Performance

Report

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| Name: | Mekong Cairnlea Vietnamese Aged Care |
| Commission ID: | 4561 |
| Address: | 133 Cairnlea Drive, Cairnlea, Victoria, 3023 |
| Activity type: | Site Audit |
| Activity date: | 21 August 2024 to 23 August 2024 |
| Performance report date: | 1 October 2024 |
| Service included in this assessment: | Provider: 448 Indochinese Elderly Refugees Association Victoria Inc  Service: 19549 Mekong Cairnlea Vietnamese Aged Care |

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 Mekong Cairnlea Vietnamese Aged Care (**the service**) has been prepared by P. Wallner, 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.
* other information and intelligence held by the Commission.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers and representatives said staff treated consumers with dignity and respect, and made them feel valued as an individual. Staff spoke about consumers in a respectful manner and demonstrated familiarity with their individual backgrounds and preferences. Care planning documents reflected consumers’ background, identity and culture. Staff were observed treating consumers with dignity and respect. The service had a diversity and inclusion policy to guide staff practice.

Consumers and representatives said staff recognised and respected consumers’ values and cultural background, and provided culturally appropriate care and services. Staff described how the consumer's culture influenced the delivery of the daily care and services. Care planning documents detailed consumers’ specific cultural needs and preferences. Printed information available to consumers was culturally appropriate.

Consumers and representatives said consumers were supported to make independent decisions about their care and services, choose who else was involved in their care, and to maintain relationships of choice. Staff described how they supported consumers to make informed choices about their care and to maintain their chosen relationships. Care planning documentation identified consumers’ choices about their care, who was involved in their care, and their important relationships.

Consumers confirmed the service supported them to engage in risk-taking activities they wished to. Staff described how they supported consumers to take risks to live their best life, by completing a risk assessment in consultation with consumers and representatives, and putting in place risk mitigation strategies. Care planning documents included risk assessments and the agreed mitigation strategies in place.

Consumers and representatives confirmed the service provided clear and accurate printed and verbal information in inform their choices. Staff described how they communicated information to consumers to ensure it was clear and easy to understand, including for those with sensory or cognitive deficits. Current information such as newsletters, the menu and activities schedule were displayed around the service.

Consumers and representatives said the service respected consumers’ privacy and kept their personal information confidential. Staff described ways they respected consumers’ privacy such as by knocking and waiting for consent before entering their rooms, and logging off password protected computers containing personal information. The service had policies and training to guide staff practice in relation to consumer privacy and confidentiality.

# Standard 2

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

Findings

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

Consumers and representatives outlined their involvement in the assessment and care planning process, which considered risks to consumers’ health and well-being. Management and staff detailed the assessment and care planning process, and how it considered risks to consumers’ health and informed the delivery of safe and effective care and services. Care planning documents showed the assessment and care planning process included assessment of risks and identification of mitigation strategies. The service had policies and procedures to guide the assessment and care planning process.

Consumers and representatives said assessment and care planning identified and addressed consumers’ current needs, goals, and preferences, and their end of life wishes. Staff described how assessment and planning captured each consumer’s current preferences and how they approached conversations around end of life planning. Care planning documents reflected consumers’ current needs, goals, and preferences, and their advance care directives and end of life wishes. The service had systems in place to ensure assessment and planning captured the current and end of life needs of consumers.

Consumers and representatives described how they were involved in the assessment and planning of care and could provide input to ensure their needs were met. Care planning documents confirmed consumers, representatives, and external health professionals were involved in the assessment and planning of consumers’ care and services. Management, staff and allied health professionals outlined how assessment and care planning was done in partnership with consumers and others they wished to involve. The service had documented procedures regarding partnering with consumers, representatives and other health professionals in the assessment and planning of care and services.

Consumers and representatives said the outcomes of health assessments were regularly communicated to them, and the consumer’s care plan was readily available. Management and staff detailed the processes for documenting and communicating the outcomes of assessments to consumers and representatives, and confirmed they offered a copy of the care plan. Care planning documents showed outcomes of assessment and care planning were regularly communicated to consumers, representatives, and others involved in providing care.

Consumers and representatives said consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Management and staff explained the process for scheduled reviews of care plans, and reviews when consumers’ circumstances or care needs changed. Care planning documents showed they were regularly reviewed for effectiveness, and updated when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# Standard 3

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

Findings

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

Consumers and representatives said consumers received safe and effective personal and clinical care tailored to their needs, and which optimised their health and well-being. Care planning documents reflected safe and effective personal and clinical care, tailored to the specific needs and preferences of consumers. Staff and management described consumers' individual needs and preferences, and how these were delivered in line with their care plans. Reviewed. Management revised the service’s restrictive practice policy after the Assessment Team identified inconsistencies with the Commission’s guidelines around restrictive practice.

