Performance

Report

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| Name of service: | Wheller Gardens - Emmaus Village |
| Service address: | 930 Gympie Road CHERMSIDE QLD 4032 |
| Commission ID: | 5170 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 10 March 2023 |
| Performance report date: | 23 March 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 Wheller Gardens - Emmaus Village (**the service**) has been prepared by K. Reed, 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
* the provider’s response to the assessment team’s report received 22 March 2023
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives confirmed staff treated consumers with dignity and respect. Staff were observed treating consumers with dignity and respect and understood the consumers’ individual choices and preferences. Care planning documentation reflected what was important to the consumer to maintain their identity. The organisation had documents and processes which outlined consumers’ right to respect and dignity. Staff consistently spoke about consumers in a way that indicated respect and an understanding of their personal circumstances.

Consumers and representatives described how staff valued consumers’ culture, values and diversity. Care planning documentation reflected consumers’ cultural needs and preferences. Staff document consumers’ individual values and cultural wishes on entry to the service and further information was included over time. The service’s consumer handbook identified consumers had access to pastoral and spiritual support.

The service demonstrated consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers were supported to nominate who liked involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Staff supported consumers to exercise choice and independence by asking consumers permission before providing care and services. Consumers were supported to maintain relationships of choice through receiving visitors to the service, undertaking outings to visit friends and family, and attending the service’s group activities.

Clinical staff described the processes for supporting consumers to take risk, including conducting risk assessments and completing dignity of risk forms in consultation with the consumer and their representative. The organisation had a suite of policies and procedures to guide staff in supporting consumers to take risks to enable them to live the best life they can.

Consumers and representatives received up to date information about activities, meals, COVID-19 and other events happening in the service. Posters and flyers of upcoming activities were observed on noticeboards and in rooms. The consumer information book, which was provided to consumers on entry to the service, identified consumers were provided with information related to choices, including meals, activities, involvement of family in their care and services, and care provision.

Care staff described the ways they maintained consumers’ privacy, including not sharing consumers’ information with other consumers or representatives and knocking before entering consumers’ rooms. Representatives were confident consumers’ information was kept confidential. The Charter of Aged Care Rights was displayed in common areas of the service, and the consumer handbook explained how personal information was protected by the service.

# 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

Overall consumers/representatives considered assessment and care planning delivered safe and effective care and services. Documentation reviewed considers potential risks to consumers’ health and wellbeing including falls, wound management and behaviour management. The process of assessment and care planning included consultation with consumers and representatives, other health professionals and relevant documentation to inform the development of an individualised care plan. The service had a suite of policies and procedures reviewed at an organisational level which guided staff with the assessment and care planning of consumers.

Consumer care documentation demonstrated, and interviews with consumers and representatives confirmed, individual consumer’s current needs, goals and preferences were addressed, and this included advance care planning if the consumer or representative wished. Discussion about a consumer’s end of life wishes occurred when a consumer entered the service, at care plan review and if a consumer’s condition deteriorated.

Care planning documentation and consumer interviews demonstrated care planning was completed in partnership with consumers and others they wished to be involved. Other health care providers and organisations were included as required in assessment and care planning for consumers.

Consumers confirmed staff discussed their care needs and preferences. Staff had access to care plans and other information through the electronic care management system, including individual login names and passwords. Consumer files demonstrated documentation of the outcomes of assessment and care planning. Consumers and representatives were involved in the assessment and care planning process through case conferences, four-monthly care plan reviews and when there are any changes in consumers’ condition.

Consumers and representatives confirmed care and services were reviewed when consumer circumstances change, or incidents occur. Care planning documentation confirmed care plans were reviewed on a regular basis. Staff confirmed in addition to the four-monthly care plan review process, incidents may trigger a reassessment or review of consumer care needs. The service monitored clinical indicators including medication incidents, falls, pressure injuries and infections.

# 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 service demonstrated identification, assessment, monitoring and review of consumers’ clinical care needs including wounds, skin integrity and pain. Consumer care was safe and considered the individual consumer’s needs, goals and preferences. Staff demonstrated knowledge and skills in managing the personal and clinical care of consumers. The service had a Registered nurse responsible for monitoring skin integrity and wounds, with referrals to external wound services as necessary.

The service recently introduced a designated carer shift from 12.00pm to 8.30pm, seven days a week to support consumers who may be experiencing agitation or require extra support with their meals. The service monitored usage of psychotropic medication, including the type of psychotropic, regular and as required medications. The service had no consumers considered to have a physical or mechanical restrictive practice in place.

The service was effectively managing high impact and high prevalence risks. Consumers who experienced falls were reviewed by the Registered nurse, Physiotherapist and Occupational therapist as required. Allied health assistants with support from the Physiotherapist and Occupational therapist conducted group exercise programs including a walking group.

