumer’s condition. The service has an established protocol to support identification, reporting and management of clinical deterioration.

Consumers and their representatives indicated that consumer needs and preferences are effectively communicated in a timely manner. Staff described communication mechanisms and showed knowledge of the needs and preferences of each consumer they cared for. Care documentation reflected the communication about consumer condition, needs and preferences and that information exchange occurs with others who share responsibility for care.

Consumers and their representatives are satisfied with access and referral to a medical practitioner and other health professionals. Care documentation demonstrated regular and ongoing contributions from medical practitioners, physiotherapists, occupational therapists, podiatrists, dietitians, speech pathologists and other external and allied health providers. The service has organisational policies and procedures in relation to referral processes.

Consumers and their representatives expressed satisfaction with precautions taken to prevent and minimise infection-related risks. Staff demonstrated knowledge and understanding of infection control practices and explained how they promote antibiotic stewardship. The service has an appointed infection prevention control (IPC) lead. The organisation has an outbreak management plan which provides guidance to the service to prepare, respond and recover from outbreaks such as COVID-19. It has policies to support the minimisation of infection related risks through implementing infection prevention and control (IPC) principles and promoting antimicrobial stewardship.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives reported the services supports them to maintain social relationships at the service, assists them to maintain their independence and quality of life. Consumer care planning documentation outlined the services that are planned to meet the consumers care needs. Lifestyle and care staff plan specific services and support group activities to support consumers to maintain independence, meet their goals and provide access to community-based activities. The service offers a wide range of allied health programs that are delivered to consumers for specific activities of daily living, such as morning walking sessions. Individual treatment plans are designed to meet each consumers goals, needs and preferences.

Consumers are supported by management, care and clinical staff who understand their needs including when they have emotional, or psychological concerns. Care documentation reflected care and clinical staff providing care or engaging consumers in certain activities that support wellbeing.

Consumers provided positive feedback about the variety in the activities program and can participate in any activity of their choice. Consumers are supported to pursue their own interests at the service with the support of management, care and lifestyle staff. Lifestyle staff explained how they support consumer cultural interests and documents reflect consideration of consumer language diversity.

Consumers needs and preferences are communicated through handover and email updates and alerts on the care document system. Where updates and changes to consumers’ care needs or preferences occur, documentation is updated and shared with the appropriate staff. Changes to consumers’ condition, care needs and preferences are effectively communicated to representatives and consumers.

The service refers consumers to appropriate services, external organisations, or programs to support consumers interests, needs and preferences. Consumer documentation showed the service collaborates in a well-being program through a social worker who attends the service weekly. The service provides support to attend external services, such as preferred places of worship, clubs and other external providers of care and services as well as offering many cultural sessions of diverse spiritual care at the service.

Consumers are satisfied with the quality, variety and quantity of the meals provided. Care staff provided understanding and knowledge of consumer’s dietary, and hydration needs and preferences. The menu reflects a variety of meal choices are on offer.

Consumers expressed satisfaction with equipment provided by the service. It is well maintained, clean and suits consumer’s care needs. Equipment is cleaned before and after every use and the Assessment Team observed this in practice. The Assessment Team also observed a range of shared equipment being used to support consumers mobility, comfort and social participation, including lifting equipment and specialised chairs.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers said they feel welcome at the service and can move around freely. Consumers feel at home, safe and comfortable in the environment. Consumers said their independence was respected and they are supported by the staff to live their best life.

The service has comfortable spaces throughout the 6 house areas with easy access for consumers. The service has well maintained and appropriately accessible communal areas for consumers. The outside areas are well maintained and accessible and free from any hazards.

Where the service provides equipment, it was clean and well maintained. The maintenance and cleaning teams have good oversight on the preventative and ongoing maintenance required at the service and provided documentation to support this. They described how they manage infection control during outbreaks and reference the appropriate procedures. Furniture at the service was observed to be clean and suitable for consumer’s needs.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives are encouraged and supported to provide feedback and lodge a complaint including by using the touch screen digital complaints feedback kiosks located around the service using 8 languages, feedback forms, email, verbally to staff and management and at advocacy group and food group meetings. The organisation’s feedback and complaints process included open disclosure in line with the organisation’s policy and procedure. Documentation reviewed included feedback registers, meeting minutes, newsletters, and the continuous improvement plan reflecting the service is working with consumers and representatives to resolve complaints. The service has a consumer liaison officer and complaints resolution officer who promptly manage the feedback and complaints and if necessary, escalate the issue.

