**Performance**

**Report**

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| Name of service: | Regis Hollywood Day Therapy Centre |
| Service address: | 116 Monash Avenue NEDLANDS WA 6009 |
| Commission ID: | 500218 |
| Home Service Provider: | Regis Aged Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 14 April 2023 to 18 April 2023 |
| Performance report date: | 26 June 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 Hollywood Day Therapy Centre (**the service**) has been prepared by F. Nguyen, 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:**

* Care Relationships and Carer Support, 25198, 116 Monash Avenue, NEDLANDS WA 6009
* Community and Home Support, 25199, 116 Monash Avenue, NEDLANDS WA 6009

# 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.

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **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 | | 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

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. All consumers interviewed said staff treat them with respect and they are provided with dignity when care is delivered through the allied health programs offered. Consumers interviewed confirmed staff consult with them about their needs, preferences, and choices and how this will be reflected in how the service will be delivered.

The service demonstrated the delivery of their allied health programs are culturally safe. Staff are educated in delivering culturally safe support and were able to describe what this means in practice. The service considers and supports consumer’s cultural needs and preferences when providing care in consultation with the consumer or their representative. Consumers interviewed said staff know them and know what is important to them.

The service demonstrated each consumer is supported to exercise choice and decisions about their care, including where others should be involved, and maintain relationships. Staff discussed promoting choice and independence to consumers and evidenced showed consumers have been consulted in decision making processes about their participation at the centre. Choice and decision making is discussed as part of assessment and ongoing review with details recorded. Choice and decision making was noted to be included in guidance to staff through policy and procedures.

The service demonstrated that each consumer is supported to take risks to enable them to live the best life they can. Consumers are encouraged to do things independently and make informed decisions where risk has been identified. Staff support consumers in taking risks through discussion and suggestions about how the risk can be supported while taking into consideration how the risk may impact staff and other consumers. The service has policy and processes to guide staff to help manage risk while supporting dignity of risk for the consumer.

The service demonstrated that each consumer is provided with current, accurate and timely information that is easy to understand and enables them to exercise choice. The home care handbook (the current information handbook used), agreements and many of the information brochures are standardised across all home care services within the organisation. The organisation has teams to review that documentation provided to consumers contains information that is clear and complies with the requirements of the Quality Standards.

The service demonstrated that they have policies and procedures to ensure consumer information is kept confidential and only shared with the consent of the consumer. All staff and management are required to complete training in confidentiality and information handling.

# 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. | 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 has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care and services in partnership with the consumer or representative where consented. The information outlined in the care plan guides staff in the provision of safe and effective care and services. The service considers the risk for consumers when completing assessments. Following discussion with consumers, strategies to reduce the risk to consumers were noted to be recorded in consumers care plans. Policy and procedure documents guide staff in assessment and care planning.

The service supports consumers to identify specific goals for the services they receive that are embedded in the therapy goals agreed between the allied health professional and the consumer. While the model of the service is based on a reablement and wellness model, it does not necessarily include discussion about advanced care planning. Some staff however were able to provide examples of where they have supported discussions around advanced care and end of life with consumers. The Assessment Team discussed advanced care planning with management and staff. They responded the service focuses on reablement and wellness and while it does not actively seek information on whether a consumer has an advanced care directive in place the physiotherapist said there has been discussions with consumers when they have brough the topic up. Management said they will consider supporting consumers through providing information.

While the service may not be actively discussing advanced care planning evidence was provided where they have supported consumers where they are receiving external palliative care. See Standard 3 for further information. The Assessment Team is recommending on balance of the evidence gathered for this requirement that it is met.

The service demonstrated the consumer is central to the planning of the services it provides with the consumer information it collects recorded on the consumer documentation. The service demonstrated where identified or raised others are involved in the assessment process. Review of documentation showed the service has processes in place to support consumers to access external service providers sharing consumer’s goals and preferences in accordance with their obligations relating to privacy of information.

The service demonstrated outcomes of assessment and care planning are effectively communicated. Consumers said they are offered the developed care plan. Staff said they have access to care documentation to guide the activity the consumer attends the centre for. There are procedures in place for information to be updated to provide the most current consumer documentation.

The service demonstrated there are processes in place to ensure each consumer participates in an annual review to discuss the consumer’s goals and current needs. This process is also completed when changes are required to reflect an adverse event or change in the consumer’s health condition or personal reference.

# 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. | 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

The service demonstrated allied health care it delivers is tailored to each consumer’s needs, and preferences based on assessment of the consumer’s needs, goals, and preferences. All consumers interviewed reported satisfaction with the support they receive through the varied programs they attend. Allied health staff use validated assessment tools to inform strategies individual for the consumer. Policies and procedures are available to staff who confirmed the optimisation of each consumer’s health and wellbeing is the focus of the programs provided.

The service demonstrated it effectively manages high impact and high prevalence risks associated with its consumers. Systems and processes are in place to identify, discuss and record these actual or potential consumer risks and how they will be mitigated while participating in the therapy programs. Care documentation provides guidance to staff of awareness of risks, how to support the consumer and minimise incidents. Policy and procedure guides staff to ensure risks are understood, strategies are agreed, and incidents and concerns are raised and reported.

