Performance

Report

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| Name of service: | Regis Burnside |
| Service address: | 6 Booth Avenue LINDEN PARK SA 5065 |
| Commission ID: | 6085 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 23 June 2023 |
| Performance report date: | 27 July 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 Regis Burnside (**the service**) has been prepared by G. Hope-Simpson, 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; 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 Aged Care Quality and Safety Commission in relation to the 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 and representatives said they were treated with respect and dignity, which was reflected in observations made during the site audit. Care and lifestyle plans reflected consumers’ identity, culture, and care preferences. Individual and group lifestyle programs were based on cultural and religious preferences and informed by consumer feedback. A lifestyle assessment and care plan was completed on admission, to identify cultural background, language needs and alternative communication measures. Staff explained how they adapted care to meet cultural needs and were familiar with consumers’ cultural needs. Training, policies and procedures were in place to guide staff in provision of culturally safe care.

Consumers said they were supported to make informed decisions about their care, who was involved in it and about risks they wanted to take. Consumers said, and observations confirmed, they were supported to make and maintain connections, including intimate relationships. Care plans documented preferred activities and care decisions, as well as risk assessments used to support consumers’ dignity of risk, with documented risk mitigation strategies included.

Consumers and representatives said they received clear and timely information through calendars, meetings, newsletters, menus and from staff. Consumers said staff protected their privacy, staff had been trained in privacy and were observed to follow consumer preferences. Information systems were secure, and password protected. A privacy policy outlined how the service maintained and respected confidentiality of personal and health information.

# 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

Consumers and representatives said staff discussed risks during care conferences and explained the mitigation strategies used to reduce them. Staff outlined the entry assessment process and ongoing assessment reviews when consumers’ needs changed, or further risks were identified. Consumer files confirmed the service used validated risk assessment tools to identify risks such as in relation to falls, pressure injures, malnutrition, allergies and responsive behaviours. Care plans contained current account of consumers’ needs, goals and preferences in relation to personal and clinical care and daily living, as well as advanced care and end-of-life planning. Staff understood their responsibilities in end-of-life care.

Consumers and representatives were aware of what was in their care and services plans and most confirmed clinical staff regularly explained the plans to them, however one representative noted the service had not informed them of their family member’s significant weight loss. Staff confirmed copies of care plans were not routinely offered but could be provided on request.

Care documentation reflected regular, ongoing review of consumers’ care and services, needs, preferences and goals, as well as ongoing partnership with consumers, representatives, external providers, professionals and services. Service policy and procedure required 3 monthly care plan reviews, and in response to changing consumer conditions, needs or preferences. Consumers and representatives confirmed reviews occurred regularly and when needed. Documentation review confirmed consumer care plans were reviewed when changes or incidents occurred and every 3 months, in line with service policy.

# 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

Most consumers and representatives reported consumers were receiving the care and services they needed, however one representative considered continence care was not optimised for their family member. Care plans generally reflected tailored care that was safe and effective, however an internal audit completed during the site audit found staff had not been documenting their two hourly monitoring checks of the 6 consumers in the service who are mechanically restrained through use of bed rails. Corrective actions were taken during the site audit. Interviews with consumers who received oxygen therapy also highlighted a deficit in care, with consumers stating staff did not regularly change and clean nasal prongs and oxygen tubing, but there was no identified impact to consumers as a result of this. Immediate corrective actions were taken during the site audit, including additional staff training to remedy that issue. Review of care planning documentation, interviews with and observations of consumers otherwise demonstrated effective personal and clinical care for pain, skin and wounds, safe and compliant use of restrictive practices and effective management of other complex care needs. On the balance of evidence available, the Assessment Team were satisfied Requirement 3(3)(a) was met.

