Performance

Report

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| Name of service: | Thomas and Rosetta Agst Aged Care Facility |
| Service address: | Level 3, 1634 Pacific Hwy WAHROONGA NSW 2076 |
| Commission ID: | 0557 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 8 May 2023 |

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

**This performance report**

This performance report for Thomas and Rosetta Agst Aged Care Facility (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* information held by the Aged Care Quality and Safety Commission
* the provider’s responses to the assessment team’s report received 28 April 2023 and 4 May 2023.

# 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

The service demonstrated consumers are treated with dignity and respect and that staff value consumers’ diverse backgrounds. Staff were observed treating consumers with dignity and could describe the ways they demonstrated respect.

Consumers provided positive feedback about staff and provided examples of how staff promoted their privacy. One consumer said they ‘can’t praise the staff highly enough’; they said the service is home and they ‘feel loved’.

Lifestyle assessments were completed and a care plan profile was developed for consumers that provided information to guide staff and reflected consumers’ spiritual and cultural needs and preferences.

The service has a risk management framework and policies and procedures that include incident management. Consumers spoke about the risks they choose to take and how staff at the service have taken time to listen and understand their choices. Consumers said staff have discussed risks with them and gave examples of strategies that are implemented to promote their safety, for example carrying a mobile telephone when leaving the service. The Assessment Team found evidence of risk assessment processes in consumers’ files.

Staff were familiar with consumers’ individual needs and preferences including their preferences in relation to religious practices and their cultural background. Staff demonstrated an understanding of consumers’ lifestyle preferences including knowing the consumers’ preferences in relation to the gender of staff delivering care. Staff described how they can access colleagues or use a translation application if they require assistance in communicating with a consumer but said that this was not required with the current consumer population. Lifestyle staff said there are activities scheduled that support consumers to explore different countries and cultures. Staff said that virtual reality goggles were purchased recently and are used for relaxation and meditation but have also been used to support consumers to revisit those areas where they grew up or had previously visited.

The activities schedule included church services for those consumers who wish to participate and Harmony Day with food to celebrate the diverse backgrounds of both consumers and staff.

Consumers are supported to exercise choice and maintain their independence by being engaged in decisions about the way care and services are delivered and by nominating those other people they would like to be involved in decision making. Consumers described how they have developed and maintained relationships while living at the service and how they and their representatives are involved in decisions. Representatives provided examples of how the service fosters relationships of significance between the consumers and others.

The service utilises various communication methods to ensure consumers and representatives have the information they require to make informed choices. Management said an organisational quarterly newsletter is provided to consumers and a service specific monthly newsletter is in development to provide consumers and representatives with information about service delivery and to advise of upcoming events. Lifestyle staff that in addition to the monthly activities schedule, they visit consumers each morning to discuss the daily activities and whether or not the consumer wishes to participate or would prefer another option. Consumers and representatives said they have received information from consumer meetings, the activities schedule and email. Representatives said they had received information that the Site Audit had commenced and some representatives said their participation in consumer meetings had been facilitated through video conferencing. The Assessment Team observed information on noticeboards and in common areas that included the Aged Care Quality Standards, advocacy services and feedback mechanisms.

The service has a privacy and confidentiality policy to guide staff in relation to the safe collection and storage of information. The Assessment Team observed enclosed workstations and password protected computers for staff to access. Staff approached consumers to discuss their needs respectfully and discreetly. Consumers and representatives were satisfied with the way consumers’ personal information and privacy was respected.

# 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

The Assessment Team brought forward some deficiencies in assessment and care planning. I have considered the information in the site audit report and in the approved provider’s response and have found all five requirements in Standard 2 are Compliant.

The site audit report detailed deficiencies relating to assessment and care planning processes for four named consumers. Deficiencies related to the failure of the service to identify and assess consumers’ needs and to consider risk, including for example risks associated with restrictive practice, as an element of the process. The site audit report included information that recommendations from a dementia advisory service had not been reflected in care planning documentation and that some care plans did not include sufficient detail to guide staff. Some negative feedback was received that care planning was not reflective of the consumer’s current needs.

The approved provider in its response to the site audit report included the organisation’s assessment and care planning flowchart and detailed the service’s processes relating to assessment and care planning that include daily reviews of progress notes and incident reports, daily leadership huddles, monthly registered nurse meetings and reporting of clinical indicator data. The response stated that approximately four months ago the service implemented two Care Manager roles as a continuous improvement initiative with the main focus of the roles to oversee all aspects of clinical care including assessment and care planning processes. These roles are supported by the local and regional management team.

The approved provider generally refutes the findings of the Assessment Team and its response included evidence demonstrating that for those consumers named in the site audit report that assessment and care planning had mostly identified consumers’ needs and preferences and had considered risk as an element of the process. The approved provider included evidence of consultation with consumers’ representatives, case conferences, assessments, and other care related documentation. Care planning documentation reviewed as an element of the approved provider’s response demonstrated risks to consumers’ health and well-being informed the care plan. I note too that the site audit report includes information that the service demonstrated that risks such as falls, skin integrity, behaviours, weight loss and chronic disease were considered in assessment and care planning.

