Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Sister Mary Glowrey Residential Care |
| Commission ID: | 7107 |
| Address: | 12 Lapage Street, BELMONT, Western Australia, 6104 |
| Activity type: | Site Audit |
| Activity date: | 8 April 2024 to 10 April 2024 |
| Performance report date: | 17 May 2024 |
| Service included in this assessment: | Provider: 776 Catholic Homes Incorporated  Service: 4635 Sister Mary Glowrey Residential Care |

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

**This performance report**

This performance report for Sister Mary Glowrey Residential Care (**the service**) has been prepared by Denise McDonald, 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 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 relating to the performance of the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers were treated with dignity and respect, and staff valued their identities, cultures and diversity. Staff explained, on entry to the service, consumers had a spiritual and cultural assessment which identified their needs and informed the delivery of care. Staff were observed consistently treating consumers with dignity and respect.

Consumers and representatives confirmed staff were respectful of their cultural identities, beliefs and practices and provided care consistent with their preferences. Staff gave practical examples of culturally safe care as respecting events of cultural significance to consumers and providing food, activities and music to enhance their celebrations. Care documentation evidenced consumers’ backgrounds, cultural and spiritual needs and personal preferences.

Consumers and representatives said they had choice in how consumers’ care was delivered, who was involved in their care, and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of supporting consumers’ independence and connection to loved ones, such as asking for their preferences when getting ready for the day and arranging phone calls with family. Staff confirmed information on consumer’s appointed or nominated decision makers, was collected on entry and recorded in the electronic care management system (ECMS).

Consumers and representatives gave practical examples of consumers eating meals of normal consistency, though texture modifications had been clinically recommended, as how they were supported to live life as they chose. Staff understood risks to individual consumers and explained the mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to pursue activities which involved risk and the strategies in place to minimise possible harms.

Consumers confirmed they received timely information through care consultations, resident and relative meetings, newsletters, and an activities calendar, which enabled them to make informed choices about consumers’ care and daily living needs. Staff explained consumers received information in ways which met their differing sensory and communication needs and supported decision-making. Menus, activity calendars, events posters and notifications of church services were displayed and current.

Consumers and representatives gave practical examples of how consumers’ privacy was respected, such as staff did not disturb them when spending time alone in their rooms, as per the consumer’s wishes. Staff explained consumers’ privacy was respected by closing the door when providing personal care and confidentiality was maintained as sensitive discussions were held in private areas. Staff were observed knocking before entering consumers’ rooms and shift handover meetings were conducted in a private space.

# Standard 2

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, and used to develop the care plan, which informed how they delivered care. An entry checklist and assessment process guided staff practice in assessing consumers for risks and developing their care plan, however, while no adverse impact to consumers was noted, not all assessments had been completed as per the timeframes outlined in the checklist to ensure all potential risks for new consumers had been identified promptly. Care documentation evidenced risks to consumers, such as pressure injuries, were identified through validated assessment tools, but the risk of inappropriate environmental restrictive practice had not been considered during assessment processes.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the assessment and planning of their care. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, health care providers and others involved in consumers’ care, such as specialist dementia services, informed the assessment and planning of consumers’ care. Care documentation evidenced consumers, medical officers and allied health professionals were routinely consulted during care reviews.

Consumers and representatives said they were well informed about outcomes of the assessment and planning of consumers’ care and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the electronic care management system (ECMS). Care documentation evidenced regular sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to changed circumstances, such as their ability to mobilise independently. Staff said consumer’s care reassessment of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed regularly, as well as when their needs, goals and preferences changed.

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said was safe, right for them, met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs, including when a pressure injury had been sustained. Care documentation evidenced most consumers received safe, individualised care, including for consumers who were identified as subject to chemical and environmental restrictive practices. I have considered evidence regarding consumers who were unidentified as being subject to environmental restrictive practices under Requirement 2(3)(a) and Requirement 8(3)(e) where it is most relevant.

Consumers and representatives confirmed risks associated with consumers’ health, such as weight loss and falls were effectively managed. Staff understood the high-impact and high-prevalence risks for consumers, such as a diagnosis of diabetes mellitus, and explained how these were managed. Care documentation evidenced strategies to manage individual consumers at risk were considered and intervention strategies were being implemented by staff, however, for one consumer, while their blood glucose levels (BGLs) were noted to be stable, the frequency of monitoring their BGLs was not being undertaken as per their care directives, with staff to be provided with additional training and all consumers who required BGL monitoring to be reviewed.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort care and end of life medications. Staff understood how to care for consumers nearing end of life and confirmed they had access to specialist palliative care services, when required. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses to deterioration was timely. Staff explained consumers were monitored for changes in their general health, and when changes were detected, their concerns were escalated to clinical staff and medical officers for review. Care documentation evidenced staff were quick to identify when consumers were deteriorating and their response to have the consumer reviewed was prompt.

Consumers and representatives said as staff understood their care preferences and needs, they felt information was effectively shared. Staff explained consumers’ care and services were documented within the ECMS and any changes were communicated during shift handovers Care documentation, within the ECMS, contained sufficient information to support the effective sharing of information between staff, medical officers, specialists and allied health professionals.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of allied health professionals, medical specialists and dementia support services, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, when required.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. The service had an infection prevention and control lead who had completed competency training, and staff understood infection control practices and how to minimise consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the services for daily living and said they enjoyed participation in the ‘Care for Purpose’ program, which involved them in meaningful tasks such as setting dining tables, which optimised their well-being. Staff were observed engaging with, and supporting consumers, as they participated in group and solo activities. The monthly activity calendar provided consumers with a range of physical, sensory and intellectual activities from which they could choose.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through attendance at church services and receiving pastoral care visits. Staff advised they supported consumers by spending one-on-one time with them when their mood was low and arranging religious activities. Care documentation reflected consumers spiritual preferences and how they were supported to maintain their emotional well-being.