Consumers and representatives said the service discussed with them the risks associated with consumer care, and possible strategies to manage those risks. Staff demonstrated understanding of high prevalence high impact risks and how these were managed, including in relation to falls, pressure injuries, weight loss and changed behaviours. Care planning documents reflected the use of appropriate strategies manage to risks in these areas. Incidents of falls, skin damage, pressure injuries, infections, changed behaviours and other clinical indicators such as unplanned weight changes were reviewed and trended monthly by the service’s clinical care manager as part of routine clinical governance.

Care plans documented consumers’ end of life needs, goals and preferences for care. Consumers were confident the service would respect their wishes and support them to have the end of life experience they wanted. Staff understood how care changed toward end of life to emphasise comfort, pain management and dignity, with emphasis on wishes contained in consumers’ end of life plans. Care plans showed the service partnered with consumers and representatives in planning end of life care and palliative consumers received care in line with their needs and wishes.

Consumers and representatives were satisfied the service recognised signs of deterioration and responded promptly. The service had a deterioration policy in place to guide staff practice. Staff understood their responsibilities to escalate changes and deterioration in a timely manner and described how they monitored consumers’ daily, to support timely recognition of change. The service had a Registered Nurse on site 24-hours per day. The Assessment Team identified several examples where service staff had recognised and responded in a timely manner to deterioration or change, including weight loss, injuries following falls and breathing difficulties.

Consumers and representatives said the service understood their needs and communicated these effectively within the service. Staff confirmed information about consumers’ condition, needs and preferences were shared via daily handovers and the electronic care management system (ECMS). Care documentation showed communication between staff and others involved in care, with instructions documented and updates made. Allied health professionals had access to the ECMS to access care plans and handover notes.

The service made timely and appropriate referrals to other services, professionals and organisations. Staff explained what might trigger a referral and how external input was sought and integrated into care. Consumers and representatives confirmed consumers were supported with referrals to other health professionals and specialists when needed. Care plans documented involvement of podiatrists, dietitians, physiotherapists, speech pathology, and external dementia services.

Consumers and representatives considered the service demonstrated effective infection prevention and minimisation practices. Staff understood their roles and responsibilities in relation to infection prevention and control, and the service’s antimicrobial stewardship program. Policies were in place, including an outbreak management plan, infection control guidelines and a policy on antimicrobial stewardship. The Assessment Team observed COVID-19 screening processes, personal protective equipment (PPE) stocks and staff using hand hygiene practices.

# 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 and representatives confirmed consumers received emotional, spiritual, and psychological support and were supported to do things they enjoyed optimising their health, wellbeing and quality of life. Staff described how they support consumers’ needs, goals, and preferences and provided one-to-one emotional support. Assessments carried out on admission and afterwards identified consumers’ preferred leisure activities, social, emotional and wellbeing needs and preferences. Care plans detailed individual services and supports needed to support daily living and consumers’ favoured lifestyle activities. Staff had accurate understanding of sampled consumers’ assessed needs, goals and preferences. The Assessment Team observed various group and independent activities, and noted the service had engaged with volunteers, who also provided support to consumers.

Consumers described how the service supported their relationships, including intimate relationships, and ensured they could pursue activities of interest inside and outside the service. Consumers described attending community groups and clubs independently and taking outings with family. Staff explained how they supported consumers to stay in touch with people important to them, by providing support with technology and social media, for example. Care documentation listed the important people in consumers’ lives, and their individual values and activities they wanted to participate in. Observations showed consumers were engaged in socialising and group activities throughout the site audit.

Most consumers and representatives said information about consumers’ daily living needs and preferences were well communicated across the care team, however one consumer raised concerns they were served meals they were unable to eat due to allergies. Actions were taken during the audit to develop a meal plan with the consumer, to address the issue. Staff confirmed they had access to lifestyle and daily living information through the ECMS and said they were kept informed of changes in consumers’ needs and preferences through shift handover, handover documents, the whiteboards in the nurses’ stations, and informal verbal discussions. Allergy and dietary requirements were updated in care plans, displayed in the kitchen and on meal cards and medication charts. Staff had good knowledge of consumer’s allergies, though gaps in understanding of the ingredients of some meals was an identified issue in relation to one consumer discussed above. No impact to the consumer was identified as a result of this. Sampled care plans contained accurate information about consumers’ lifestyle and daily living needs and preferences.