The approved provider accepts that for one named consumer, recommendations from a review conducted by a dementia advisory service in mid-2022 were not included in the consumer’s care plan. However, the approved provider states the consumer’s care plan included individualised strategies to manage the consumer’s changed behaviours and that this had resulted in improved outcomes for the consumer including the cessation of chemical restraint. The response states the service immediately contacted the dementia advisory service during the site audit and obtained a copy of the report; recommended strategies were implemented as a trial and have since been found to be unsuccessful. The response included care planning documentation for this consumer which demonstrated detailed information to guide staff in supporting the consumer’s complex behaviours. The response states the referral process for the named consumer occurred under a different management team and that processes have since improved with referrals now managed by the Care Managers to ensure consumers’ needs are met. I accept this and note that overall, consumers and representatives were satisfied with referral processes and that care planning documentation reflected referrals to relevant health professionals.

While some negative feedback was received about the assessment and care planning process the majority of consumers and representatives said the service partners with them in planning consumers’ care with feedback including that they are involved in care conferences, are provided updates and that feedback on care and service delivery is sought. Most consumers and representatives said staff discuss the information in the consumers’ care plan, said they had been offered a copy of the care plan and knew how to access this information if they required it. While one representative said they had not been involved in care planning, the approved provider submitted evidence demonstrating that consultation with representatives occurred. I am satisfied that overall representatives are involved in assessment and care planning as the majority of consumers and representatives interviewed confirmed this.

While the approved provider did not agree with the findings of the Assessment Team, it stated the organisation is committed to continuous improvement and the following actions have been taken in response to the information in the site audit report:

* Case conferences have been attended/scheduled for all named consumers and their representatives.
* Correspondence has been sent to consumers and representatives reiterating the availability of the care plan and case conferences on request.
* A review of assessments and care plans is in progress for all consumers named in the site audit report.
* A care plan audit is in progress.
* An assessment and care planning workshop has been scheduled for registered nurses.
* A behaviour support plan workshop has been scheduled for registered nurses and care staff.

Care planning documentation included evidence of case conferences and the involvement of a range of health specialists in consumer care including medical officers, speech pathologists, chiropractor, podiatrist, and dietitian. While the site audit report raised concerns about the availability of information to guide staff practice, I note that staff advised they had access to care plans, the electronic care management systems, and handover records.

The service demonstrated there are processes to identify consumers’ needs and preferences associated with end of life care. Consumers and representatives reported being involved in advance care planning for consumers and advised that their wishes have been documented. Senior clinical staff and registered nurses described how end of life care is planned and reviewed six monthly; they stated this information is held in the electronic care management system.

Consumers and representatives said care and services are reviewed when the consumers’ circumstances change or incidents have occurred. The service has a care plan review process, case conferences are held and a resident of the day process is in place. Staff were aware of incident reporting processes and how incidents can trigger a reassessment or review. Interviews with an allied health professional confirmed that consumers are reviewed post-fall with the care plan updated as required. The service monitors clinical indicators including pressure injuries, medication incidents, restrictive practices and falls.

Based on the information above I am satisfied the service has processes in place to plan consumers’ care in partnership with the consumer and/or their representative and that consumers’ needs and preferences are identified, documented in a care plan, and reviewed regularly.

# 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

The Assessment Team have brought forward some deficiencies in personal and clinical care. I have considered information in the site audit report and in the approved provider’s response and have found all seven requirements in Standard 3 are Compliant.

The site audit report included information under Requirement 3(3)(a) that for four named consumers, care was not tailored to the consumers’ needs and did not optimise consumers’ health and well-being. For example:

One representative reported dissatisfaction with the provision of pressure area care over a period of time when they had visited. However, overall, the representative expressed satisfaction with the care the consumer received and said staff knew what they were doing and ensured the consumers’ choices were followed. A representative for a second consumer said the care plan did not contain details about the consumer’s preferences, pain management requirements and mobility assistance.

The site audit report raises concerns that for two consumers their personal hygiene was not delivered in accordance with their preferences. One consumer preferred a daily shower however hygiene records demonstrated that the consumer received a mix of showers and sponges; for the second consumer staff did not demonstrate a shared understanding of how they were aware of the consumer’s hygiene requirements and how to document the provision of hygiene.

The site audit report stated that behaviour support plans did not demonstrate individualised strategies to guide staff in providing care.

The approved provider refutes the Assessment Team’s findings and the response states that the consumer who did not receive two hourly pressure area care was being nursed on an alternating pressure relieving device and that the consumer was checked on during the period in question. The response includes further clarifying information relating to the consumer’s health status at the time of the site audit and the evidence used by the service to support the clinical decisions made in relation to the provision of pressure area care. The approved provider stated the consumer did not have any skin breakdown while being cared for. The approved provider acknowledged the consumer’s care plan could have more accurately reflected the change in practice with the implementation of the alternating air mattress and have included this topic in upcoming staff education on the care of deteriorating consumers.

The Assessment Team brought forward feedback from one representative who stated the consumer’s care plan did not reflect their current needs. The approved provider submitted evidence in its response that the care plan was reflective of the consumer’s care needs and that assessment processes had occurred in consultation with the representative and had informed the care plan. The approved provider stated that the consumer’s care plan had not been reviewed by the Assessment Team and I accept this.

