Performance

Report

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| Name of service: | Wahroonga Place Care Community |
| Service address: | 17 Pacific Highway WAHROONGA NSW 2076 |
| Commission ID: | 2437 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 June 2023 to 15 June 2023 |
| Performance report date: | 14 July 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 Wahroonga Place Care Community (**the service**) has been prepared by J Miaris, 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.

# 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 said they were treated with dignity and respect, with their identity and culture valued and representatives said staff were respectful and kind and encourage the expression of consumers’ identities and culture. Staff described the consumers’ individual circumstances, backgrounds, and life experiences, and described how they supported these preferences and choices on a day-to-day basis, in a respectful way. Care planning documents reflected consumers’ identity and culture.

Consumers said the service recognises, respects, and values their cultural background. Staff described how they respect each consumers identity and culture including the use of each consumers preferred name, acknowledging their choices, and delivering care respectfully. The service had policies in place and care planning documentation which outlined consumers’ identity, culture, and diversity.

Consumers and representatives said consumers were supported to exercise choice and independence and maintain relationships. Staff described strategies for supporting consumers to exercise lifestyle choices and independence. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices.

Consumers said they were satisfied with how the service supports them in making decisions involving taking risks and the service supports them to understand the benefits and possible harm. Staff provided examples of how the service supports consumers to exercise choice to live the life they choose, including when that choice involves risk. Care planning documents demonstrated risk assessments were completed in consultation with consumers and or representative in line with the service’s risk management policies and procedures.

Consumers said they received information in a way they can understand and enables them to make informed choices. Staff described different ways information is communicated to ensure it is easy to understand and accessible to consumers, including strategies to communicate information to consumers with poor cognition or those who need visual aids or hearing assistance. Information is provided to consumers in a way that is clear and easy to understand including noticeboards displaying menus and monthly activities schedule.

Consumers reported their privacy and confidentiality is respected and described staff practices such as allowing them their personal space when they have visitors and by knocking on doors and seeking consent before entering their room. Staff described how they support consumers to communicate their preferences, to ensure their privacy is maintained and gave examples of how they maintain the privacy of consumers. The service had a policy describing how the service maintain and respects the privacy of consumers’ personal and health 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.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks. Staff described how regular care assessments are completed to ensure safe and effective care is delivered. Consumers and representatives said consumers care is well planned and staff take the time to understand how to support them.

Consumers and representatives said the service provides the opportunity to discuss consumers’ current care needs, goals, and preferences, including advance care planning and end of life care. Staff said end of life planning is discussed on admission if the consumer is comfortable to do so and during review processes. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers.

Care planning documents reflected the involvement of consumers, representatives, organisations, service providers and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and representatives in care planning. Consumers and representatives said they were actively involved in the assessment, planning and review of their care and services.

Consumers and representatives said staff explain information about consumers care and services, involve them in assessment and planning reviews, provide them with regular updates about assessment outcomes and they have been offered a copy of the consumers care plan. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Care planning documents evidenced they were reviewed on a regular basis and updated when circumstances change. Management advised care planning documents are reviewed every 4 months, or as required. Consumers and representatives said staff regularly discuss care needs with them when circumstances change, or incidents occur which impact consumers’ care needs.

# 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.

The services had policies, systems, and processes in place to ensure consumers get safe and effective personal care and clinical care, including training completed by staff to support best practices. Consumers and representatives expressed satisfaction with how any changed behaviours were managed and consumers feel safe they are getting care that reflects their individual needs and situation. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

The organisation had a risk management framework that guides how risk is identified, managed, and recorded, with policies in place to guide staff on high-impact or high-prevalence risks associated with the care of consumers and validated tools to manage and assess consumers’ clinical risks on their electronic management system. Staff described the main high-impact and high prevalence risks for consumers that impact care needs and care plan documents reflected individual risks and management strategies were in place for consumers. Consumers and representatives were satisfied that care provided to consumers is appropriate and consumers were satisfied that their risks were managed.

Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place. Staff described how they deliver end of life care to consumers, prioritise comfort and dignity and provide support to consumers and representatives. Consumers and representatives said staff were aware of their wishes when consumers need end of life care and were satisfied that the service would enact their wishes and ensure their comfort and dignity is maintained.

Care plan documents demonstrated changes to consumers’ mental health, cognitive or physical function, capacity and condition were recognised and responded to in a timely manner. Staff confirmed how they identify, alert, and monitor consumers experiencing deterioration in health using charting and assessment tools and can access support from the medical officer onsite and other health professionals as required. Consumers and representatives said staff recognise the signs of deterioration in consumers’ health and take prompt actions.

Consumers and representatives said the service coordinates consumers personal and clinical care well, they are well informed, and consumers personal or clinical care is consistent. Care documentation included adequate information to support effective and safe sharing of the consumer’s care. Staff described processes in place to communicate information about the consumers’ needs and information that is specific to each consumer are documented and communicated within the organisation, such as, via staff handovers between each shift, and with others where clinical care is shared.

Consumers and representatives said referrals were appropriate and consumers have access to a range of health professionals. Staff described processes to refer clinical matters to other providers and management advised the range of various allied health services that are available to attend the service to meet consumer’s needs. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 said they received services and supports for daily living that meet their needs, goals, and preferences, with their independence and quality of life optimised. Staff were able to outline the consumers’ needs and preferences. Care planning documentation identified consumers’ choices, services, and supports they need to do the things they want to do and were observed independently engaging in various activities.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff described how they support consumer’s emotional, psychological, and spiritual well-being by facilitating connections with people important to them, religious leaders and services and local community. Care planning documented information about consumers’ emotional, spiritual, psychological needs, goals, and preferences.