Consumers and representatives expressed satisfaction with how high-impact and high-prevalence risks to consumers were managed, and the risk mitigation strategies in place. Management and staff described the high-impact and high-prevalence risks to consumers at the service, and the risk management strategies in place. Care planning documents showed risks to consumers had been identified, and effective mitigation strategies put in place.

Consumers and representatives said consumers’ needs, goals and preferences for end of life care were addressed, and their dignity and comfort ensured. Management and staff showed how they captured and addressed consumers’ end of life wishes, and how they maximised their comfort and preserved their dignity. Management and staff explained how they provided dignified and comfortable end of life care. Care planning documents confirmed discussions with representatives about palliative care, and consumers being kept pain free and comfortable during the end of life. he service had policies and procedures to guide palliative and end of life care.

Consumers and representatives said staff identified and responded quickly to a deterioration or change, in consumers’ condition. Management and staff described how they recognised deterioration or change in consumers’ condition and responded promptly. Care planning documents and observations confirmed consumers were monitored for a deterioration or change in condition. The service had training and policies to guide staff in the identification and management of deterioration.

Consumers and representatives said current information about consumers’ condition, needs and preferences was communicated effectively between different staff and external providers involved in their care. Staff described how current information about consumers’ condition, needs and preferences was documented and communicated within the service and with other care providers, through shift handovers and the electronic care management system. Care planning documents contained adequate information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service provided timely and appropriate referrals to a range of other health services. Management and clinical staff described the process for referring consumers to other health professionals to meet their individual care and service needs. Care planning documents showed timely referrals to other individuals and organisations providing care and services.

Consumers and representatives expressed confidence in the infection prevention and control measures taken by the service, and said staff practiced good hygiene. Management and staff understood the precautions taken to prevent and control infections and the promotion of antimicrobial stewardship. The service had COVID-19 screening measures and biannual vaccination clinics. The service had an infection prevention and control lead, and policies and procedures to guide staff in preventing and controlling infections 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

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

Consumers and representatives said the service provided appropriate supports for daily living to optimise consumers’ independence and quality of life. Staff explained how they captured consumers’ lifestyle needs, goals, and preferences, and how they supported their independence, well-being, and quality of life. Care planning documents captured consumers’ background and lifestyle interests, and the supports needed to optimise their independence and quality of life.

Consumers and representatives said consumers were supported when they were feeling low, and the service promoted their emotional, spiritual, and psychological well-being. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being, such as by providing church services, spiritual and cultural support, and spending one-on-one time with them. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, maintain important relationships, and do things of interest to them. Staff described how they supported consumers to participate in their community, do things of interest, and maintain personal relationships. Care planning documents detailed consumers’ lifestyle interests, community ties, and important relationships.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively within the service, and with others responsible for providing care. Staff described how they stayed updated about consumers’ condition and needs through shift handover meetings and by accessing care plans. Care planning documents confirmed current information was communicated effectively to support safe and effective care and services for daily living.

Consumers and representatives confirmed timely referrals to appropriate other individuals and organisations providing care and services. Management and staff described how consumers were consulted and referred to other individuals and organisations providing care and services, if needed. Care planning documents showed the service collaborated with external services such as religious ministers, volunteers, and hairdressers to enhance consumers' quality of life.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the food, and said they could request alternatives such as salads, sandwiches and omelettes, if they did not like the meal offered. Staff were aware of consumers’ dietary needs and preferences, and explained how the menu was created based on consumer preferences and feedback. Care planning documents recorded consumers’ dietary needs and preferences. The kitchen appeared clean and well-kept, with a current food safety certification, and consumers appeared to be enjoying the meal service.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they knew how to request maintenance. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. The equipment was observed to be safe, clean and well-maintained.

# Standard 5

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

Findings

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

Consumers and representatives said the service environment was welcoming, easy to understand, and they could personalise their rooms which helped them feel at home. Management and staff described features of the service which promoted consumers’ sense of belonging, independence, interaction, and function. The service environment had wide corridors, level flooring, sufficient lighting, and adequate signage to aid navigation. Consumers were observed having warm interactions with staff, socialising with other consumers and visitors, and mobilising independently between all areas of the service.

