Performance

Report

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| Name of service: | Newmans on the Park |
| Service address: | 33 Newmans Road TEMPLESTOWE VIC 3106 |
| Commission ID: | 3877 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 10 February 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 Newmans on the Park (**the service**) has been prepared by James Howard, 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 conducted from 15 November 2022 to 17 November 2022; 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 in relation to this service

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said they were treated with dignity and respect and staff knew and valued their identities and cultural backgrounds and encouraged their diversity. Staff spoke respectfully of consumers and were familiar with their individual backgrounds and preferences. Staff described how they respected individual consumers by, for example, using their preferred names and learning key words in their cultural language to converse. Care documents showed consumers' cultures, identities and diversity were acknowledged, and their personal preferences were recorded.

Consumers said the care provided was consistent with their cultural traditions and preferences. Care documentation captured information regarding consumers’ preferences, including their cultural and spiritual needs. Staff identified consumers from culturally diverse backgrounds and described how they tailored care to meet their specific cultural needs and preferences.

Consumers said they were supported to choose who they wished to involve in their care and how they would like their care and services delivered. Consumers stated they were encouraged to make connections with others and maintain relationships, including intimate relationships. Staff knew how individual consumers wished to have their care delivered, who they wanted to be involved in their care and with whom they chose to maintain relationships.

Consumers said the service supported them to assess and take risks to enable them to live the best lives possible. Staff were aware of the consumers who took risks and supported their right to make choices to enhance their independence and wellbeing. Care documentation showed risks were adequately identified and assessed and appropriate measures were taken. Risk assessments were carried out by qualified health professionals and dignity of risk forms were signed by the consumer and/or representative. Consumers were provided with sufficient information to make informed decisions about engaging in activities which involved risk.

Consumers said they were provided with current and accurate information to support decision making, and they were supported to understand the information. Consumers advised they were involved in discussions and meetings where they were encouraged to raise any concerns. Staff described different ways they provided information to consumers, in line with their needs and preferences. Up-to-date information, such as the daily menu and lifestyle program schedule, was displayed around the service. The information available to consumers and representatives appeared clear, easy to understand and adequate to facilitate choice.

Consumers said staff respected their privacy and staff described the practical ways they respected consumers’ personal privacy, such as by knocking before entering a consumer’s room and closing doors when delivering personal care. Staff were observed knocking and waiting for permission before entering consumer rooms. The service had a written privacy policy which outlined how personal information was collected, used, disclosed and accessed.

# 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

The service demonstrated assessment and planning was effective and considered risks to consumers’ safety, health and well-being. A consumer assessment checklist guided clinical staff in the assessment of new consumers during admission. Consumers and representatives said they were involved in the care assessment and planning processes, which considered risks, and resulted in them receiving the care and services they needed. Staff described how they assessed and planned consumers’ care and service needs to deliver safe and effective care.

Consumers and representatives confirmed they were given the opportunity to discuss their current care needs, including advance care and end-of-life plans, if they wished to talk about it. Management explained how information on advance care and end-of-life care was included in the admission pack. Staff demonstrated a comprehensive knowledge of consumers’ needs, goals and preferences and how their care was delivered. Care planning documentation identified and addressed consumers’ current needs, goals and preferences, including their end-of-life wishes.

Consumers and representatives said they felt involved in the planning of their care and services. Care planning documents showed consumers, and others they wished to involve, were included in assessment and planning process. Staff and management described how they involved people who consumers wished to be involved in their care. Staff described the process for making referrals to medical officers and allied health professionals and shared recent examples which had required input from external organisations.

The service demonstrated the outcomes of assessment and planning were effectively documented in a care and services plan and communicated to consumers and representatives. Representatives said the service maintained good communication with them, particularly around changes in care and staff explained things to them clearly and clarified clinical matters, if necessary. However, some consumers and representatives had not seen their care plan or were not aware of it being readily available to them. Consumers stated they were kept well informed of things such as when the doctor was visiting or when wounds would be attended. Clinical staff explained how they updated families during regular visits or by telephone.

Consumers and representatives said their care and services were reviewed regularly and when changes occurred. Documented policies and procedures set out the review, reassessment and monitoring processes for care and services. Clinical staff explained the process for the regular review of care plans and said any changes to consumers’ care or any incidents were communicated to families as soon as possible, and care plans were updated accordingly. Care plans showed they were regularly reviewed for continued effectiveness, when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer.

# Standard 3

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

Findings

Consumers considered they received safe and effective personal and clinical care that was best practice, tailored to meet their needs and optimised their health and well-being. Care documents reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. Staff described written policies and procedures which guided their practice in delivering safe and effective care to each consumer.

Management and staff described high impact and high prevalence risks to consumers and explained how they were effectively managed through regular clinical data monitoring, trending and implementation of suitable, individualised, risk mitigation strategies. Consumers and representatives felt the service adequately managed risks to consumers' health, particularly in relation to behaviours and COVID-19. The service had a documented risk management framework and staff were aware of policies on managing high impact or high prevalence risks to consumers. A system was used to record high impact and high prevalence risks to consumers.

