Performance

Report

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| Name: | The Gardens |
| Commission ID: | 8793 |
| Address: | 2-4 Mitcham Road, CLAREMONT, Tasmania, 7011 |
| Activity type: | Site Audit |
| Activity date: | 7 May 2024 to 9 May 2024 |
| Performance report date: | 14 June 2024 |
| Service included in this assessment: | Provider: 6076 Menarock Aged Care Services (Victoria) Pty Ltd  Service: 5074 The Gardens |

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 The Gardens (**the service**) has been prepared by Patricia Golledge, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers considered they were listened to and staff respect their individual identities. Staff spoke about consumers in a respectful manner and were familiar with their individual identity, backgrounds and preferences. Care planning documentation included information about consumers’ personal circumstances, life experiences and cultural backgrounds to support the delivery of care and services.

Consumers and representatives said staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported celebration of customs and traditions. Staff demonstrated an understanding of consumers’ cultural background and individual preferences and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ cultural background, religious beliefs, customs, spiritual needs, and preferences.

Consumers said they were supported to make decisions about their care and services, and to maintain relationships of choice, including intimate relationships. Staff said they provided information to consumers to support consumers in exercising choice and independence, and described how they supported consumers to communicate their decisions, such as asking questions about their preferences for daily care and activities to attend. Care planning documents included information to inform staff of key relationships.

Representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff advised consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Consumers said information was provided in a timely and easy to understand manner, which helped them make decisions about care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting their communication style to meet consumer needs. Menu options were observed to be on display in the services dining room in larger text.

Consumers said their privacy was respected by staff, as staff knocked on their doors seeking permission before entering their room and closed doors and curtains when providing personal care. Staff were able to identify ways in which the consumers' personal privacy and confidentiality were maintained, for example, ensuring that privacy curtains were closed when providing personal care for consumers in shared rooms. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# Standard 2

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied with the assessment and planning processes and the way consumers care was managed. Staff could describe the assessment and care planning processes, and how these processes inform the delivery of safe and effective care and services. Care planning documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as falls. The Site Audit report contained information in Requirement 2(3)(a) in relation to consumers potentially being subject to mechanical restraint due to consumers beds being positioned against the wall. In response management acknowledged the feedback provided by the Assessment Team and provided evidence of actions taken and planned to improve performance under this requirement.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback. Consumers and representatives said the assessment and planning processes addressed their current needs, goals, and preferences and they were involved in discussions regarding advanced care planning and end-of-life (EOL) care. Staff described how assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences and how they undertake conversations in relation to advance care planning and EOL planning if the consumer and/or representative wishes.

Representatives said they were involved in the assessment and care planning processes and were aware of input from other health professionals. Clinical staff and allied staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of health professionals and services into consumer assessments and care planning.

Representatives said staff involve them, communicate outcomes of assessment and planning with them and they have access to consumers’ care plan. Clinical staff advised consumers and representatives are offered a copy of their care and services plan and described how they effectively communicate outcomes of planning and assessments to consumers and representatives.

Consumers said they were satisfied changes to care were made following incidents. Staff advised care and services were reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Care planning documentation evidenced consumer care and services were reviewed for effectiveness regularly and when incidents occur or when circumstances change.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered that they received safe, effective clinical and personal care that met their needs. Care planning documentation demonstrated that consumers are receiving care in line with their needs to optimize their health and well-being, and staff were familiar with tailored care strategies for consumers. The service had policies, procedures, and work instructions for key areas of care, including restrictive practice, wound management, behaviour support, and other areas to support best practice in personal and clinical care. The Site Audit report contained information in Requirement 3(3)(a) regarding inconsistencies in the measuring of wounds according to the organisation’s wound assessment and management policy. In response, management acknowledged the feedback provided by the Assessment Team and provided evidence of immediate actions taken and planned to improve performance under this requirement.

Consumers and representatives said known risks to consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls, pressure injuries and diabetes management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation evidenced EOL care was delivered in a way to support consumers’ comfort. palliative and EOL care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives reported that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Consumer said their needs and preferences were well communicated between staff. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Care planning documentation reflected information about consumers was documented and shared with others as appropriate.

Consumers considered referrals were completed in a timely and appropriate manner and they had access to relevant health professionals such as allied health staff and specialists. Staff described how information was shared within the service including condition through daily staff meetings, during handover processes, and information on the service’s electronic care management system (ECMS). Care planning documentation demonstrates the service collaborates and makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.

Consumers reported their satisfaction with how the service manages outbreaks. Staff described the infection control procedures implemented to minimize the spread of infectious diseases, including COVID-19, in line with the service’s Outbreak Management Plan and infection prevention and control processes. Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. Staff in different roles confirmed that they had received training in infection prevention and control, hand hygiene, and donning/doffing competencies. Documentation and observations provided evidence that infection prevention and control measures were implemented.

# Standard 4

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

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle staff said they consult consumers and receive feedback to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living.

Consumers said their emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as religious services, visits by various religious figures, one-to one visits by volunteers, and spending one-to-one time with consumers. Lifestyle staff advised they spend additional one-on-one time with consumers who choose to or were unable to participate in group activities. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said they were supported to maintain community connections, friendships, personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus trips, shopping trips and happy hour. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and in the wider community.