With respect to the two consumers named in relation to the provision of personal hygiene, the approved provider’s response included personal hygiene documentation, case conference records and care planning documentation including behaviour support plans. There was evidence that care planning documentation reflected consumers’ changed behaviours and how this impacted care delivery including the provision of personal hygiene. There was evidence staff used varied strategies to support the delivery of consumers’ hygiene while respecting the consumers’ choices and that representatives had been involved in planning and reviewing the consumer’s care needs.

While the Assessment Team brought forward information that behaviour support plans did not consistently include individualised strategies to guide staff the approved provider’s response included evidence of behaviour support plans for named consumers that demonstrated they were comprehensive, detailed and addressed various aspects of the consumers health and well-being including but not limited to:

* behaviour and psychiatric well-being
* life story and activity preferences
* behavioural and emotional support strategies
* memory
* relationships
* social behaviour
* behaviours of concern including support strategies, and
* links to relevant assessments and behaviour charts.

I am satisfied that the service has processes in place to support the delivery of safe and effective personal and clinical care and that Requirement 3(3)(a) is Compliant.

The site audit report included information under Requirement 3(3)(b) that the service did not demonstrate that it effectively manages risks related to personal and clinical care for three named consumers. For example:

For two consumers with complex behaviours, the Assessment Team found the service had not included strategies in the care plan that had been recommended following a review by a dementia advisory service and that this limited the alternative interventions that were available to staff to support the consumer’s behaviour. For one of the two consumers the site audit report brought forward information the consumer had been restrained using a mechanical restraint and that the consumer’s behaviour support plan did not include strategies to minimise the use of restrictive practices such as mechanical restraint.

A third consumer was noted by the Assessment Team to have experienced a change in their urinary function which had not been reported to a registered nurse.

The approved provider accepts that for one named consumer recommendations from a review conducted by a dementia advisory service in mid-2022 were not included in the consumer’s care plan. However, the approved provider states the consumer’s care plan included individualised strategies to manage the consumer’s changed behaviours and that this had resulted in improved outcomes for the consumer including the cessation of chemical restraint. The response states the service immediately contacted the dementia advisory service during the site audit and obtained a copy of the report; recommended strategies were implemented as a trial and have since been found to be unsuccessful. The response included care planning documentation for this consumer which demonstrated detailed information to guide staff in supporting the consumer’s complex behaviours. The response states the referral process for the named consumer occurred under a different management team and that processes have since improved with referrals now managed by the Care Managers to ensure consumers’ needs are met. I accept this and note that overall, consumers and representatives were satisfied with referral processes and that care planning documentation reflected referrals to relevant health professionals.

For the second consumer with complex behaviours the approved provider’s response includes evidence that assessment and care planning information is comprehensive, detailed and provides strategies to guide staff. The Assessment Team identified the consumer had been subjected to a mechanical restraint and that the behaviour support plan did not document alternative strategies to minimise the use of restrictive practices. The response states that the consumer’s care plan did not document alternate strategies to minimise restrictive practices as this was not part of the consumer’s care and there was no informed consent for the use of a mechanical restraint. With respect to the inappropriate use of restrictive practice the approved provider stated and information held by the Aged Care Quality and Safety Commission confirmed that appropriate action was taken by the service and the incident was reported to the Serious Incident Response Scheme.

With respect to the consumer who had experienced a change in their urinary function that had not been reported to a registered nurse, the approved provider’s response included evidence that this was not a clinical change and is a chronic condition for this consumer. Medical officer notes were submitted as an element of the response confirming the consumer’s condition and the involvement of specialists and the consumer’s representatives in the care of the consumer.

The site audit report states risks including weight loss and medication management are effectively managed and evidence submitted by the approved provider for a number of named consumers identified risks including those associated with mobility, chronic disease, cognitive impairment, and complex behaviours are identified with strategies in place to minimise risk to consumers. I am satisfied that Requirement 3(3)(b) is Compliant as high impact and high prevalence risks associated with the care of the consumer are identified and managed and there is the engagement of health care specialists when a need is identified.

The site audit report includes information under Requirement 3(3)(d) that a change or deterioration in a consumer’s condition was not recognised or responded to in a timely manner. For the most part details relating to these consumers have been addressed above and considered under other requirements, however information was brought forward in the site audit report that for one consumer who had experienced a change in their mobility status that the service’s response to the consumer’s changed condition was delayed. The service refutes this and provided detailed information about the management of the consumer that included:

* review by clinical staff
* referral to a medical officer and allied health professionals
* changed manual handling strategies
* pathology
* commencement of antibiotic therapy
* pain charting
* oxygen monitoring
* involvement of the consumer’s representatives, and
* transfer to hospital.

I am satisfied that deterioration or change in a consumer’s condition is identified and addressed in a timely manner and that Requirement 3(3)(d) is Compliant.