Consumers gave examples of how staff supported them to access the community, participate in activities and spend time with family and friends, such as leaving the service independently to visit local shops. Staff explained consumers had strong connections to the community through pastoral care practitioners, whilst social connections were encouraged through group activities and ensuring friends were seated together for meals. Care documentation evidenced consumers’ activities of interest and the supports needed to participate in the wider community.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their dietary needs and preferences. Staff explained changes in consumers’ care and services were communicated through verbal and written handovers and they accessed care documentation in the ECMS. Care documentation evidenced information was available to clinical, care and catering staff, particularly in relation to food allergies.

Staff explained how consumers were referred to individuals or volunteer organisations when additional daily living support was needed, such as pastoral care practitioners. Staff explained other providers documented their interactions with consumers and the extent to which they wanted to participate in scheduled activities. Staff said interviews had been arranged for volunteers who wished to support consumers, such as during community outings.

Consumers and representatives said meals were enjoyable, portions served were sufficient and consumers’ dietary requirements were met. Staff explained the menu was developed in consultation with a dietician and refined following consumers’ feedback, with their input further sought during meal services. Meal service was observed with consumers appearing to enjoy their dining experience.

Consumers said they had access to clean equipment, such as mobility aids, and staff were quick to address maintenance requests. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Equipment which supported consumers’ daily living and lifestyle activities was observed to be safe, clean, well maintained and suitable for consumers’ use.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service had a welcoming atmosphere, it was easy to navigate, and they felt at home. Staff explained consumers’ sense of belonging was encouraged by supporting them to personalise their rooms and display their photos and sentimental items in the cabinets provided. Consumers were observed spending time indoors and outdoors, socialising with each other and visitors.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Most consumers were observed moving throughout the service and exiting without restriction; however, some consumers were unable to move around freely as they required staff assistance to operate the keypad, which controlled access to the lift. This has been further considered under Requirements 2(3)(a) and Requirement 8(3)(e).

Consumers and representatives confirmed furniture, fittings and equipment were clean and staff were prompt to respond to maintenance requests, with personal electrical equipment safety-checked on entry to the service. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were supported to raise feedback and complaints, and gave practical examples of completing a feedback form, participating in surveys and attending consumer meetings. Staff advised feedback and complaints could be raised through various verbal and written means and the consumer handbook encouraged consumers to raise any concerns with staff. Feedback forms and lodgement boxes were readily accessible.

Consumers and representatives understood how to access external complaints and advocacy supports. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. The consumer handbook, posters, leaflets and brochures promoted access to the Commission and advocacy services.

Consumers and representatives gave positive feedback about the complaints management process and said their issues were resolved quickly. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced staff worked with consumers to resolve their complaints and open disclosure practices were used during resolution.

Consumers confirmed their feedback and complaints were used to improve the quality of their care and services. Staff gave practical examples of how complaints were used to improve consumers’ care, such as they were provided with additional training in administering time sensitive medications and given written material which made the process clear to follow. Complaints documentation evidenced feedback was used to make improvements to consumers’ care and services.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels, confirmed consumers’ needs were promptly met and said staff were quick to respond to call bells. Management explained the roster was developed based on consumers’ feedback, with a mix of skilled staff available to meet clinical needs. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers said staff were kind, caring and respectful of their culture and diversity when providing care. Staff were familiar with consumers’ needs and preferences and referred to them by their preferred names. Staff were observed speaking kindly to consumers and their interactions were personable and respectful.

Consumers confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained, and staff confirmed, their competency was determined through orientation and buddy programs, consumer and peer feedback, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required experience and qualifications relevant to their roles.

Consumers gave positive feedback about staff training and said this equipped them to perform their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), the Aged Care Code of Conduct and restrictive practices, with additional training provided based on consumer feedback and emerging clinical trends. Training records evidenced high rates of completion in mandatory training topics.

Management advised, and staff confirmed, staff performance was assessed and monitored during probation and annually thereafter, along with informal appraisals through observations and competency assessments. Staff confirmed they participated in performance reviews and said they were supported during the process, with access to training to ensure competency in their roles. Personnel records evidenced most staff performance appraisals were up to date.

# Standard 8

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service operated and confirmed they were supported to evaluate their care and services through direct feedback and attending meetings. Management explained consumers and representatives further contributed to service evaluation through involvement in the newly formed consumer advisory body, where consumers were advocates for each other. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as the menu and lifestyle activities.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a committee focused on clinical governance, which provided monthly reports on feedback and complaints, clinical trends, serious incidents and quality improvements to support the delivery of quality care. Meeting minutes evidenced the board received a range of operational reports for review which support decision making and continuous improvement activities.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards. However, organisational systems had not been effective in ensuring legislative requirements were met for those consumers who had not been identified as subject to environmental restrictions, with the restrictive practice policy having been revised in response.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff explained they received education in falls management, consumer dignity of risk and their reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. However, restrictive practice policies and procedures gave insufficient guidance to clinical staff on environmental restrictive practices and therefore did not prompt them to consider the risk of environmental restrictive practices when sensory or manual dexterity assessments indicated they may not have been able to operate a keypad independently. In response, arrangements have been put in place to remove the lift keypad, to minimise potential restrictive practice.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)