**Performance**

**Report**

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| Name of service: | Mentis Assist Limited |
| Service address: | 23-25 Yuilles Road MORNINGTON VIC 3931 |
| Commission ID: | 300641 |
| Home Service Provider: | Peninsula Support Services Inc |
| Activity type: | Quality Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 7 March 2023 |

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

**This performance report**

This performance report for Mentis Assist Limited (**the service**) has been prepared by M Murray, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 25326, 23-25 Yuilles Road, MORNINGTON VIC 3931

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 22 February 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. | Review all consumer care documentation with a risk lens and ensure written strategies inform staff how to minimise the likelihood of the risk occurring and/or minimise any harm to the consumer in the event that the assessed risk does occur. |
| 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. | Ensure care plans are individualised and do not contain generic strategies or information. Ensure the consumer is offered a copy of their care plan and relevant care plan information is available at the point of service delivery to support staff to tailor services to the consumer’s needs, goals and preferences and provide safe care.  Ensure care plans include individualised strategies for health conditions which would be relevant to the service being delivered, for example, allergies, diabetes, swallowing risks and falls. |
| 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. | Ensure staff and external people or organisations who support the consumer have access to relevant information and understand their role and responsibilities in the end to end support being delivered. Ensure communication between staff / organisations occurs and the consumer’s wellbeing is supported. |
| 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. | Provide accurate information to the Board on the deficits of care planning. Put in place a plan to address these deficits and monitor activities to ensure a return to compliance occurs and is sustained. |
| 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. | Improve the service’s understanding of risk identification and mitigation. Ensure prevention strategies for known aged care risks are in place for all consumers impacted, for example the risk of falling to the extent they relate to the services being delivered. Also consider all individual high impact risks in this context. Ensure incidents and near misses are managed and reported to the Board.  Establish an effective continuous improvement / audit system to support a return to compliance with the Quality Standards. |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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 have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

Consumers said they are treated with respect and dignity and staff are caring and polite. When interviewed, staff spoke respectfully about consumers and showed an appreciation for each consumer’s individual identity. Staff also demonstrated an understanding of consumers’ diversity and potential challenges facing consumers living with a mental health diagnoses.

Consumers, in describing services, mentioned feeling safe, welcomed and valued. Management and staff provided evidence of the focus on diversity and inclusiveness in service planning and delivery.

Consumers are satisfied they can communicate their decisions about how they would like the services tailored. Staff are alert to the importance of understanding consumers’ support networks to ensure they can make their own decisions and include others as selected by the consumer to bring into discussions as required.

Consumers described how staff consult with them from the commencement of care and about activities they want to participate in, as well as how the service can support them to live independently.

Where barriers to communication exist, such as for consumers living with sensory impairments or those who have English as a second language, staff described how they would effectively communicate information to allow decisions to be made by these consumers.

Consumers are satisfied that their personal information, privacy and confidentiality is handled in a respectful manner.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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. | Non-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. | Non-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. | Non-compliant |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

In relation to Compliant Requirements

Assessment and care planning include the consumer’s needs and goals in relation to social support and socialisation with others. Individual consumer’s preferences were not always recorded. However, staff demonstrated familiarity with the individual preferences of consumers.

The majority of consumers sampled expressed satisfaction that their social needs are accommodated, they meet other consumers with similar mental health diagnoses and staff know them well.

Consumers and representatives said in various ways they were involved in assessment and planning of their care and services and can include others if they wish.

In relation to Non-Compliance of Requirement 2(3)(a)

Documentation the Assessment Team reviewed outlined consumers’ health conditions, living arrangements, contacts, mobility needs and evidenced mental health risk assessments. However, when a health risk is identified, there are no documented strategies to guide staff and inform safe care and services. This included for consumers with identified risks such as self-harm, at risk of falling, seizures and choking concerns.

Management discussed expected improvements in assessment and planning processes with the introduction of a new consumer software program expected to be in use from mid-2023. Management said a ‘client profile’ will include greater detail in relation to consumers, any potential risks and will record strategies.

The approved provider’s response to the Assessment Team’s report asserts the service’s risk assessment processes are well established and robust, as evidenced by the Vulnerable Persons Policy and Procedure, Client Intake, Assessment and Planning Procedure, Client Risk Assessment and Safety Planning Procedure, Client Risk Assessment Tool, Home Risk Assessment Tool, Additional Biopsychosocial Assessment Tool and Group Proposal Form. Evidence of these documents were included in the response.

I accept the service has a documented framework however, the approved provider’s response did not demonstrate that staff are following these guidance documents in their day-to-day assessment practices.

