**Performance**

**Report**

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| Name: | Spinifex Health Services |
| Commission ID: | 500273 |
| Address: | Tjuntjuntjara Community, Spinifex Health Services, PMB 88, PLUMBRIDGE LAKES, Western Australia, 6431 |
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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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9474 PAUPIYALA TJARUTJA ABORIGINAL CORPORATION  
Service: 27199 PAUPIYALA TJARUTJA ABORIGINAL CORPORATION - Community and Home Support

**This performance report**

This performance report for Spinifex Health Services (**the service**) has been prepared by A. Kasyan, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the Assessment Team’s report.

# Other relevant matters:

* Standard 5 Organisation’s service environment was not assessed as the service does not provide social support, group activities or care within a service environment. Therefore, Standard 5 is not applicable.
* Standard 4 Services and supports for daily living requirement (3)(g) was not assessed as services currently delivered to consumers through CHSP do not include the provision, maintenance or management of equipment.

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

**Standard 6 requirement (3)(d)**

* Ensure feedback from consumers and other relevant parties is recorded, reviewed and analysed to improve the quality of care and services.

**Standard 7 requirements (3)(c), (3)(d) and (3)(e)**

* Ensure onboarding and recruitment processes are fully implemented and ensure verifications of qualifications, certifications and clearances.
* Ensure position descriptions are fully developed, and staff are provided with training to deliver the outcomes required by the Quality Standards.
* Ensure systems and processes enable effective management of staff performance through regular reviews are fully implemented and embedded.

**Standard 8 requirements (3)(c) and (3)(d)**

* Ensure the systems for continuous improvement, workforce governance and feedback and complaints are fully established and embedded.
* Ensure effective risk management systems and practices associated with managing consumers’ high impact or high prevalence risks associated with their care.
* Ensure incidents are recorded, trended, analysed and inform improvements.

# 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

This Quality Standard is compliant as all 6 requirements in this Quality Standard have been assessed as compliant.

Consumers reported feeling well-treated and valued and provided positive feedback about the kindness and helpfulness of staff. Staff demonstrated a clear understanding of each consumer’s identity and preferences, and consumer care plans reflected individual preferences and cultural backgrounds.

Staff, many of whom are part of or related to the community, deliver culturally safe care by respecting consumers’ backgrounds, social history and family ties. Staff interviewed described specific practices, such as managing interactions with consumers’ pets, to ensure care is culturally appropriate and safe. This culturally sensitive approach was evident in both the care plans and day-to-day operations.

The service has systems and processes to enable consumers to make informed decisions about their care and services. Staff work within a person-centred framework, supporting consumers to maintain social connections and involve family, friends or carers. The arts centre plays a crucial role in facilitating socialisation, especially during significant community events like Sorry Time. Consumers confirmed they are empowered to make choices, and care plans reflect a collaborative approach to ensuring consumer autonomy.

The provider’s policies and procedures effectively guide staff in managing dignity of risk. Staff showed awareness of the importance of supporting consumers to take risks, encouraging them to engage in daily activities and social interactions that enhance their quality of life. Staff advised they are prepared to discuss risks with consumers and support them in making informed decisions, ensuring a balanced approach to safety and independence.

Information is communicated clearly and in a way that consumers can understand, considering their cultural and linguistic backgrounds. Staff were observed explaining service options in consumers’ preferred languages, enabling them to make informed choices. Consumers reported they receive assistance in understanding their care options, and staff are well-equipped to communicate effectively within the community’s language. Management described how their efforts to employ local staff support effective communication with consumers and ensure consumers’ needs are met.

The service has systems and processes to ensure staff are respecting consumer privacy and keeping personal information confidential. Staff described how they ensure consumer information is protected during care delivery, and consumers have expressed confidence in their privacy being respected. The service is transitioning to an electronic system for record-keeping, with strict access controls in place. Current paper-based records are securely stored, and consent protocols are in place for sharing information with external parties, ensuring compliance with privacy standards.

Based on the Assessment Team’s report, I find all 6 requirements in this Quality Standard compliant.

