Mertome Aged Care

Performance Report

30 Winifred Road
BAYSWATER WA 6053
Phone number: 08 9272 2022

**Commission ID:** 7355

**Provider name:** Fresh Fields Management (NSW) Pty Ltd

**Assessment Contact - Site date:** 18 August 2020

**Date of Performance Report:** 20 October 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** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 8 Organisational 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

The purpose of the Assessment Contact was to assess Requirements (3)(d) and (3)(c) in relation to Standard 8 Organisational governance. The Assessment Team recommended Requirements (3)(d) and (3)(c) met and I agree with the Assessment Team and find the service Compliant in these Requirements. All other Requirements in this Standard were not assessed, and an overall assessment of the Standard was not completed.

Consumers interviewed at the service confirmed they have access to organisational systems including complaints and feedback mechanisms and are informed of outcomes of complaints and improvement actions taken by the service. Consumers confirmed they are satisfied with staffing at the service and staff treat them with respect and provide individualised care. Consumers confirmed they are supported to take risks and are involved and consulted when changes at the service occur.

There is organisational governance in place to guide the service and provide staff with access to systems for information management, continuous improvement, financial and workforce governance, regulatory compliance and, feedback and complaints. Documentation review showed feedback is collected and acted on through continuous improvement actions including consultation with consumers, representatives and staff.

The service has a documented risk management framework including policy and procedures describing how high impact and high prevalence risks for consumers are to be managed. Staff demonstrated an understanding of what is elder abuse and how it is responded to. Examples of recent incidents and identified risks show the service responds and manages risks in a timely and appropriate manner.

## 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.*

### Requirement 8(3)(d) Compliant

*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.*

# 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.