Care delivery for consumers at the end of life ensured their needs were addressed, pain was managed, and the consumer’s dignity was maintained. Palliative care support was available from local hospital based palliative care services. Staff maintained the comfort of consumers at the end of life, including one-on-one support for the consumer and their family.

Care planning documentation supported the identification and response to deterioration or changes in consumers’ condition. Care staff reported any changes or deterioration in consumers’ condition to the registered staff. Clinical staff refer consumers who deteriorated to the Medical officer, specialist geriatric services at the local hospital or transfer the consumer to hospital if appropriate.

Care planning documentation demonstrated input from other allied health services including Physiotherapy, Occupational therapy, dietitians and podiatry. External services including palliative care, specialist geriatric and wound specialists located at local hospitals were accessed as required. Consumer documentation confirmed regular review by Medical officers, including where there were changes in consumer health.

The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and management of a COVID-19 outbreak. The service had a COVID-19 vaccination program for consumers and an infection prevention and control lead in place. Staff described practices to prevent and control infections such as hand hygiene, use of personal protective equipment, encouraging fluids and obtaining pathology results prior to commencing 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

Consumers and representatives confirmed services and supports provided by the service met the consumers’ needs and staff assisted consumers to be as independent as possible. Staff had knowledge of consumers’ needs and preferences and the support they require in their daily living activities. Care documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Staff were observed assisting consumers to the activity room to participate in group activities, including exercise groups and bingo.

Lifestyle staff provided one on one meaningful engagement with consumers each week and arranged additional supports when needs were identified, including activity packs and a sensory box in each area, which could be used to support consumers. Consumers were supported in various ways to promote their emotional, spiritual and psychological wellbeing. The service had two Chaplains visit the service two to three times per week, they visited all consumers on entry to the service and on an ongoing basis, if requested. Consumers and representatives described the enjoyment received from the service’s dog, named Dingo. Care planning documentation was updated with observations and assessments of consumer emotional, spiritual and psychological well-being.

Services and supports for daily living assisted each consumer to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do the things of interest to them. Consumers and representatives advised of friendships that developed within the service, including a group of female consumers who enjoy having meals together. Consumers and representatives accessed the coffee shop located at the Wellness Centre. The organisation had an electronic application available for representatives, where they could view activities and photographs of consumers participating in activities. The service had a bus, with weekly bus outings scheduled, consulting with consumers regarding destinations. Care documentation included social profiles and consumers’ life stories, identified interests of consumers, and people who were important to them. Staff described how the information in the electronic care system supported them to initiate conversations and identified individual interests of consumers.

Consumers’ needs, goals and preferences were communicated across the service and with others who shared care responsibility. Staff shared information within the service about consumers’ condition, needs, preferences, and changes in behaviour via conversations and regular entries on the electronic care system. Staff said information about consumers’ needs and preferences is current, personalised and available. The service had a monthly newsletter providing information about what was occurring within the service.

Consumers were referred to other providers of care to deliver specific services and supports that align with consumers’ choices. Staff facilitated appointments for consumers with the service’s hairdresser. Staff referred consumers to the visiting Chaplain when they were feeling low or required extra support.

Consumers expressed satisfaction with the quality and variety of meals provided. The service used a regenerated process, with food placed in heat proof containers in the main kitchen and then reheated and placed in each kitchenette area and served to consumers. The service provided food options for consumers with cultural, religious or personal preferences. Staff were observed checking the food temperature prior to serving. The kitchen was compliant with relevant health and safety regulations.

Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained. The service proactively maintained equipment and replaced damaged equipment to ensure equipment was available for use. Mobility and walking aids or wheelchairs used to support consumers to mobilise and attend lifestyle activities were clean and well-maintained.

# 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 service environment was welcoming, easy to understand and enabled consumers to optimise their independence and ability to interact with family, friends and others. Consumers’ rooms were observed to be personalised with chosen items, consumers’ names located on rooms. Consumer rooms had divided doors with consumers able to leave the upper half open if they chose. Easy to understand signage was observed clearly identifying the five courts within the service. Each court had a dining and seating area for consumers to host visitors. The service had communal sitting areas and a large activity area, with a co-located kitchenette.

The service was safe, clean, and well maintained and consumers could move freely indoors and outdoors. Consumers stated the service was clean and well maintained. Maintenance staff described how requests for maintenance were recorded, prioritised and actioned. Staff confirmed that requests for maintenance were resolved quickly. Cleaning staff had a designated cleaning schedule over a seven-day period including daily and weekly areas for cleaning.

Consumers and representatives confirmed furniture, fittings and equipment were safe, clean and well maintained. Corrective maintenance requests were logged electronically, assessed and prioritised each day with preferred contractors available for prompt action as required. Scheduled preventative maintenance records demonstrated completion of inspections including fire equipment and pest control treatments.

# 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 felt encouraged, safe and supported to provide feedback and make complaints. Staff described the methods they used to encourage and support consumers to provide feedback and make complaints. Consumer meeting minutes demonstrated consumers and representatives were invited to provide feedback. Feedback and complaints forms were observed in the service’s common areas.