While the approved provider did not agree with the findings of the Assessment Team it stated the organisation is committed to continuous improvement and the following actions have been taken in response to the information in the site audit report:

* Workshops have been scheduled that address the care of consumers with dementia.
* Development and implementation of the end-of-life pathway has commenced; education has been provided and an end of life toolkit is being rolled out.
* Palliative Care Australia handouts and fact sheets have been sourced to support consumers and representatives.
* Additional education sessions have commenced in relation to the Serious Incident Response Scheme and high impact and high prevalence risks.
* Registered nurses have been allocated a clinical deterioration module to complete as an element of their professional training.
* Staff are now required to complete the Serious Incident Response Scheme decision making tool for all medication incidents.
* The decision making tool is being is being printed and included in the Serious Incident Response Scheme Register for all reportable incidents to support decision making.
* Management staff are continuing to oversee and review each serious incident prior to closure to ensure appropriate actions are taken including referral to specialist services; consultation occurs with the clinical leadership team.

I find the remaining four requirements of this Quality Standard to be compliant as:

Consumers and representatives generally felt confident staff would provide end of life care that was in line with their preferences and would maximise their dignity and comfort. The service demonstrated end of life preferences were documented in the care plan. Registered nurses said they have an end of life pathway and a palliative care pathway that guides them and they discuss end of life preferences with consumers and representatives on entry to the service, during case conferences and as the consumer moves through the palliative care phase. Consumers’ care planning documentation included details relating to consumers’ preferences as they approach end of life. While one representative provided negative feedback about aspects of care provided to their family member as they approached end of life, I have considered this under Requirement 3(3)(a) as the representative said that most staff knew what they were doing and ensured the consumer’s choices were followed. Further, the consumer’s care planning documentation evidenced the involvement of an external palliative care service, administration of medications to manage end of life symptoms and the provision of comfort care.

The majority of consumers and representatives interviewed said consumers’ care needs and preferences are communicated effectively between staff and that consumers received the care they need. Care planning documentation generally contained information to guide care staff although for some consumers, including those with changed behaviours, this was not the case; this has been addressed above. Registered and care staff could describe how information is shared through meetings, handover and through progress notes. Care staff said they can refer to a written handover sheet and that they participate in verbal handovers and ‘huddles’. The electronic care management system is accessible to other health professionals.

Overall, consumers and representatives said staff organise referrals when they are required and that consumers have access to relevant health professionals. There is evidence that consumers were referred to medical officers, allied health professionals and palliative care specialists. While consumers with changed behaviours were referred to a dementia advisory service, recommendations were not consistently documented in care planning documentation. I have considered this under Requirements 3(3)(a) and 3(3)(b) and am satisfied that for the most part, referrals are timely and appropriate.

The service has documented policies and procedures to guide staff in relation to antimicrobial stewardship, infection control and for the management of a potential outbreak such as COVID-19 and gastro-enteritis. There is an appointed Infection Prevention and Control Lead. The Assessment Team reviewed the service’s management of a recent outbreak and found personal protective equipment was made available, isolation procedures were established, and medical officers were involved in the consumers’ care. Consumers and representatives said they observed staff using personal protective equipment and practising hand hygiene. Staff provided examples of how to control and prevent infections including through hand hygiene, encouraging fluids, using personal protective equipment, and obtaining pathology results prior to commencing antibiotics. The Assessment Team observed staff and visitors being screened for COVID-19 prior to entering the service.

# Standard 4

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

Findings

Consumers and representatives said the lifestyle program supports consumers’ needs and that staff assist consumers to remain as independent as possible. Consumers and representatives provided examples of the activities consumers enjoy including participating in craft groups, going on bus trips into the community, attending concerts, seeing movies, and sharing meals.

Consumers take part in community activities outside the service and visit family, attend luncheons, and pursue other interests. Staff were aware of those consumers who have personal relationships and close friendships with others and consumer files included details about those people who are important to the consumer and who are involved in providing care and support. Consumers described how they receive visitors at the service, go out for coffee, meet with friends, go to church, and participate in exercise classes. Lifestyle staff explained that the activities schedule has been reviewed to include engagement with local schools with the first planned activity involving consumers visiting a pre-school fortnightly. They said discussions are underway with a local school to develop an intergenerational ‘grand friends’ program’ to encourage visitation at the service and participation in activities such as reading or cooking. The Assessment Team observed staff supporting consumers to undertake walks in the garden and to participate in activities in the memory support unit; consumers were observed leaving the service to meet with family for lunch.

Consumers were satisfied with the services and supports available to promote their emotional, spiritual, and psychological well-being. One consumer described how their faith is important to them and said they receive regular visits from pastoral care staff and participate in church services. A non-denominational Bible reading group has commenced at the service and is led by a consumer. Pastoral staff said they visit consumers regularly and if a consumer is feeling low, they will spend time with them. Lifestyle staff said they monitor consumer participation in activities and if a need is identified the consumer is provided one on one support.

Consumers’ files included information about consumers’ needs, goals and preferences and the supports for daily living they required. Consumers were satisfied that staff know their individual preferences and said they receive consistent care and services. Staff said they are provided with updates about changes in the consumers’ condition, needs and preferences and that this information is available in consumer files and through handover.

Staff demonstrated knowledge of consumers’ needs and preferences including the support consumers required to participate in activities or pursue individual interests. Staff explained how they support consumers who have a sensory impairment so that they can fully participate.