Consumers, representatives and staff are aware of the feedback, interpreter and advocacy information displayed across the service’s information boards, reception areas and other printed consumer resources. Consumers said they will talk to staff first and feel confident their feedback will be actioned. The service’s complaints resolution officer provides said they seek feedback from consumers on a regular basis through surveys and meetings and one on one catch up opportunities.

Consumers and representatives are satisfied with the process management followed to resolve complaints raised or feedback they have provided. Management and most staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and providing an apology when necessary. Documented complaints information shows the service includes consumers to find solutions and that it takes appropriate and timely action.

The organisation demonstrated it uses feedback and complaints to improve how it delivers care and services. Management demonstrated how they provide timely feedback to the Board, staff and consumers about any complaints made and the actions taken. Documentation reviewed evidenced how complaint information is used to make improvements to ensure safe and quality 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers, representatives and staff are satisfied with current staffing numbers. The service has a stable workforce and staff deliver safe and quality care. Management described and documentation reviewed showed how the system in place plans and manages the right number and skill mix of staff.

Consumers and representatives expressed satisfaction that staff treat them with kindness and are respectful of identity, culture, diversity and choice. Staff were observed engaging with consumers in a kind, caring and respectful manner. Care planning documentation and organisational documentation reviewed showed respectful communication of consumer care and service needs and preferences.

Consumers are satisfied in the staff’s level of training, competency and ability to perform their role. Staff demonstrated knowledge of the services onboarding processes describing providing their qualifications, current registration (if required), police check, working with vulnerable people registration, and proof of current vaccination requirements prior to commencing in their position. Position descriptions for clinical and care staff describe their roles, responsibilities, qualifications and scope of practice required for each role.

Consumers and representatives said clinical and care staff know what they are doing and are competent to enable the provision of quality and safe care. They extended their satisfaction to staff providing other services including contracted cleaning and food services. Staff described how training, professional development and supervision enables them to carry out their roles and responsibilities.

The service demonstrated staff performance is regularly reviewed and monitored. Once staff have completed initial probation their performance is assessed annually. Staff performance is monitored throughout the year through supervision and regular meetings and includes consideration of incidents and feedback. Performance issues are escalated and actioned as required, with human resources and employee assistance program support. Management confirmed the appraisal process also involves the identification of professional development and career progression opportunities.

# 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**

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives are engaged in care planning and service provision and confirmed they are invited to attend regular meetings and kept informed of any changes that are occurring at the service. The service demonstrated it has effective systems to involve consumers and representatives in the planning, delivery and evaluation of care, lifestyle activities and services. Organisational documentation shows records of advocacy group and food group meetings and examples of how the service monitors and reports continuous improvement.

Consumers and representatives described feeling safe and confident the service is well run. The organisation has a suite of policies, procedures and frameworks that support and guide management and staff to provide a safe and inclusive culture. Management and staff described how the leadership team and Board promote a culture of well-being, choice, and empowerment for consumers. Documentation demonstrated governance structures and processes are in place, including operational and clinical governance frameworks and quality and safety and governance committees.

The service demonstrated governance systems are effective, and their application considers the best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to the consumer experience including analysis of consumer surveys. The service demonstrated evidence of effective governance systems and processes, from the care and service level through to the Board.

Consumers, representatives and staff are satisfied with the level of communication provided and received a range of detailed information. Staff access the electronic clinical information system for consumer care documentation, and policies and procedures and learning information via electronic systems. Continuous improvement opportunities are identified in various ways, and improvements are identified by senior management and the Board. Senior management also explained the delegation of authority arrangements for asset acquisition, operating expenditure, purchasing of consumables, lease arrangements and goods and services. Capital expenditure is approved by the Board. The organisation has policies and procedures relating to workforce planning, staff recruitment and screening, orientation, mandatory training and on-going education, performance appraisal and staff retention. The organisation has a system that ensures workforce numbers and skill mix meets consumer’s needs and is delivering safe and effective care and services. Staff and management demonstrated understanding of legislative obligations relating to reportable and non-reportable incidents, and a document review confirmed that a regularly updated incident register is maintained by the service. Staff effectively demonstrated their knowledge of the serious incident response scheme (SIRS). A review of feedback and complaints confirms there are no significant issues currently trending.

The service demonstrated there is a risk framework in place that identifies, manages, and reports high-impact or high prevalence risks and implements actions to minimise risks. There are processes in place to ensure action is taken and consumers are supported to live their best lives. The service has an effective incident management process in place.

The service has a clinical governance framework in place providing an overarching monitoring system for effective clinical care of consumers. Documents reviewed demonstrated the clinical governance framework, and policies including antimicrobial stewardship, minimising the use of restrictive practices and open disclosure are in place. The service demonstrated these policies were understood by management and staff, and relevant staff received training and on-going education.

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)