The service while being a low entry level program demonstrated where they are presented with a consumer who is nearing end of life, they support the consumer through non-pharmacological strategies to provide comfort with pain strategies. The service does not have any current consumers who are known to be in a palliative stage of life. However, staff said they have previously supported a consumer who was receiving chemotherapy and had ongoing pain issues. The physiotherapist said they had provided pain management strategies through an exercise program that the consumer said helped.

The service was able to demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems, processes, and education are available to guide staff in recognising and responding to a consumer whose function, capacity or health condition changes or deteriorates. Staff interviewed were clear about their responsibilities including identifying and reporting signs of deterioration.

The service demonstrated communication systems available to the workforce to assist them to provide and coordinate care that respects the consumer’s choices ensuring safe, effective, and consistent care is provided. Care plans are updated regularly, and all staff have access to information pertinent to their role.

The service demonstrated there is timely and appropriate referral to external providers where the allied health service cannot be provided through the service. Staff described the processes to complete this and how the information is recorded on the consumer care documents for clarity.

The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices.

# 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

All individual requirements within Standard 4 are not applicable, therefore Standard 4 is not applicable, and as a result was not assessed during the Quality Audit.

# 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

The service demonstrated the service environment is welcoming and optimises each consumer’s sense of belonging, independence, interaction, and function. Nineteen consumers interviewed over the Quality Review visit confirmed they were satisfied with the environment of the service and how staff supported them.

The service environment was observed to be safe, clean, well maintained, and comfortable. Consumers were observed to move around independently and where required with support from staff. Consumers did not raise any concerns about the service environment.

The service demonstrated furniture, fittings and equipment are safe clean, well maintained, and suitable for the consumer. Consumers were satisfied with the equipment available to them. Staff said there are processes to ensure equipment and resources are clean, safe, and maintained.

# 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

The service demonstrated that consumers and representatives are encouraged and supported to provide feedback and make complaints. Consumers are provided with information during intake that explains how important it is for the service to receive feedback and complaints from consumers.

The service demonstrated that consumers have access to advocates or language services if they require assistance to give feedback or make a complaint. Consumers interviewed said that they knew how to make complaints without assistance but were aware they could nominate a representative if they wished.

The service demonstrated that it responds appropriately to complaints made by consumers and priority is given to keeping consumers informed about progress and outcomes. The organisation promotes an open disclosure approach when things go wrong. Consumers interviewed who have made complaints or given feedback said they were satisfied with the way the service responded to their complaints.

The service demonstrated that there are systems in place that ensure feedback and complaints are reviewed to identify areas where improvements can be made to the quality of care and services delivered to consumers.

# 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

The service demonstrated that the workforce is planned and managed to ensure the continuity of care. There has been a high turnover of staff in the past 12 months and some periods when key positions have been vacant, however, the service has continued to deliver services with minimal impact to consumers. Consumers interviewed said that it was rare that the service cancelled appointments, but when they did the service contacted them to give the reason for the cancellation and to re-schedule the appointment.

The service demonstrated that workplace interactions with consumers are kind, caring and respectful, and that services are delivered having regard to the preferences of each consumer. Consumers interviewed consistently talked about how wonderful the staff are and spoke about individual members of staff treating them with respect and kindness.

The service demonstrated that processes and systems are in place to ensure that all members of the workforce, including sub-contracted workers, are competent and have the qualifications and knowledge to effectively perform their roles. Position descriptions detail the qualifications and competencies required to effectively perform each role, and evidence of ongoing compliance with those requirements is monitored. Consumers interviewed consistently said that they had noticed improvements in their physical health which they directly attributed to the competence and knowledge of the allied health staff.

The service demonstrated that it has systems in place to recruit, train, equip ad support the workforce to deliver safe and quality care and is constantly reviewing and improving those processes. Mandatory induction and ongoing training must be completed by every member of the workforce and compliance is monitored by automated systems and overseen by the human resources team of the organisation. Staff described the mandatory online and face-to-face training they were required to complete when they commenced with the service, and their ongoing training requirements.

The service demonstrated that systems are in place that require each member of the workforce to complete an annual performance review with their line manager. The service uses the review information to identify opportunities for professional development. In addition, processes are in place to identify any gaps in the current competencies and skills of staff, and to rectify these through performance management processes and/or additional training. Consumers interviewed said they were satisfied that the staff who delivered their services are competent and well-trained, but if they had concerns about competency, they would be comfortable to raise those concerns with management.

# 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. | 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

The service demonstrated that they encourage feedback and suggestions from consumers to inform improvements to the way services and care are delivered. The Assessment Team reviewed a report prepared following the last consumer survey that noted suggestions made by consumers, and the steps the service was making to respond to and action those suggestions.

The service demonstrated that the organisation promotes and is accountable for a culture of safe, inclusive, and quality care and services. Organisation-wide policies and procedures require all employees, consumers of services and other stakeholders to treat others with respect and awareness of their individuality and cultural preferences.