The service demonstrated timely and appropriate referrals to other individuals, organisations, and service providers to ensure consumers’ needs are met. Volunteer and pastoral care staff said staff advise them if consumers are feeling low and they will then visit and provide emotional support; they said they are also available to transport consumers to external appointments if this is required. Lifestyle staff said that dementia advisory services are accessed to review consumers’ needs and provide recommendations about care and services to individual consumers. The service’s plan for continuous improvement includes a request for a consultant to provide staff education and to provide advice on the development of a ‘quiet space’.

Consumers and representatives said meals are varied and of suitable quantity and quality; staff advised family and friends can join the consumers at mealtimes. Consumers and representatives said they are provided with opportunities to provide feedback in relation to the meals and do so through the consumer meetings or by using feedback forms. Catering staff said the rotating menu is reviewed by a dietitian and consumers are offered two options at each meal. Alternatives to this are available if the consumer wishes to eat something different and catering staff provided an example of how they had recently accommodated a consumer’s request. The Assessment Team observed fresh fruit and wrapped bread packs in baskets outside each servery for consumers to access in between meals. Catering staff described how they remain informed about changes to consumers’ dietary needs and preferences; this information is captured on dietary preference charts.

The service had equipment available to support consumers to engage in lifestyle activities and it was observed to be suitable for consumers’ use, clean and well-maintained. Consumers said they feel safe when using equipment and know how to report any safety concerns.

# Standard 5

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

Findings

The Assessment Team have brought forward some deficiencies in the organisation’s service environment. I have considered information in the site audit report and in the approved provider’s response and have found all three requirements in Standard 5 are Compliant.

The site audit report included information under Requirement 5(3)(b) that the service environment was not safe and well maintained. For example:

Two consumers reported their toilets had been leaking however one of the two consumers said that at the time of the site audit it was no longer leaking. The Assessment Team observed one consumer’s toilet was running constantly and that there was a water stain on the floor. The approved provider acknowledged that six toilets required replacement and that five cisterns required servicing. It said that a pricing quotation had been received to replace and repair the toilets prior to the site audit and that the service had been waiting for the plumber to become available to undertake the maintenance. The site audit report includes information that the Assessment Team sighted evidence of email communications with maintenance staff about a toilet requiring maintenance and were shown a copy of a pricing quotation from the plumber to undertake the required maintenance. The approved provider advised that all consumers and their nominated representatives had been notified of the actions taken to address this maintenance issue prior to the site audit and that further correspondence has been sent since the site audit to ensure all parties are aware of the completed works. The response states that all work has been completed and provided the dates that this occurred. It said that increased ensuite cleaning had already been implemented while awaiting the installation of the new toilets and advised that water staining was minor and had been removed; photographic evidence of this was provided.

The site audit report included information about the external living environment and stated garden areas required maintenance as they were overgrown with some rubbish present. Feedback was received from one consumer stating the gardens needed some attention however they said they believed the service was working to address this. The service’s feedback and complaints register included an anonymous complaint from February 2023 that it was not comfortable to sit outside as some chairs had cobwebs on them. The Assessment Team observed an unlocked maintenance storage room where chemicals were stored, broken window fittings located beside a path in a garden area and said that an exit door was difficult to open.

The approved provider refutes the Assessment Team’s findings and states in its response the organisation has been actively engaging with consumers through regular meetings to ensure consumers are included in consultation in relation to the redesigning of the garden areas. I note the site audit report under Standard 4 included information that approval has been provided by the organisation to update some garden areas within the service and described the service’s plans for engaging consumers including those consumers who have a specific interest in gardens. Evidence of the landscaping plans were included in the response. The site audit report states a request was received during the February 2023 consumer meeting for shade covers to be installed in the garden. This request was reflected in the plan for continuous improvement and the Assessment Team observed the shade covers had been installed in the garden.

The approved provider asserts that garden areas are safe, clean, and well-maintained. It states two garbage bags sighted by the Assessment Team contained leaf litter that consumers use for their mulching project. The presence of weeds which were raised with management during the site audit were attended during the landscape gardener’s twice weekly visit to the service on 30 March 2023. The response stated that cleaning of outdoor furniture is completed through scheduled cleaning programs. The broken window fittings observed in the garden area had been removed from a nearby independent living unit at the time of the site audit and were removed from the premises on the same day they were observed. The response states that the areas where this occurred is in a garden area that is not accessible to consumers from the residential aged care facility. Photographic evidence was submitted in the response and demonstrated the garden areas appeared clean, tidy, and well-maintained.

With respect to the unlocked maintenance storage room the approved provider said it was in use at the time and that it is in an area that is not accessible to consumers. The exit door that was raised by the Assessment Team as being difficult to open has been examined and was found to be in sound working order.

The site audit report included information that a cleaning contractor maintains the courtyard gardens and communicates any maintenance issues to the maintenance team. Management advised the service has recently commenced recording reactive maintenance requests in the service’s electronic care management system and demonstrated that a preventative maintenance schedule is in place.

Consumers are able to move freely between indoor and outdoor areas and there are lifts that support consumers to move throughout the service. Management advised there was a current application with council to trim large trees in the garden area and the Assessment Team noted this was reflected in the service’s plan for continuous improvement.