The service used various external services and organisations to enhance consumers’ lifestyles. For example, the service partnered with religious personnel, optometrists, speech therapists, podiatrists, mental health services, dieticians, volunteers, a hairdresser, dementia support services and a counselling service. Lifestyle staff confirmed the service had links with an external community garden, a nearby bowls club and a library. Collaboration with other services was also evidenced in care planning documents.

Most consumers and representatives who spoke to the Assessment Team said they were happy with the quality and quantity of food provided to them at the service. They confirmed they had input to menu planning and could get alternative meals off menu. Staff were knowledgeable about sampled consumers’ dietary preference and requirements. Menus were developed in partnership with a dietician, and the service had recently introduced a seated ordering system for lunch and dinners, which consumers were reported to enjoy. Care plans reflected consumers’ dietary needs, likes and dislikes, allergies and cultural or religious meal requirements. Dining rooms were observed to be calm and pleasant with soft music and consumers receiving support to eat, as needed.

Consumers said they felt safe and were satisfied with the equipment used to support them in daily living. Provided equipment was observed to be suitable, well-maintained, and clean.

Lifestyle and care staff confirmed there was a surplus of equipment, such as wheelchairs and walkers, available to consumers if their personal equipment required maintenance or repaired. Reactive maintenance logs showed requests were actioned in a timely manner.

# 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

The service’s physical environment was welcoming and promoted a sense of belonging, consisting of 2 story buildings with multiple courtyards and communal areas to encourage interaction. Consumers could access various outdoor areas, and multiple indoor sitting areas. Consumer mobility was supported with hallways and corridors that were clean, wide and unobstructed. Consumers said they fell at home at the service and considered that the service promoted their independence. Consumers were observed socialising in various parts of the service, both in and outdoors. Activities were taking place in communal areas, such as the knitting room. Communal areas were well-used, and consumers’ rooms were personalised.

The service was observed to be clean, maintained and appeared comfortable, with consumers moving about freely. Consumers and representatives said the service was kept clean and well-maintained and they confirmed consumers could move about freely, both indoors and outdoors. Those consumers who were environmentally restrained in the memory support unit had relevant legal requirements met. Maintenance staff outlined the preventative and reactive maintenance systems, management confirmed there were cleaners employed to conduct day-to-day and high touch point cleaning during lockdowns. Outdoor areas were well manicured, with clear and wide pathways.

The Assessment Team observed, and consumers sampled confirmed, the furniture, fittings and equipment were kept clean and safe. Staff understood how to request maintenance and outlined the cleaning routines for shared equipment. The service demonstrated effective and generally prompt reactive maintenance processes. External contractors were used for the preventative maintenance of specific equipment such as lifting machines, catering, and laundry equipment. Shared equipment, such as mobility aids and hoists, were observed to be clean, safe, and properly stored.

# 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 comfortable to raise concerns and feedback, were encouraged to and confirmed they were aware of how to do so. They confirmed the service promptly addressed their concerns when they had complained in the past. Staff explained how they encouraged feedback and complaints, through meetings, surveys and audits, as well as through direct conversations. They outlined how they managed complaints, by escalating to management in a timely manner. The service had a ‘Feedback, Complaints and Open Disclosure Policy’ in place, and staff practice was found to align with this. Observations showed information about complaints and feedback processes displayed in the service and in the welcome pack; feedback forms and boxes were also displayed. Documentation review showed complaints were logged, actions and follow up with complainants was recorded.

Interviewed consumers and representatives were aware of how to make complaints internally and externally if necessary. They confirmed they were provided information about advocates and language services. Consumers requiring interpreting or translation support for complex discussion were identified and staff were aware of strategies in place to support such consumers. Information about internal and external complaints avenues was displayed throughout the service and in the consumer handbook.