Management explained how the needs, goals and preferences of consumers requiring end-of-life care were recognised and addressed, their comfort maximised, and their dignity preserved. Care planning documentation included an advance care plan and evidenced discussions with representatives regarding palliative care. Consumers and representatives expressed satisfaction with how the service provided end-of-life care. Staff described how they approached conversations around end-of-life care, how they provided palliative care and how they maximised the dignity and comfort of consumers towards the end of life.

Staff described how the service recognised and responded to changes in a consumer’s health, function, capacity or condition, in a timely manner. Clinical staff explained how a deterioration in a consumer’s condition was discussed during shift handover and staff meetings and triggered a medical officer review and/or hospital transfer, if needed. Care documents and progress notes showed deterioration, or changes in condition, were recognised and responded to promptly by the service.

Consumers and representatives said their needs, goals and preferences were effectively communicated between staff and they received the care they needed. Current information about consumers’ conditions, needs and preferences were documented and effectively communicated with those involved in the consumer’s care. Care planning and shift handover documentation provided information to support effective and appropriate sharing of information needed to support effective care.

Records showed the service referred consumers to other individuals and organisations providing care and services promptly. Care documents and progress notes showed the involvement of medical officers, allied health professionals and other providers of care, where needed. Consumers and representatives said referrals were timely and appropriate, and they had access to a range of health professionals. Management and clinical staff described how care at the service was supplemented by other providers of care and services.

The service had documented policies and procedures to minimise infection risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. The service had an outbreak management plan and two infection prevention and control leads. Consumers said the service was kept clean and they saw staff using personal protective equipment correctly and practicing safe hand hygiene. Records were maintained for annual influenza and COVID-19 vaccinations for staff and consumers.

**Standard 4**

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

Findings

Consumers confirmed they were supported to participate in satisfying activities and were supported to optimise their independence and quality of life. Staff described what was important to specific consumers and how they assisted consumers to optimise their independence, health, well-being and quality of life. Care documentation adequately identified each consumers’ needs, goals and preferences and this was consistent with consumers’ verbal responses.

Consumers said their emotional, spiritual and psychological needs were met by the service. Staff advised how the supported consumers' emotional, spiritual, and psychological needs in various ways, such as by assisting consumers to maintain connections and continue to engage in their chosen lifestyle activities and religious and cultural practices. All staff said they provided emotional support or referred consumers to relevant supports when they noticed changes in a consumer’s mood or behaviours.

Consumers and representatives indicated they received support to participate in activities within and outside the service, maintain contact with people important to them, and do things of interest to them. Staff described how they assisted consumers participate in the community and engage in activities of interest to them inside and outside the service. Staff explained how volunteers and community organisations such as church groups, pet therapists and entertainers were involved in the service regularly. Consumers' care documents aligned with the information provided by consumers, representatives and staff about their involvement in activities, the community, and maintaining personal relationships.

Consumers confirmed their preferences, needs, and condition were effectively communicated within the service, and with others who shared responsibility for their care. Staff were aware of consumers’ status and described ways they shared information and were kept informed about the changing condition, needs and preferences of each consumer. Care documents provided adequate information to support safe and effective care related to daily living.

The service demonstrated it made timely and appropriate referrals to other individuals and organisations providing care and services. Consumers confirmed they were supported by external organisations, support services and other providers of care and services. Care documents recorded a variety of referrals to external providers of care and services. Staff said they were supported by documented policies and procedures for making referrals and described the external supports used to supplement the care and services provided to consumers.

Consumers expressed satisfaction with the variety, quality and quantity of food provided. Care documents reflected dietary needs and preferences. Consumers said they were provided with choice for each meal and could request something different or snacks in between meals. The service had processes and systems in place which involved consumers in the development of the menu and gather feedback on the quality of the food provided. Staff described how a dietician was involved in the menu development and how they met individual consumer’s dietary needs and preferences in accordance with their assessed needs. Meal service appeared well managed, and consumers appeared to enjoy the dining experience.

Consumers said they were satisfied the equipment available was safe, suitable and well maintained. Staff said they had access to suitable equipment, and they described how it was maintained and cleaned. Cleaning and maintenance schedules were up to date and equipment provided to consumers appeared to be safe, suitable, 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

Families and visitors were observed entering the service and being greeted by staff and provided with information and directions. Consumers’ bedroom doors were clearly numbered and had their name and personalised decorations. The service environment was warm, adequately lit and had signage throughout. Consumers said their family were made to feel welcome and they could furnish their room and surroundings with personal items, making the service feel like home. The service also had quieter areas on each floor such as the library and quiet lounge areas.

Consumers were satisfied the service was clean and they felt safe. Consumers said they could move around freely and access the outdoor areas. The service appeared safe, clean, well maintained and comfortable for consumers. Consumers were observed moving around the service independently and using mobility equipment. The outdoor areas had clear, safe pathways which could be accessed through key-coded doors and there was adequate shade, shelter and safe furniture. The service had strategies in place to support consumers with cognitive impairment to access other areas of the service. Cleaning staff were observed cleaning rooms and high touch point areas and referring to daily and weekly cleaning schedules.