I am satisfied that Requirement 5(3)(b) is Compliant as there was limited negative feedback from consumers with one consumer reporting they believed the service was addressing their concerns. The approved provider demonstrated that concerns with toilets had been previously identified and have now been addressed. With respect to external areas, I am persuaded that overall, the environment meets consumer’s needs and is safe, clean, and well- maintained. This is supported through the continuous improvement mechanisms including complaints, feedback from consumer meetings and the plan for continuous improvement; established maintenance schedules are in place and there are processes for communicating maintenance issues and concerns. Consumers were able to move freely throughout the service environment.

The site audit report included information under Requirement 5(3)(c) that there were concerns identified in relation to the call bell system.

A new call bell system was implemented in early 2023 with reports generated identifying inaccurate wait times. While staff were alerted to the call bell on their pagers and were able to cancel the call at the point of origin when they responded to the call bell, the screens in the nurses’ stations continued to list the call bell as active. The problem has been escalated and there are plans for the organisation to meet with the contractor.

The approved provider in its response states that the system when activated did not make a noise or light up in the consumer’s room, thereby assuring the consumer that the call bell had been activated. In response to this the service had commenced installing hall annunciators so that consumers were confident their call bells had been activated; this has been completed. The service had also requested that the system be adjusted so that the call bell lights up on the in-room call point once activated.

One named consumer and the representative for another anonymous consumer reported the consumers’ call bells had not worked or had been a problem for a period of time. The named consumer said they stand at their door and wait for staff to come past and try to obtain assistance that way. The Assessment Team tested the named consumer’s call bell on the first day of the site audit and found that it did not activate. The approved provider stated in its response that two members from the management team activated the call bell on two separate occasions and on both instances, it was found to be working and was activating staff pagers. The approved provider reiterated that the call bell system, at the time of the site audit, did not light up at the in-room call point. Additionally, the approved provider submitted further clarifying contextual information about the feedback provided to the Assessment Team.

The complaints register included two complaints relating to failure to answer call bells. One representative who had complained about failure to respond to call bells said the consumer had experienced an extended delay of approximately two hours in waiting for staff to provide assistance. I have considered this information under Standard 7. With respect to the second complaint, the approved provider advised the consumer’s call point was broken and was repaired on the same day. Additional resources including a pendant and watch were provided to the consumer to ensure they had the ability to call for assistance in a timely manner and that the consumer and representative were happy with the outcome of the complaint.

The approved provider stated that the Assessment Team were provided with a spreadsheet demonstrating the testing and maintenance of the call bell system, including call points in bedrooms and pendants; an example of this was included in the response. The response states the organisation has appropriate staffing levels to respond to call bells in a timely manner and provided evidence of this. I note too that under Standard 7 the Assessment Team have documented that most consumers and representatives said their personal and clinical needs are met in a timely manner.

I am satisfied that furniture, fittings and equipment are safe and suitable for the consumer and that Requirement 5(3)(c) is Compliant.

While the approved provider did not agree with the findings of the Assessment Team, it stated the organisation is committed to continuous improvement and the following actions have been taken in response to the information in the site audit report:

* Communication has been provided to consumers and representatives via meetings and email advising them how the call bells function and the interim steps taken regarding annunciators and the in-room call point lights.
* Increased maintenance system checks are occurring until consumer confidence has increased in the call bell system.
* Frequency of gardening services has been reviewed.

I find the remaining requirement of the Quality Standard to be Compliant as the service generally provided a welcoming environment that promoted consumers’ independence and function. Consumers were observed to be moving throughout the service including through courtyard and garden areas and had access to equipment to support their mobility. Consumers’ rooms were spacious and were personalised with items that reflected their individual taste and style. Consumers and representatives said the environment was welcoming to them, their friends and family. Various large common areas and dining rooms were available for consumers to participate in activities and have meals, additionally there were smaller areas for consumers to meet with families and friends.

# Standard 6

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

Findings

Consumers and representatives said they feel encouraged, safe, and supported to provide feedback and make complaints and were aware of internal and external complaints mechanisms available to them. One consumer said they don’t have any complaints but if they did have a concern, they would contact management or staff directly. One consumer and their representative provided examples of feedback they had provided and said they felt supported in the process. Consumers and representatives were satisfied that appropriate action is taken in response to their complaints and felt their feedback is used to improve the quality of care and services. They provided examples of complaints they had raised and said their concerns were resolved in a timely manner and that management provided an apology.

Staff could describe the methods consumers can use to provide feedback and make a complaint. This included through the provision of feedback forms and use of the feedback boxes, staff reporting consumers concerns to management, staff asking management to make contact with a consumer and through consumer and representative participation in consumer meetings. Consumer meeting minutes confirmed consumers are invited to provide feedback during meetings.

The consumer handbook includes information about complaints processes, including external complaints processes and is available to consumers and representatives. Staff were familiar with internal and external complaints mechanisms, and advocacy and translation services. Staff said they provide assistance to consumers who have a cognitive impairment or difficulty communicating if they wish to raise a complaint and can assist consumers in completing feedback forms. The Assessment Team observed feedback forms and feedback boxes located in the service’s common areas.