Consumers and representatives demonstrated an awareness of the internal and external avenues available for them raise and resolve complaints. Consumers and representatives were aware of making complaints to the Aged Care Quality and Safety Commission and accessing advocacy services, such as those provided through the Older Persons Advocacy Network. Staff described how they would assist consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Methods described by staff included assisting them in completing a feedback form and contacting consumers’ representatives for assistance. The consumer handbook included information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them.

Appropriate and timely action was taken in response to complaints, and an open disclosure process was applied when things went wrong. Consumer representatives provided feedback regarding the satisfaction of the handling of their complaints which included an apology.

Feedback and complaints were reviewed and used to improve the quality of care and services. Consumer meeting minutes indicated consumer and representative feedback was used to improve the quality of care and services. Staff stated they would try to resolve complaints immediately, and if they were not able to resolve the consumers or representative complaint they would report the complaint to clinical staff or management.

# 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

The workforce was planned to meet the needs of consumers and deliver quality care and services and systems and processes were in place to ensure there was enough staff rostered across all shifts. Staff across various roles and areas of the service confirmed there was adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff had sufficient time to undertake their allocated tasks and responsibilities. The service employed both registered and care staff and rosters were developed to ensure the right mix of staff were available to manage consumer care needs. Staff were assigned to the same areas as much as possible to maintain continuity of care and if the service was unable to secure agency staff, clinical staff and management would assist with providing care and services.

Consumers and representatives confirmed staff engaged with consumers in a respectful, kind and caring manner, were gentle when providing care and were respectful of their diversity, culture and preferences and choices they made with care and services. Staff understood consumers’, identity, culture, needs and preferences. This information aligned with care planning documentation and the information obtained by way of interviews. The service had a suite of documented policies and procedures to guide staff practice in delivering person-centred, caring and respectful care and services.

Management described how they determined whether staff were competent and capable in their role, including assessing competency during training sessions, reviewing feedback from consumers and representatives and clinical staff and management conducting regular observations. All new staff were afforded a six-month probationary period which includes appraisals at three and six months. Staff records demonstrated the service maintained position descriptions which established responsibilities, knowledge, skills and qualifications for each role and monitored national criminal history checks, professional registration and influenza and COVID-19 vaccination records.

Consumers and representatives expressed confidence in the ability of staff to deliver care and services, and said they believed staff were well trained and equipped to perform their roles. The orientation and onboarding process included online mandatory training, role specific training, training on the Quality Standards and buddy shifts. Staff confirmed the service provided ongoing professional development and supervision and competency assessments. Staff confirmed should they request further training and education, they were supported by management.

Management and staff described the processes used to assess monitor and review staff performance. Management confirmed staff performance was monitored and reviewed during training sessions, and observations conducted by clinical staff and management. Clinical staff confirmed they were invited by management to provide feedback about staff performance to identify gaps in skills and knowledge. Management assessed staff performance by reviewing feedback from consumers and representatives received during consumer meetings. A review of consumer meeting minutes confirmed that consumers were 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

Consumers had confidence in the way the service was run and are engaged in the development, delivery and evaluation of their care and services. Management described ways in which consumers were supported to be engaged with the service, including talking directly with management, attending consumer meetings and completing feedback forms. The Plan for continuous improvement and consumer meeting minutes evidenced management and consumers and representatives were engaged in the delivery and evaluation of care and services.

The governing body had central policies and procedures to enable them to promote a culture of safe, inclusive and quality care and services across the organisation. The service was supported by a care and clinical governance committee who maintained oversight of the service’s clinical matters to ensure the service was meeting the Quality Standards. The organisation implemented systems and processes to monitor the performance of the service and to ensure the Board was accountable for the delivery of safe, inclusive, and quality care and services. The organisation communicated with consumers, representatives and staff regarding updates on policies, procedures or changes to legislation. These were communicated via notifications through the organisation’s staff messaging system, electronic mail, newsletters, and training.

Management and staff described the systems and processes of organisational wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Evidence was provided to ensure these systems and processes were effective.

The service monitored, and reviewed risks using the incident management system and identified strategies to reduce risk and inform the continuous improvement of care and services. Consumers’ care documentation evidenced how consumers were supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they could. Consumers’ clinical incidents including falls, wounds, skin tears, pressure injuries and infections were reviewed, analysed and trended. Incident reports indicated that serious incidents were identified and reported to the Serious incident response scheme within the reporting timeframes.

The service demonstrated an effective overarching clinical governance framework and policies to guide staff in provision of safe care and outlined core elements of antimicrobial stewardship, restrictive practices, and open disclosure. The service orientation program and training schedule indicated staff received training on the Quality Standards, infection control processes, including antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The organisation had a suite of organisational policies to guide staff provision of safe care including antimicrobial stewardship, infection control and restrictive practice.

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