Consumers confirmed they had seen the service implement changes in response to feedback and complaints and provided examples of this. The service’s feedback and complaints were linked to the Plan for Continuous Improvement (PCI) where required. Management outlined how complaints and feedback were logged into the continuous improvement register for review by upper management. These were trended and evaluated every month with the quality assurance team to support quality improvement and implementation of actions. Feedback and complaints were a standing agenda item at consumer and representatives’ meetings, clinical, staff and quality meetings.

# 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

Most sampled consumers confirmed the service had adequate clinical, care and service staff to meet their needs, and they were satisfied with call bell response times. Most clinical and care staff said staffing levels were adequate and they could attend to consumers’ needs. Management took a planned approach to rostering, based on regular staffing updates from all departments. Review of the roster showed a skill mix of RNs, enrolled nurses and care staff. Call bell times were tracked and response times over 10 minutes were investigated. Two consumers had experienced issues with their call bells being out of reach or ineffective, most were satisfied with response times, and there was no identified impact to consumers.

Consumers reported staff were respectful, kind and caring and observations reflected this, with staff acting in a caring and professional manner throughout the site audit. Management outlined how the service monitors staff interactions with consumers through observations and feedback. A code of conduct was in place and new employees were provided a ‘pocket guide’ setting out organisation expectations around customer service and consumer rights. Staff had training on inclusion, equality and diversity.

Consumers and representatives felt staff had necessary skills and abilities to meet their care needs. Staff probity checks were completed prior to commencement of employment, including qualifications and registration checking, criminal history and work rights. Position descriptions were in place which specified expected qualifications and experience required. Training on commencement at the service included buddy shifts and mandatory training as well as mandatory annual training modules and option professional development thereafter. The service had strong completion rates of 96% for mandatory training.

The service required annual performance appraisals and had an 18-week probation period. While appraisals for the month of the site audit had been planned, 18 were due at the time of audit. Management outlined other ways the service monitored staff performance, including through audits, competencies, and feedback.

# 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 were engaged in the design, delivery and evaluation of care and services, and explained how the service gathered their insights through meetings and care conferences. Management also outlined that consumer input was sought through surveys, feedback processes and a consumer advisory committee. Management identified a recent initiative, driven by consumers, to set up a walking group which visits a nearby community garden for weekly gardening sessions. A sensory garden was being developed for the Memory Support Unit, which will incorporate suggestions from consumers and families.

A robust organisational governance framework was demonstrated, that has established cascading accountability from the governing body through various committees to the service manager. The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. Members of the governing body came from a range of professional backgrounds, and were supported by 4 sub-committees, which included a clinical governance and care committee and an audit and risk committee. The governing body had visibility of the service’s performance through regular reports, containing information about complaints, serious risk incidents, and quality indicators. The CEO of the organisation has regular meetings with managers and the Assessment Team identified several safety initiatives that had been championed by the governing body. These included the roll out of a new medication management system in response to medication incidents and approval of a new national wound management prevention role, to develop targeted education and training across the organisation.

Documentation review, staff, management and consumer interviews demonstrated effective organisation wide governance systems in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The service had an effective risk management framework. Risks were reported, escalated, and reviewed by management at the service level and by the organisation's governing body. The service demonstrated components of the risk management system, including incident reports, audits, and meetings with consumers and staff. Staff understood their incident reporting obligations and had shared understanding of their obligations in relation to abuse and neglect. Serious incidents were reported to the Commission. High impact and high prevalence risks were identified, and appropriate interventions tailored to each consumer were implemented. An incident management system was in place and dignity of risk policies and procedures were embedded and used to support consumers to live the best life they could.

The service had a clinical governance framework in place that contained policies and procedures concerning antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff had been trained in these areas and demonstrated shared understanding of how the concepts applied to their daily practices.

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)