Joseph Banks Aged Care Facility

Performance Report

58 Canna Drive
CANNING VALE WA 6155
Phone number: 08 9251 5400

**Commission ID:** 7106

**Provider name:** Retirees WA (Inc)

**Assessment Contact - Desk date:** 12 June 2020

**Date of Performance Report:** 6 July 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with the service’s management team
* The Assessment Team’s report for the Assessment Contact – Site conducted 16 January 2020.

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as one of the five specific requirements have been assessed as Compliant. The Assessment Team assessed Requirement (3)(c) in relation to Standard 8. All other requirements in this Standard were not assessed.

The Assessment Team recommended Requirement (3)(c) in Standard 8 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 and find the service is compliant with Requirement (3)(c).

At the Assessment Contact – Site conducted on 16 January 2020, the Assessment Team found the organisation had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. However, the governance system for managing regulatory compliance was not effective in ensuring all allegations of assault were reported and managed in line with mandatory reporting requirements.

The Assessment Team found the organisation demonstrated effective systems relating to regulatory compliance, specifically mandatory reporting. Actions taken by the service to address deficiencies identified include updating of policy documents and review of staff education.

A sample of recent allegations of assault discussed by management with the Assessment Team demonstrated these have been managed in line with legislative requirements.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating regulatory compliance, specifically processes for reporting and managing allegations of assault, and have recommended this requirement as met. The Assessment Team’s report outlined the following actions and improvements since the last Assessment Contact - Site:

* Policies in relation to compulsory reporting have been updated to guide and direct staff response. Policy information aligns with legislative requirements. The policy has been provided to all staff and has been highlighted at various key meeting forums.
* The service’s compulsory reporting education has been reformulated. An updated online ‘Elder Abuse, Missing Persons and Compulsory Reporting’ package is now complemented by a revised in-house training presentation. At least 44 targeted staff, including management have completed the training. Remaining staff have received the training presentation via email correspondence.
* The Mandatory reporting register viewed by the Assessment Team demonstrates the three incidents referred to in the Assessment Contact – Site report from 16 January 2020 have since been reported to both the local police and the Commission.
* The Assessment Team noted four other incidents have been recorded on the service’s Mandatory reporting register since January 2020. Management described the actions taken in response to the incidents which demonstrated they have been managed in line with legislative requirements, including review of behaviour management strategies.

For the reasons detailed above, I find the approved provider, in relation to Joseph Banks Aged Care Facility, does comply with Requirement (3)(c) in Standard 8.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.