# 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

This Quality Standard is compliant as all 5 requirements in this Quality Standard have been assessed as compliant.

Staff ensure consumer assessments and care planning processes include thorough consideration of risks to their health and well-being. Documentation shows that identified risks are addressed with appropriate strategies, and referrals to health professionals are made when needed. Consumers expressed satisfaction with the care provided, and staff demonstrated a strong understanding of risk management, ensuring that care delivery is safe and effective.

Consumers confirmed the services meet their needs, and documentation reflects regular communication between staff and consumers. Where appropriate, advance care planning is conducted in consultation with family and community members, ensuring care remains culturally sensitive and aligned with consumers’ wishes.

Consumers actively participate in planning their care, and referrals to external providers are made as needed. Documentation and management interviews confirm the service collaborates with other organisations involved in consumers’ care, ensuring a coordinated and comprehensive approach to meeting consumers' needs.

Consumers have access to their care plans, which they have agreed to, and staff confirmed they are well-informed of the care and services to be provided. Review of documentation confirms that care plans are regularly updated to reflect consumers' current needs, goals and preferences, ensuring care delivery is aligned with the care plans.

Consumers reported satisfaction with the services provided, and documentation confirms care plans are updated as needed. Management provided examples of recent care plan reviews, demonstrating a proactive approach to ensuring care and services continue to meet consumers' evolving needs, goals and preferences.

Based on the Assessment Team’s report, I find requirements all 5 requirements in this Quality Standard compliant.

# 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

This Quality Standard is compliant as all 7 requirements in this Quality Standard have been assessed as compliant.

Consumers expressed satisfaction with the care and services provided, commenting their needs are met effectively and this enables them to remain within their community, which improves their well-being. They reported feeling safe and well cared for and appreciated the timely and appropriate referrals to other care providers when needed. Consumers also expressed satisfaction with the support they receive in managing infection-related risks.

Risks associated with consumer care are identified, documented and addressed through appropriate strategies. Staff are trained to recognise and escalate risks to management. Observations and documentation confirm the service's approach to risk management ensures consumer safety and well-being, with timely interventions and referrals to appropriate healthcare providers.

Staff described how the needs of consumers nearing end of life are recognised, and their dignity and comfort are prioritised. While the service does not provide end-of-life care through the CHSP, there is a process for discussing end-of-life preferences when culturally appropriate. Referrals to external health services ensure consumers receive the necessary care to maximise their comfort and dignity.

Staff are trained to identify deterioration and escalate it to management, ensuring timely interventions. Observations and documentation confirm the service has a structured process for monitoring and addressing changes in consumer health, with referrals to appropriate healthcare providers as needed.

Information about consumers' conditions, needs and preferences is documented and communicated effectively. Care plans and progress notes are regularly updated and shared among staff. Staff described how they use information systems and ongoing communication to ensure consumers receive safe and effective care that reflects their individual needs and preferences. Staff demonstrated a thorough understanding of consumers' individualised care requirements.

The service has a clear process for identifying when additional care is needed and ensures consumers are referred to individuals, other organisations and providers of other care and services without delay. Documentation and staff interviews confirmed the service effectively coordinates with external organisations to ensure comprehensive care for consumers, including specialised medical services.

The service minimises infection-related risks by implementing standard and transmission-based precautions. Staff are trained in infection control practices, and appropriate measures are in place to prevent the spread of infection. Observations confirmed the use of personal protective equipment, hand hygiene and proper linen handling. Although the service does not prescribe antibiotics, it ensures that unwell consumers receive timely medical attention from external health services, minimising the risk of antibiotic resistance.

Based on the Assessment Team’s report, I find all 7 requirements in this Quality Standard compliant.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | 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 |

Findings

This Quality Standard is compliant as all 6 requirements in this Quality Standard have been assessed as compliant.

Consumer feedback indicates the service meets their needs, including emotional and social support. They said their care is personalised and they appreciate the support for community participation, particularly in artistic activities. They also expressed satisfaction with communication about their care, timely referrals and the quality and variety of meals provided.