The service demonstrated that effective organisation-wide governance systems are in place across all key areas of business operations such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

(i) information management

Management described how the organisation delegates responsibility to local managers to ensure that services are delivered safely, and consumers have access to the information they need. Local managers are supported by organisation-wide policies, procedures and systems and clear pathways to escalate matters and keep the organisation informed about significant developments in each service.

(ii) continuous improvement

Management described the robust systems that are used to regularly audit the effectiveness of its operations and to plan and update continuous improvements across all services. Agendas for regular team and committee meetings include standing items to ensure that opportunities for improvements are identified, actioned, and reviewed. Corrective action plans are used to capture and action improvements that are not necessarily long-term projects, and the continuous improvement register is used to manage projects that require more resourcing.

(iii) financial governance

Management explained the systems and processes that are in place to effect sound financial governance. Expenditure is managed through budget processes with the manager of each service having input into the budget, and authority to incur expenses within delegated limits. Any requests for approval of high-expenditure items or services associated with safety or risk can be expedited for consideration by the executive or Board.

(iv) workforce governance

Management described the policies and procedures that are in place to ensure sound governance of the workforce. The organisation has a human resources team that maintains oversight of the workforce. Compliance of staff and contractors with currency of qualifications, competencies, training requirements, and regular performance reviews is managed through automated software systems.

(v) regulatory compliance

Management advised that the organisation has a legal team that is responsible for ensuring compliance with all legislation and regulation affecting the business of the organisation. The legal team monitors regulatory reform and liaises with relevant teams and officers who have input into what changes will need to be affected, in order to comply with any reforms.

(vi) complaints and feedback

Management described how quality improvement in the management of feedback and complaints had been a priority project in the past two years. An electronic system to capture complaints and feedback has been implemented which allows for greater transparency and oversight of the management of feedback and complaints across the organisation. Management also described how the governing body promotes a collaborative and open disclosure approach to address any issues identified by the organisation or consumers.

The service demonstrated that effective systems and procedures are in place to manage risk. Risk assessments for consumers are conducted as part of assessment and review processes. The service supports consumers to live the best life they can by discussing risks associated with their care and agreeing on strategies to minimise risk.

(i) managing high impact or high prevalence risks

Management described how the organisation identifies and analyses trends in high-impact or high-prevalence risks associated with each service and takes steps to minimise those risks. Management talked about how compliance with the serious incident reporting scheme (SIRS) applies in a day therapy centre setting.

(ii) identifying and responding to abuse and neglect of consumers

Training records show that all staff are trained to recognise and respond to any deterioration in a consumer’s mental or physical condition, and to conduct appropriate discussions or report to their line managers if they notice any signs that a client may be subject to abuse or neglect. The Assessment Team viewed the risk management framework and policies that guide staff to identify and manage risk.

(iii) managing and preventing incidents

Management spoke of how compliance with the serious incident reporting scheme (SIRS) applies in a day therapy centre setting. The Assessment Team viewed the policies and procedures relevant to home services that guide staff to meet role-specific responsibilities when recording, assessing, reporting, and responding to incidents.

The service demonstrated that the organisation has a clinical governance framework in place that ensures consumers receive safe and quality allied health services. Management described how the clinical governance framework applies to all services provided by the organisation. The clinical governance framework is reviewed and approved by the Board, and there is clinical representation on the Board.

The Assessment Team viewed the strategic quality and clinical governance organisation plan for 2020-2023 that includes key actions focussed on person-centred, effective, integrated and safe care. The plan outlines the clinical care governance and quality committee structure and explains management of clinical care from the local level through to Board level.

The COVID-19 and pandemic plan sets out roles and responsibilities and staff demonstrated understanding of how it is relevant to their role. In relation to the clinical framework policies and procedure guide staff in their roles. The following areas were reviewed:

(i) open disclosure

A review of documentation showed that an open disclosure policy is in place. Management advised that an open disclosure approach is promoted across the organisation and training is being developed to ensure staff know how to clearly document open disclosure processes when they are used in home care settings, including in day therapy centres.

(ii) restrictive practices:

A restrictive practice policy applies organisation-wide and is part of the clinical governance framework. Staff and management interviewed could describe best-practice approaches to management of restrictive practices. Management explained there is a narrower exposure to restrictive practices within the service that only provides allied health services to CHSP consumers in a day therapy centre. They discussed how the environment in the day therapy centre is managed with there being secure entry into and out of the building due to it being a residential aged care home with a cohort of consumers who have cognitive decline or live with dementia. The Assessment Team noted that staff and consumers understand the environmental restrictive practice in place and consumers have access to the keycode numbers to come and go.

Management said they are reviewing organisational policy and procedures for restrictive practices which cover both residential and home care services. They said they are discussing a home care support focused restrictive practices process for community staff to reference.

(iii) antimicrobial stewardship:

Antimicrobial stewardship is part of the organisation’s clinical governance framework that covers residential services but contains no specific guidance for staff delivering allied health services in a day therapy centre setting. Management described how the principles of antimicrobial stewardship have a limited application in the service setting, but could describe how regular cleaning of equipment, infection control procedures, and the provision of podiatry services decrease the risk of consumers contracting an infection that might require the use of antibiotics.

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