The service maintains a complaints register and a plan for continuous improvement; these include actions taken by the service in response to feedback to improve the quality of care and services. The Assessment Team confirmed that improvements had occurred in response to consumer and representative feedback.

# Standard 7

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

Findings

Most consumers and representatives said there is enough staff to meet the consumers’ personal and clinical care needs in a timely manner. Staff across various roles and areas of the service said there are sufficient staff to provide care and services in accordance with consumers’ needs and preferences and that generally staff have time to undertake their allocated tasks and responsibilities. Management said the roster is reviewed to ensure the number and mix of staff are appropriate and provided an example of how additional staff were rostered to address an increase in behavioural incidents.

Information brought forward under other standards included a review of the complaints register which identified one complaint about delays in responding to a consumer’s request for assistance. While I acknowledge the concerns raised in the complaint, the approved provider’s response has included additional contextual information and overall, I note that consumers and representatives were satisfied with staff responsiveness. I am satisfied that on balance there are sufficient staff to meet consumers’ needs.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner and are gentle when providing care. Staff demonstrated an understanding of consumers’ identity, culture, needs and preferences and the information they provided aligned with care planning documentation and was confirmed by consumers. The Assessment Team observed staff interactions with consumers and found them to be kind and caring.

The Assessment Team found that staff had the knowledge and skills to undertake their role and consumers and representatives confirmed this saying staff were well-trained. The site audit report includes information that management could describe how they determine staff are competent and capable including through competency assessments, the receipt of feedback from consumers and representatives and by undertaking observations.

The service maintains position descriptions which establish responsibilities, knowledge, skills, and qualifications for each role. Staff described the orientation and onboarding process which includes mandatory training, role specific training and education relating to the Aged Care Quality Standards and ‘buddy’ shifts. Staff confirmed the service provides ongoing professional development, supervision and completes competency assessments. Review of training records demonstrated staff have completed orientation (where appropriate) and completed required mandatory training including in infection control, manual handling, and fire safety.

There were instances in the site audit report where the Assessment Team brought forward information that raised a question about the competency of the workforce. This included staff knowledge about assessment and care planning processes, the management of changed behaviours, incident management and reporting responsibilities and managing a change in a consumer’s condition. The approved provider in its response to the site audit report has satisfactorily addressed these concerns and provided additional information about the service’s continuous improvement in relation to workforce management. The organisation has commenced a master roster project with a view to building on current staffing capability. They state this is underpinned by resources including a staffing matrix, roster checklist and rostering guidelines. They report that a contemporaneous educational platform has been implemented and that staff are supported by the corporate structure which includes education, quality, clinical care, risk, and governance.

All new staff complete a probationary period which includes regular performance appraisals and most staff said they had participated in an annual performance appraisal in the last 12 months. Management were able to describe the processes that are used to assess, monitor, and review staff performance and there are mechanisms to track completion. Consumer meeting minutes demonstrated consumers are invited to provide feedback about staff performance.

# 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

The Assessment Team have brought forward some deficiencies in the organisation’s governance. I have considered information in the site audit report and in the approved provider’s response and have found all five requirements in Standard 8 are Compliant.

The site audit report included information under Requirement 8(3)(c) that there were effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce management and feedback and complaints. However, the site audit report states the service was unable to demonstrate that the service met its regulatory obligations in relation to reporting and the Serious Incident Response Scheme. For example, the site audit report included the following information:

* Staff were unable to demonstrate a shared understanding of the reporting requirements for serious incidents.
* A medication incident was not reported to the Serious Incident Response Scheme.
* An incident involving a skin tear and bruising was not reported appropriately and in accordance with reporting timelines.
* Incidents involving inappropriate use of restrictive practice were not reported to the Serious Incident Response Scheme.

The approved provider in its response stated the medication incident was identified, discussed with next of kin and reported to the medical officer who advised that the incident was not likely to cause harm. The consumer was monitored for 24 hours. The staff member was removed from undertaking medication administration and required to undertake a new medication competency. The incident was discussed in the medication advisory committee meeting and at the quality meeting and was included in data provided to the Board. The response states the incident was not reported because it was a one off occurrence, caused no physical or psychological harm and was not determined to fit the criteria for a reportable incident. The approved provider said the Assessment Team were advised that in order to improve care and services all medication incidents will be screened against the Serious Incident Response Scheme decision making tool and education is being provided to registered nurses. This was incorporated into the plan for continuous improvement.

The approved provider advised that for the consumer who experienced a skin tear and bruising that an agency staff member completed an incident form but did not follow the organisational policy and escalate the incident to the management team after the consumer said that the skin tear had been caused by ‘someone’. Management staff when reviewing the incident form identified the allegation and referred it to the Serious Incident Response Scheme and evidence was submitted in the response that the incident has been reviewed and is completed. Investigations by the service were unable to determine the cause of the injury and there was no evidence to indicate the injury was caused by staff action. However, the approved provider acknowledged that the agency staff member had not followed correct procedure by failing to escalate the incident to management. After consultation with the consumer’s representatives the approved provider advised the agency that the staff member involved was not to return to the service.