The Assessment Team outlined deficits in the assessment of four named consumers. The provider did not submit any evidence about these four consumers or provide the assessment information that the Assessment Team stated was not in these consumers’ assessment documentation / care plans.

I am persuaded by the Assessment Team’s evidence that appropriate risk assessments did not occur and strategies to guide staff on what to do in the case of a particular risk occurring for a consumer have not been tailored to the individual consumer’s risk, background or circumstances.

In relation to Non-Compliance of Requirement 2(3)(d)

The Assessment Team found care plans are not an effective communication tool to inform quality and consumer centred care. While the outcomes of assessment and planning are transferred into a care plan document, relevant information is not available at the point of service delivery. Service delivery points include planned activity groups and community outings.

Management said information is not provided, mainly due to consumer privacy concerns and the planned activity buildings are shared by other community groups.

The Approved Provider’s response does not directly address this non-compliance.

As no additional evidence has been provided, I accept the evidence of the Assessment Team.

In relation to Non-Compliance of Requirement 2(3)(e)

The Assessment Team’s report describes that while risk assessments are initially undertaken, updates following a change in a consumer’s well-being or an incident are not occurring.

Incidents reviewed included a consumer experiencing a choking episode during a planned activity group and a consumer with reducing mobility and increasing lethargy.

The Approved Provider’s response outlines every client related incident is reviewed at our monthly Clinical Governance Committee meetings with respect to the appropriateness of the management of the incident and any recommendations coming from these reviews are actioned. The Clinical Governance Committee reports to the Quality Committee and the Board.

I acknowledge that a governance framework is in place, and I have considered this in Standard 8. In relation to Standard 2 however, a responsive approach to the re-assessment of care needs as changes in health and wellbeing occur has not been demonstrated by the approved provider.

While the consumer may choose to manage health issues with their general practitioner to develop a treatment plan. However, a change in a consumer’s function or wellbeing should lead the approved provider to re-assess how the service they are delivering may also need to be changed / tailored to meet the changed abilities or risks to the consumer.

I am satisfied based on the evidence summarised above that:

* The approved provider has failed to comply with Standard 2 as it has failed to comply with the requirements as indicated in the table above.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The service does not provide personal or clinical care. This Standard does not apply.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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. | Non-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 have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

In relation to Complaint Requirements

Consumers and representatives described how the service supports them to maintain their independence, health, wellbeing and quality of life. Leisure and activities staff and management were familiar with the interests of consumers who attend planned activity groups and community outings. Consumers said staff ask about their wellbeing and notice when they are not their usual self. Staff described how they provide emotional support when consumers are feeling low.

Management described supporting social connections and independence including a monthly activities calendar that includes a broad range of activities such as outings to cafes and information sessions.

The service has also commenced a bus outing for consumers who require unaccompanied shopping assistance to support them to socialise and maintain their independence.

Staff demonstrated that where they cannot provide a service the consumer needs, they have referred consumers to My Aged Care.

The service does not provide meals. Systems and staff practices are in place to maintain and clean equipment used by consumers.

In relation to Non Compliance of Requirement 4(3)(d)

The Assessment Team found while staff demonstrated familiarity with consumers’ needs; in the event of regular staff being unavailable, this knowledge and any individual strategies to keep the consumer safe is not known or available to others, potentially placing consumers at risk.

Management told the Assessment Team they anticipate improvements with the introduction of a new software program and are reviewing ways to improve information supply for staff assisting consumers at social groups and outings.

The approved provider’s response did not provide any further evidence to consider in regard to this Requirement.

I am satisfied based on the evidence summarised above that:

* The approved provider has failed to comply with Standard 4 as it has failed to comply with the requirements as indicated in the table above.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

Consumers said the service environment is welcoming and gave examples of how they feel a sense of belonging at planned activity groups.

Consumers commented on the planned activity group venues being clean, well maintained and comfortable and described how the staff support them if they need assistance with regards to mobility and transfers. Consumers have free access to move inside and outside of the planned activity groups.

Effective systems and processes are in place to ensure service environments are safe and clean. Staff attend to general cleaning of rooms used by consumers who attend activity centres.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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 have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

Consumers and representatives interviewed said in various ways they are encouraged to provide feedback and raise any complaints and they feel safe to do so. Consumers find the programs organised by the service to be supportive and they have had negative feedback or complaints.

The Assessment Team noted the absence of external complaint contact details. Management advised by the end of the Quality Audit they had added external aged care complaints information to their information pack.

Management stated that consumers are assisted to access advocates and interpreting services. The organisation has access to interpreting and translating services including supporting consumers with vision and hearing impairments.