Consumer documentation clearly reflects individual goals, and staff are actively engaged in ensuring these goals are met, as evidenced by their interactions and support provided. For example, one consumer is supported in daily walks, with family involvement encouraged to optimise their care, demonstrating the service’s commitment to improve consumer independence and quality of life.

Interviews and observations showed consumers feel well-supported during cultural and spiritual events, with staff showing respect and sensitivity, including during significant times like Sorry Time. Staff showed deep understanding of the community's cultural context and described how it allows them to provide tailored emotional and spiritual care, ensuring consumers' overall well-being is prioritised.

The services provided to consumers promote community participation, social connections and engagement in personal interests. Consumers are actively encouraged to engage in the arts, a significant aspect of their community life, and staff described how they support their involvement in exhibitions and community activities. The arts centre, a key social hub after the aged care centre's fire, has become a vital space for intergenerational connections, demonstrating the service's dedication to maintaining consumers' social ties and interests.

Documentation and staff interviews confirm care plans are regularly updated and vital information is shared among relevant parties. A system is in place for daily discussions among the care team, and important consumer details are clearly displayed, ensuring all staff are aware of and can meet consumers' needs.

The provider demonstrates a structured approach to referrals, particularly in the context of a remote community. Management ensures regular visits by external health services are planned, and urgent needs are addressed without delay. Documentation confirms referrals to general practitioners and allied health services are made appropriately, ensuring consumers receive the necessary support in a timely manner. The services meets consumer dietary needs by offering varied and sufficient meals and taking input from consumers to design a menu, and consumers expressed satisfaction with the quality and variety of meals.

Based on the Assessment Team’s report, I find all 6 requirements in this Quality Standard compliant.

# 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. | Not Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 6(3)(d) is non-compliant.

The Assessment Team found that the service has not fully embedded its feedback and complaint system to enable comprehensive review and analysis. The service has established policies and procedures, however there was insufficient evidence these have been fully implemented. Feedback from consumers was not available for review, and there was no evidence of recorded and analysed feedback driving quality improvements. Management demonstrated its commitment to fully imbedding the feedback and complaints system and integrating it with continuous improvement plans.

The provider did not submit a response to the Assessment Team’s report. Based on the evidence summarised above, I find requirement 6(3)(d) non-compliant.

In relation to requirements 6(3)(a), 6(3)(b) and 6(3)(c), the assessment team found the service has established effective systems and processes to ensure consumers are encouraged and supported to provide feedback and make complaints, made aware of and have access to advocates and appropriate action is taken in response to complaints.

Evidence shows the service actively promotes feedback through its policies and communication with consumers, and consumers reported feeling comfortable discussing any issues directly with staff. Management and staff described in many ways how they promote an open environment where feedback is welcomed and used to enhance service delivery.

Documentation in care plans includes information on advocacy networks, and this is discussed with consumers or their families. Management and staff handle complaints effectively, ensuring issues are resolved promptly and to consumer satisfaction. Although management said formal complaints are rare, the service ensures consumers are aware of how to access advocacy and language services if needed.

Management appropriately addresses complaints and employs an open disclosure process. Staff understand the complaints procedures and when to escalate issues to management. The service's policies on complaints management and open disclosure are well-documented, and staff are knowledgeable about these processes.

Based on the Assessment Team’s report, I find requirements 6(3)(a), 6(3)(b) and 6(3)(c) in this Quality Standard compliant.

# 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 7(3)(c), 7(3)(d) and 7(3)(e) are non-compliant.

The Assessment Team found the service did not have evidence staff possess the necessary qualifications and knowledge for their roles. There was no recorded review of staff competencies or qualifications. Although a "quality training system" exists, it was not fully implemented, and no records were available to verify staff training or feedback on training effectiveness. Management was aware of the gaps and advised they were working on a strategic action plan to address these issues.

The Assessment Team found, the service has not demonstrated effective systems and processes for recruiting, training, and supporting staff. Onboarding and recruitment processes were not demonstrated to ensure staff have the required skills, capabilities and clearances. Position descriptions were still under development, and staff reported not having had formal training on the Quality Standards. While staff felt supported, they could not provide specific examples of training received. Management expressed its commitment to developing and embedding recruitment and training processes.