The approved provider refuted information in the site audit report that two instances of inappropriate use restrictive practice were not reported to the Serious Incident Response Scheme. The approved provider’s response included evidence that reporting had occurred and this was confirmed by review of information held by the Aged Care Quality and Safety Commission.

While the site audit report under Requirement 8(3)(c) stated that staff did not demonstrate a shared understanding of their reporting requirements I note that the site audit report also included information that clinical staff described and demonstrated an understanding of what constitutes restrictive practices.

The approved provider accepts that the Serious Incident Response Scheme decision making tool is a guide only, therefore further education was implemented for staff on the Serious Incident Response Scheme and decision making, together with the directive to include a copy of the tool in the register as a supporting document. This education was conducted at the time of the site audit.

The site audit report includes information that staff said and a review of the staff orientation process confirmed staff have received training on the Aged Care Quality Standards, elder abuse and neglect and the Serious Incident Response Scheme.

I am satisfied that Requirement 8(3)(c) is Compliant as there are organisational systems and processes to support the service to meet its regulatory obligations, including in relation to its reporting obligations associated with the Serious Incident Response Scheme.

The site audit report includes information under Requirement 8(3)(d) that the service was able to demonstrate effective risk management systems and processes to support consumers to live their best life and to manage and prevent incidents; this includes policies and procedures to guide staff. However, the site audit report states the service did not effectively manage high impact risks and brought forward deficiencies relating to assessment and care planning, management of consumers who are deteriorating and the management of incidents that were reportable under the Serious Incident Response Scheme. The deficiencies brought forward by the Assessment Team under this requirement have been addressed under Standard 2, Standard 3 and Requirement 8(3)(c). I have considered the site audit report and the information provided in the approved provider’s response and am satisfied Requirement 8(3)(d) is Compliant as the service has effective risk management systems and processes and these have been strengthened since the site audit.

The site audit report includes information under Requirement 8(3)(e) that the service demonstrated an effective overarching clinical governance framework and that there were policies to guide staff in the provision of safe care including in relation to antimicrobial stewardship and open disclosure. Staff demonstrated a shared understanding of open disclosure and antimicrobial stewardship and could describe how these were applied practically.

The service’s orientation program and training schedule demonstrated staff receive training on the Aged Care Quality Standards, infection control and open disclosure.

However, the site audit report states that a number of the organisation’s policies and procedures were overdue for review including the restrictive practices policy and that there was evidence that behaviour support plans were not reflective of consumers’ needs and that consent was not in place for a consumer who had been subject to restrictive practice.

The Assessment Team were advised by management that the organisation had purchased a suite of policies and procedures to guide staff in relation to the relevant regulatory and legislative requirement. They said the policies and procedures are currently being reviewed and contextualised by the clinical governance committee and will be implemented in the near future.

The approved provider in its response stated the organisation is in the process of implementing an organisation wide continuous improvement initiative in line with the strategic plan. This initiative involved the establishment of a clinical governance advisory group, the purchase of a suite of contemporary policies and review of all policies and procedures. The suite of policies is being rolled out at a site level with a staged and planned approach to support staff understanding and to ensure the policies are actioned and embedded. Policies that have been implemented to date include: Cultural diversity and safety; LGBTIQA+; Consumer rights; Advocacy and Immunization. The service provided the timeline in place for introducing the remaining policies. In response to information in the site audit report the following policies were implemented ahead of schedule: Serious Incident Response Scheme; Restrictive practice; infection prevention and control; Advance care planning and end of life and Assessment and care planning.

With respect to the deficiencies brought forward in the site audit report relating to behaviour support plans and the use of restrictive practice I have considered the available evidence, including the information in the site audit report, the approved provider’s response and information held by the Aged Care Quality and Safety Commission, and am satisfied there are governance processes that address the use of restrictive practice. I am satisfied Requirement 8(3)(e) is Compliant.

Consumers said they have confidence in the way the service is run and are engaged in the development, delivery and evaluation of their care and services. Management described the options available to consumers and their representatives to engage with the service including by speaking directly with management, attending consumer meetings and by completing feedback forms; consumer and representative feedback confirmed this. Management provided examples of recent improvements at the service which had involved input from consumers and representatives. They said that shade covers were installed in a garden area following feedback from consumers at the February 2023 consumer meeting; the Assessment Team observed that the shade covers were in place. A second example involved the introduction of additional lifestyle and care staff shifts to provide emotional support and activities to consumers following consumer and representative feedback/complaints and an identified increased trend in incidents involving behaviours of concern. The Assessment Team reviewed consumer meeting minutes and the service’s plan for continuous improvement and confirmed that it evidenced these improvement initiatives and consumer and representative engagement in care and service delivery.

The service demonstrated that it promotes a culture of safe, inclusive, and quality care. The service is supported by a care and clinical governance committee who maintain oversight of the service’s clinical matters. The Board meets fortnightly to review the organisation’s clinical indicators and identify risks and risk mitigation strategies. The Board reviews outcomes of assessment activities conducted by the Aged Care Quality and Safety Commission in order to identify improvements that can be implemented locally and at an organisational level. A review of Board meeting minutes confirmed discussion of these matters. Management described the various ways in which the organisation communicates with consumers, representatives, and staff regarding updates on policies, procedures, and changes to legislation.

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)