The Assessment Team noted while consumers are generally satisfied with how complaints are responded to, not all complaints are recorded on the service’s complaint register. While not particularly aware of the term ‘open disclosure’ staff, in describing the steps used in investigating and resolving complaints, are using this principle in dealing with complaints.

Management said they would support staff to understand how to document complaints and feedback in order for them to be used to make improvements.

# Standard 7

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| Human resources | | CHSP |
| 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 have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

Consumers and staff said there are enough skilled staff to undertake the work. Activities are consistently delivered according to the timetable of events.

Several consumers provided positive feedback in regard to the attitude and friendliness of staff who they find caring and reliable.

Management discussed the staff qualifications, skills and knowledge base required to effectively perform various roles. All staff have a position description that documents the qualifications required for the role.

Management stated they follow the recruitment guidelines and described the recruitment, onboarding and induction process. Vacant positions are approved by management, advertised and position descriptions are created to specify the requirements of the position. As the staff support consumers who may have a mental health diagnosis, a mental health background is required, along with specific requirements of each position.

All staff are required to sign a code of conduct, duty of care statement and a position description.

Staff stated they are provided with training online and face to face. Staff confirmed attending mandatory training and other training as identified during supervision meetings.

Management advised that the code of conduct training is being reviewed to meet the new legislation. The social service program team leader has undertaken the Serious Incident Response Scheme and mandatory reporting training. Further staff training is scheduled in the coming months.

Management demonstrated staff performance is regularly monitored.

# Standard 8

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| Organisational governance | | CHSP |
| 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. | Non-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. | Non-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. | Not applicable |

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

In relation to Complaint Requirements

The organisation has a participant advisory group that meets monthly to discuss the various mental health and aged care programs delivered by the organisation. The focus of the advisory group is ‘how can we add value to the client experience’. The group is supported by a staff member. Minutes of the meetings are provided to the Board.

Board members are provided with information on the Aged Care Quality Standards, code of conduct and are required to understand legislative requirements. A Board pack is sent to members prior to the monthly Board meetings.

Documentation provided to the Board includes minutes of meetings from sub-committees such as clinical governance, risk management, incidents, complaints, financial management and workforce issues.

Decisions made by the Board are discussed at management and staff meetings.

In relation to Non Compliance of Requirement 8(3)(c)

While the service has organisational wide governance systems the Assessment Team found deficits in Standard 2 that the service’s own internal audit systems had not identified or not addressed.

The approved provider’s response states that the service has a control and compliance platform. All internal documents are controlled, with version numbers, dates and document owners. All staff have access to policies, procedures, forms and templates via the Gemba platform.

Legal and regulatory compliance is also managed via this platform, with legal and regulatory updates provided to executive and senior managers based on their roles. The Compliance Calendar includes all our legal and regulatory compliance requirements and has an automated workflow that sits behind it. Compliance is reported to the Board on a monthly basis.

A detailed annual internal audit schedule is in place and the results of these reports are provided to the Quality Committee, WHS Committee and Board as appropriate. There is an annual Quality, Compliance and Risk Reporting Schedule that details the range of reports that are provided to the Board and Quality Committee.

These reports cover a range of quality governance topics including analysis of incident and complaints data, compliance with safety screening, credentialing and scope of practice, internal and external audit activities, compliance with performance review and supervision requirements, Human Resources and Work Health and Safety system audits.

Notwithstanding the framework in place, it is evident that the auditor(s) of the CHSP program have not identified any deficits of note when undertaking quality audits of client files. The audits are undertaken on a quarterly basis, and the quality improvement register does not show any corrective actions as being required.

I am satisfied the internal audit system is not effective at providing accurate information to the Board in relation to information management for CHSP consumers.

In relation to Non Compliance of Requirement 8(3)(d)

The Assessment Team identified consumers with common risks known to be prevalent among aged care consumers including risk of falling and risk of choking. Consumers in the service also had other risks such as risk of self-harm and risk of seizures.

The service is providing social support groups and transport services. I am satisfied that the risks identified by the Assessment Team in relation to the consumer’s conditions are relevant to these services and information on strategies for how staff should manage these risks if they occur should be available at the point of care.

The approved provider’s response notes that incidents from the social support program are infrequent, so it is not possible to determine any high prevalence risks.

The approved provider’s response demonstrates management of incidents once they occur. It does not, in my view, demonstrate a governance focus on preventative risk management and does not satisfy me that there are systems in place to mitigate risks occurring and to minimise any harm to the consumer from a risk that does occur.

I am satisfied based on the evidence summarised above that:

* The approved provider has failed to comply with Standard 8 as it has failed to comply with the requirements as indicated in the table above.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)