The Assessment Team found the service has not undertaken regular assessment, monitoring and review of staff performance. The service had no documented performance reviews or probation period assessments. Management advised previous records were lost due to a fire, and there was no evidence of staff performance monitoring during this period. Although management has developed a new system for performance reviews, it was not fully implemented, and staff have only received informal feedback. The provider did not submit a response to the Assessment Team’s report. Based on the evidence summarised above, I find requirements 7(3)(c), 7(3)(d) and 7(3)(e) non-compliant.

In relation to requirements 7(3)(a) and 7(3)(b), the service demonstrated effective systems for workforce planning and deployment. The service has established systems to assess staffing needs and skill mix, ensuring the delivery of safe and quality care. Full-time staff have recently been appointed, with agency staff used as needed. Observations and staff feedback confirmed adequate staffing levels and skills to meet consumer needs effectively, with regular reviews of staffing levels conducted.

Staff and management demonstrated a strong understanding of Indigenous culture and diversity. Policies and procedures guide staff in the delivery of respectful and kind care. Consumer feedback and observations show staff interactions are compassionate and respectful. New staff from the community are trained to uphold these values, ensuring consumers receive culturally safe and person-centred care.

Based on the Assessment Team’s report, I find requirements 7(3)(a) and 7(3)(b) in this Quality Standard compliant.

# 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. | Not 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. | Not 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

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 8(3)(c), and 8(3)(d) are non-compliant.

The Assessment Team found the service does not have effective organisation-wide governance systems. While improvements have been made, such as updates to policies and procedures, and engagement with new staff, the systems for continuous improvement, workforce governance and feedback and complaints have not been fully established or embedded. The service has made significant progress in areas including temporary facility upgrades and care planning processes but is yet to fully develop a continuous improvement framework.

The workforce governance systems are still being developed, with new job descriptions and training plans in progress. The feedback and complaints system is newly implemented; however, no records exist to demonstrate how feedback is being used to drive improvements. Regulatory compliance and financial governance are effectively managed, with policies in place for the Serious Incident Response Scheme (SIRS) and accurate financial records kept under CHSP funding arrangements.

The Assessment Team found the service does not have effective risk management systems. Although the service has recently implemented policies and procedures for risk and incident management, these systems are not yet fully embedded. There was no evidence of recorded or analysed incidents to identify trends to inform improvements. Risk associated with consumer care was reflected in care planning and individual risk assessments, but there was no documented incident data, and staff training on the incident management system indicates that the system is not yet imbedded. Staff demonstrated an understanding of their responsibilities to report abuse and neglect, and policies on managing high-impact risks were in place. However, the risk management framework has not been fully implemented.

The provider did not submit a response to the Assessment Team’s report. Based on the evidence summarised above, I find requirements 8(3)(c) and 8(3)(d) non-compliant.

In relation to requirements 8(3)(a), 8(3)(b) and 8(3)(e), the Assessment Team found consumers are engaged in the development, delivery and evaluation of care and services. The service actively involves consumers in care planning and feedback processes, supported by policies and procedures. Community members employed by the service help ensure engagement is culturally appropriate. Regular meetings with consumers, families and community members provide ongoing opportunities for input into care improvements.

The governing body holds regular meetings to address key areas such as consumer safety, feedback, significant incidents and service improvements. Documentation and management statements confirm discussions and decisions are focused on enhancing care quality and addressing broader community issues impacting consumers.

The service has established clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Although the service does not offer clinical care beyond medication administration, it follows relevant guidelines under the supervision of a registered clinical nurse. Policies and procedures are in place for infection control, and staff practice appropriate infection prevention measures, including the use of personal protective equipment ( PPE) and hand hygiene. The service demonstrates a commitment to open disclosure principles, and staff show a clear understanding and application of these principles in care and service delivery.

Based on the Assessment Team’s report, I find requirements 8(3)(a), 8(3)(b) and 8(3)(e) in this Quality Standard compliant.

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)