Consumers and representatives said information regarding consumers' needs and preferences was well communicated to staff and others with whom responsibility for care and services is shared. Staff in various roles described how information is shared when changes occur through staff meetings, handover sheets, and how changes are documented and communicated within the service's ECMS. Care planning documentation reflected consumers current needs and preferences such as dietary preferences.

Lifestyle staff advised they collaborate with other individuals and other providers of care and services to support consumers’ current and emerging needs. Consumers said consumers they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation demonstrated the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers including but not limited to volunteer organisations and counselling services.

Consumers said they enjoy the meals provided and they had input into menus through the Food Focus group. The service’s Chef advised that menus were reviewed by a Dietician with input from consumers gathered, including feedback from the Food Focus meetings. The service’s dining experience was observed to be calm, with minimal kitchen noise, background music playing, and staff assisting consumers with meal choices.

Consumers considered their mobility equipment was safe, clean, and well maintained. Staff said described the processes in place to maintain the safety and cleanliness of equipment. Mobility aid equipment was observed to be clean, functioning properly, and correctly labelled with the appropriate consumer's name. Lifestyle staff said equipment used for lifestyle activities was appropriate for consumers and cleaned and sanitised after use.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said consumers were encouraged to personalise their rooms how they choose, including with their own furnishings. Staff demonstrated an understanding of how to support consumers in feeling at home, such as supporting and encouraging consumers to personalise their rooms. Consumers’ rooms were observed to be personalised with personalised effects such as photographs, artwork, and furniture.

Overall consumers and representatives advised that the service is kept clean, and they could move freely indoors, outdoors, and externally. Consumers were observed independently moving between indoor, outdoor, and external areas of the service. Cleaning and maintenance staff followed work schedules, and documentation while preventative maintenance was completed according to an established schedule.

Overall consumers said furniture and fittings and their mobility aids were clean, safe, and well maintained. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers. The Site Audit report contained information from Requirement 5(3)(c) regarding consumers expressing recent delays in maintenance repairs. Management responded by seeking consumer feedback and providing evidence of actions taken to implement solutions.

# Standard 6

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

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were comfortable in providing feedback and complaints and the service was responsive to their feedback. Management described ways they encouraged and supported feedback and complaints, such as through meetings, surveys, focus groups, and feedback forms. Feedback forms and collection boxes were observed throughout the service environment to support consumers and others in providing feedback and complaints.

Consumers and representatives said they were aware of advocacy services, and other ways to raise and resolve complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Consumers considered complaints were responded to in an appropriate manner. Management described how they responded to complaints using an open disclosure process, such as communicating with those involved in a transparent manner and providing an apology. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described how feedback and complaints were reviewed to inform improvements. Consumers said, and documentation evidenced, improvements were made to care and services as a result of complaints or feedback, such as menus being displayed on dining room tables. Policies and procedures were in place to guide staff in reviewing feedback and complaints to inform improvements.

# Standard 7

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reflected that the service was adequately staffed and were satisfied with the quality of care provided. Staff said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave including extending staff shifts and utilising agency staff. Documentation demonstrated the service had a Registered nurse on 24 hours and systems in place to regularly review the delivery and management of safe, quality care and services including daily monitoring of call bell response times.

Consumers and representatives advised that staff know the consumers’ needs and preferences and interact with them in a kind and caring manner that respects their individual identity and cultural background. Policies and procedures, including the service's staff handbook, outlined the commitment to cultural safety, diversity, and inclusion. Staff confirmed and training records identified staff have received training on cultural diversity and safety. Staff interactions with consumers were observed to be kind and demonstrated familiarity.

Consumers reported staff were competent and know what they are doing. Management advised they were supported by the organisation’s recruitment team for recruitment and selection of staff. Management said qualifications, the Aged Care Banning Orders Register, police checks and registrations are appropriately screened through the recruitment process and compliance checks and registrations are monitored and updated on an ongoing basis. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Staff said, and documentation demonstrated the workforce received training and education covering a range of topics relevant to these standards. Consumers expressed satisfaction with the skills of the staff providing care and services. Management described various training and development opportunities provided to staff including on site orientation, buddy shifts and access to online training. Mandatory training records evidenced training is provided on a range of topics with high completion rates for permanent staff and all training was recorded and monitored.

Management described how workforce performance was regularly assessed, monitored, and reviewed through performance appraisals, surveys, and feedback. Management advised performance appraisals occurred on a regular basis within 6 months of employment, and on an annual basis thereafter unless other performance matters were identified outside this period. Staff reflected that they were supported by management during the performance appraisal process, and documentation evidenced performance reviews were up to date.

# Standard 8

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service was effectively managed, and they were consulted and included in the planning of care and services. Management and staff described the mechanisms in place to engage and support consumers in providing input, such as through meetings, surveys, focus groups, and feedback forms. Management mentioned that, based on customer feedback, they have integrated the 'consumer advisory committee' meeting into the consumer and representative meetings to gather feedback and enhance the quality of care and services for consumers, ensuring their involvement in the development of care and services.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Board meetings were scheduled monthly, and the organisation had a Quality Care Advisory Board and Clinical Governance Committee. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, incident management and feedback and complaints.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Financial governance procedures support the changing needs of consumers; for example, management described the approval process and recent purchase of bariatric dining chairs, a bariatric comfort chair, and air mattresses.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff confirmed they had received training in these policies and were able to provide examples relevant to their work. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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