Consumers and representatives said consumers were supported by the service to participate in their community within and outside the service environment as they choose; and the service supports consumers to maintain social and personal relationships and do the things of interest to them. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest and how consumers were supported to participate in these activities at the service and in the wider community.

Staff described how communication of consumers’ needs and preferences occurs via care planning documents, the service’s electronic care management system, and shift handover to enable the provision of safe and personalised care to consumers. Consumers said staff were aware of their conditions, needs and preferences. Care planning documents included adequate information to support safe and effective care.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described how consumers were referred to other providers of care and services and gave examples. Consumers and representatives said the service referred them to external providers to support their care and service needs. Care planning documents evidenced the service collaborates with external providers of other care and services.

Consumers were satisfied with the quality, quantity and variety of food provided at the service, and there are multiple options to choose from the menu to meet their food preferences. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff described how they meet individual consumer dietary needs and preferences and how changes were communicated, and the service enables consumers to request alternate food options as well as the daily menu.

Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers said they felt safe when using equipment which was easily accessible and was clean, well maintained, and suitable to their needs. Staff said they ensure consumer mobility equipment is safe and suitable and described the process for reporting maintenance issues through the service’s maintenance request system.

# 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 said that they felt safe and at home at the service and it is a nice place to live. The service environment was observed to be welcoming and inviting, with dining rooms, communal seating available indoors and outdoors and signage to support navigation around the service. Consumers’ rooms were observed to be personalised, with consumers choice of their own personalised furniture and decorations. Consumers and their visitors were observed utilising communal seating areas.

Consumers and representatives said the service environment is safe, clean, well maintained and allows consumers to move freely through the service. Staff described and documentation evidenced the processes for cleaning, documenting, reporting, and attending to maintenance issues promptly. Consumers were observed moving freely in all areas of the service and leaving the service with visitors.

Furniture and equipment throughout the service was observed to be clean, suitable for its purpose and mobility aids were accessible to consumers. Consumers said the equipment was clean, well-maintained, and confirmed that sufficient equipment is available to meet their needs. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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 and representatives said they were encouraged and supported to make complaints and provide feedback and said they would have no concerns talking with staff or management if they wanted to make a complaint. There was information available on noticeboards and in service publications, including the resident handbook and staff handbook about the services internal complaints system and how to access an external complaints system. The service had multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, raising issues at meetings, or speaking directly with the manager.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy services if required. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Staff demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice. Staff explained processes taken in response to complaints received by consumers. Consumers and representatives provided examples of when they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action was taken by staff and management.

The service demonstrated that feedback and complaints provided to the service were reviewed and used to improve the quality of care and services. Management described detailed processes and provided examples of how feedback is used to improve services. Consumers and representatives said they provide feedback and or make complaints at meetings and through other mechanisms and this had resulted in improvements made at the service. Documentation reflected the various ways the service captured compliments and complaints and how data is used 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 said they were satisfied there is enough staff to meet consumers’ care needs and answer call bells promptly. Observations indicated that staff were available when consumers required staff assistance. Management and staff described how they ensure there are enough staff to provide safe and quality care, which is designed based on classification of staff and allocation as per consumers’ needs in a particular area. Management explained how call bell data is monitored, with strategies implemented to ensure call bells are answered within appropriate timeframes.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services to consumers. Consumers said staff were respectful of their identity and diversity and understand their background and cultural preferences. Staff interactions with consumers were observed to be kind, caring and respectful. Management and staff provided examples as to how the interactions of the workforce were monitored, for example through observation and consumer or representative feedback and demonstrated actions taken when staff conduct was outside the expected standard of behaviours of the organisation.

Consumers and representatives sampled feel confident staff are sufficiently skilled to meet consumers care needs. Management detailed processes for ensuring the workforce were competent and have the qualifications or knowledge to effectively perform their roles and staff said they were competent to provide the care consumers needed at the service. The service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they were satisfied with the training provided by the organisation relevant to their roles and consumers and representatives said staff know what they are doing when delivering care. The service had policies and other documentation that demonstrated that the organisation identifies staff training needs through staff performance reviews, staff meetings, feedback received from consumers or representatives, incidents, and audit results. Staff training records demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

Documentation demonstrated performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policy and procedures. Management described how staff’s performance is monitored through annual reviews, ongoing observations of staff practice, consumer satisfaction surveys, staff feedback, and feedback from consumer and representatives. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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 they are engaged in the development, delivery and evaluation of care and services. Management advised there are multiple avenues that consumers are invited and encouraged to provide feedback to enhance their service and care delivery which includes monthly meetings, care plan reviews and consumer surveys. The service provided documented evidence to demonstrate that consumers were engaged and supported in providing input on service delivery and that the service is actively working to improve care and services.

Management demonstrated how the governing body and the board were involved and informed in the delivery of care and services via platforms such as committee meetings where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management advised that the finance committee ensures the integrity of financial operations and ongoing compliance in relation to effective, economical, and efficient internal controls across the organisation. The service’s budget is monitored and reviewed monthly via a profit and loss meeting and during monthly financial meetings attended by the management and the finance team. The governing body receives financial reports at each governing body meeting.

The service had an effective risk management system in place to identify and manage risks associated with care of consumers, including identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. The service had policies and procedures in relation to the management of risks in response to incidents. Staff provided examples of how high impact or high prevalence risks were managed at the service. Management described how incidents are analysed and trends used to identify risks to consumers and inform improvement actions. The organisation had systems in place to collect and record incident data, which is then analysed and trended. Information from the incident management system is used to guide management risk reduction activities and benchmarks mandatory quality indicators.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)