Consumers said the furniture, fittings and equipment were suitable, clean, well maintained and safe for use. Consumers said equipment they used, such as walkers and recliner chairs, were not shared with other consumers and were maintained and cleaned by the service. The furniture, fittings and equipment were observed to be safe, clean and well maintained. Records showed furniture and equipment were maintained regularly.

# 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

Consumers and representatives said they were supported by the service to provide feedback or make complaints and the service dealt with any issues in a timely manner. Management and staff described the various policies and processes in place to encourage and support feedback and complaints. The Assessment Team observed feedback forms in relevant languages and feedback lodgement boxes throughout the service.

Consumers said they felt comfortable speaking directly with the management about concerns or complaints, but they were aware of other avenues for raising a complaint, if needed. Staff described how they assisted consumers who had a cognitive impairment or poor vision to make a complaint. Staff and management described how to access interpreter and advocacy services for consumers. Information on advocacy and interpreter services was displayed throughout the service and brochures about different avenues for complaints were available in several languages.

Consumers and representatives said the service responded appropriately to their complaints or concerns, or when an incident occurred. Staff and management described the complaints escalation process and the use of open disclosure. The service had a suite of documented policies and procedures around complaints and the complaints register showed the service recorded feedback and complaints and took appropriate and timely action. Management provided examples of recent actions taken in response to complaints which showed appropriate and timely actions were taken and open disclosure was used.

Consumers were satisfied with improvements made by the service as a result of their feedback. Staff described how feedback and complaints were used to improve the quality of care and services. Management described how the complaint, incident and continuous improvement registers were maintained and used to inform continuous improvement across the service. Improvement actions taken in response to feedback and complaints were analysed and evaluated in consultation with consumers and representatives.

# 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

The service demonstrated the workforce was planned effectively and there were adequate staffing numbers and mix to meet the needs of consumers. Some consumers described occasions where the service could benefit from more care staff; however, they felt their care needs were met. Consumers that used their call bells considered they were answered in a timely manner. Management and staff explained how shifts were filled in the event of unplanned leave. The service audited call bell response times each week and the average call bell response times for the previous fortnight were all under 10 minutes. Excessive call bell response times were investigated, and any corrective actions identified were added to the service’s continuous improvement register.

Consumers and representatives said staff engaged with them in a respectful, kind and caring manner. Staff were observed interacting with consumers in a friendly, kind and respectful way and showed they were familiar with each consumer. Management said they monitored staff interactions with consumers and representatives through observations and formal/informal feedback processes. The service had a range of documented policies and procedures which guided staff practice in how care and services were delivered.

Consumers and representatives said staff were suitably skilled and competent to meet their care needs. Staff expressed satisfaction with the training and support provided to them by management and other staff. Management described how they determined whether staff were competent and capable in their roles. Position descriptions included key competencies, qualifications, registrations and checks for each role.

Consumers and representatives were confident in the staff and felt they were well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Training records confirmed the service trained and monitored staff competencies to ensure staff had the skills and knowledge to perform their roles effectively. The organisation had relevant policies and procedures and tracked completion of the mandatory training modules.

The service demonstrated it regularly assessed, monitored, and reviewed the performance of its workforce. Management and staff confirmed there were systems in place for reviewing performance during a probationary period and then on an ongoing basis. Management said staff performance was also monitored through feedback from consumers and representatives, input from other staff members and clinical performance data. The organisation had a suite of documented policies and procedures to guide the selection and monitoring of staff performance, including the management of underperformance. Records confirmed the annual performance appraisal of staff was completed in accordance with the service’s policy.

# 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

Consumers and representatives said the service was run well, and they were satisfied with their level of engagement in the development, delivery and evaluation of care and services.  
Management and staff described various ways consumers were involved in decisions about the service, and in the development, delivery and evaluation of the care and services provided. Consumer meeting minutes confirmed consumers and their representatives were engaged by the service on an ongoing basis.

The organisation’s governing body promoted a culture of safe and inclusive care and was accountable for the delivery of safe, quality care and services. Management described how the organisational structure and Board had oversight of the delivery of inclusive care and services in accordance with the Quality Standards. The organisation had clinical and quality governance frameworks that established accountability from the service manager through various committees to the Board. Records confirmed the Board received regular performance reports from the service and monitored compliance with the Standards. Consumers and representatives felt the organisation promoted a culture of safe, inclusive, and quality care and was accountable for the delivery of care and services.

The service demonstrated effective, organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described processes and mechanisms in place for each respective governance system and how staff were guided by the relevant documented policies, procedures and training.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff explained the risk management processes and identified the key areas of risk being mitigated within the service. Staff had access to appropriate policies and training and provided examples of how they applied these in their daily work.

The organisation’s clinical governance system ensured the delivery of safe and effective clinical care across areas including antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. The service had relevant policies and procedures which were readily available to staff and were implemented across the service.

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)