Consumers and representatives said the service environment was safe, clean, comfortable and well-maintained, and enabled them to move around freely, both indoors and outdoors. The main entry was secured with an intercom to exit/enter the service. Management assessed and documented all consumers for potential environmental restraint after the Assessment Team identified inconsistencies with the Commission’s guidelines around restrictive practice. Cleaning and maintenance staff described the systems in place for keeping the service safe, clean, and well maintained. The service environment appeared to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

# Standard 6

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

Findings

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

Consumers and representatives said they felt safe and supported to provide feedback and make complaints, through mechanisms such as feedback forms, consumer meetings, or talking to management/staff. Management and staff described the ways they encouraged and supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and a secure lodgement box were readily available to consumers. The service had a feedback and complaints policy to guide staff in managing feedback and complaints.

Consumers and representatives could describe the language, external complaints, and advocacy services available to them. Management and staff described how they supported consumers to access external complaint, advocacy and interpreter services. Information regarding the Commission, external complaints, advocacy, and interpreter services was displayed around the service.

Consumers and representatives said the service resolved their complaints, and responded to incidents using open disclosure. One consumer expressed concern about the timing of breakfast service which management followed up on appropriately. Management and staff demonstrated an understanding of open disclosure and explained how they responded to complaints effectively. Documents such as the feedback and complaints register showed timely and appropriate actions were taken in response to complaints using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives expressed satisfaction with the service’s feedback and complaints process, and said they were used to improve the quality of care and services. Management and staff explained how feedback and complaints were actioned and used to improve the care and services provided. The complaints register, meeting minutes and the continuous improvement plan demonstrated feedback and complaints were used to improve the quality of care and services.

# Standard 7

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

Findings

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

Consumers and representatives confirmed the service had enough staff to meet consumers’ care needs, and call bells were answered in a timely manner. Staff said there were enough staff to deliver the personal and clinical care consumers required. Management explained how they planned and rostered the workforce to provide safe and quality care, and said they were currently recruiting. Records showed call bells were responded to promptly and the service met the requirements for care minutes and 24/7 registered nurse coverage. Staff were observed attending to consumers in a timely manner and did not appear to rush the delivery of care.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff were familiar with each consumer’s identity and culture, and were observed interacting with them in a positive, caring and respectful manner. The service had policies, procedures and training to guide staff practice and behaviour.

Consumers and representatives said staff were competent and skilled, and provided the care and services consumers needed. Staff said they had the knowledge, competence and training to provide the care and support consumers required. Management described how the recruitment and induction processes ensured staff were competent and met the qualification, registration, competencies and security requirements outlined in the relevant position descriptions. Documentation confirmed staff qualifications, professional registrations, vaccinations and security checks were current.

Consumers and representatives said staff were equipped and trained to deliver safe and quality care and services. Staff confirmed receiving mandatory and supplementary training to enable them to deliver quality care and services. Management described the training and support provided to staff which enabled them to deliver safe and effective care in line with the Quality Standards. Training records showed mandatory training was up to date for active staff.

Management described how the performance of staff was monitored, assessed, and reviewed through formal performance appraisals and informal monitoring and discussions. Staff confirmed the performance appraisal process occurred during probation and then annually. The performance appraisal register confirmed 100% completion rate. The service had policies and procedures in place for the development and management of the performance of the workforce.

# Standard 8

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

Findings

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

Consumers and representatives described the service as well run and said they were involved in the design, delivery and evaluation of the care and services through a range of mechanisms including feedback processes, and consumer meetings. Management and staff described how they assisted consumers and representatives to be actively engaged in the development, delivery and evaluation of care and services. Documentation confirmed consumers and representatives were involved in the development, delivery and evaluation of the care and services.

Consumers and representatives explained the measures taken by the organisation’s governing body to promote a safe and inclusive culture for all consumers. Management described the organisational structure and how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. Management explained how the clinical governance committee, consumer feedback, and other performance measures were reported to the Board, who was accountable for the performance of the service and compliance with the Quality Standards. The Quality Advisory Committee reported to the Board regularly.

The organisation demonstrated they had effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were familiar with the governance systems and confirmed they were implemented in practice.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff demonstrated and understanding of the policies and explained how they implemented them in practice.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Management and staff described how they applied these policies in the delivery of care and services. Management immediately assessed and documented all consumers for potential environmental restraint after the Assessment Team identified inconsistencies with the Commission’s guidelines around restrictive practice.

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)