Mt Kooyong Convalescent Home

Performance Report

62 Mount Kooyong Road   
JULATTEN QLD 4871  
Phone number: 07 4094 1279

**Commission ID:** 5827

**Provider name:** Adermina Pty Ltd

**Assessment Contact - Desk date:** 2 February 2022

**Date of Performance Report:** 24 February 2022

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 |

# Detailed assessment

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 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 a desk assessment, review of documents and interviews with staff
* the provider’s response to the Assessment Contact - Desk report received 16 February 2022
* the provider’s response to a request for information received 22 February 2022
* other information and intelligence held by the Commission in relation to the service.

# 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

The Assessment Team did not assess all Requirements under this Standard; therefore, a summary of the Standard is not provided.

## 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 Contact – desk report completed 02 February 2022, recommended the organisation did not have effective governance systems in relation to continuous improvement, workforce governance and regulatory compliance. I have considered this report in conjunction with the Approved provider’s response to the report and further information provided to the Commission following a request for information. It is my decision the organisation has now demonstrated compliance in this Requirement.

The Approved provider response received 16 February 2022 refutes the findings and recommendation of the Assessment contact -desk report. The Approved provider stated a decision was made to allow unvaccinated staff to work at the service to prevent a critical workforce shortage as per the recommendations from the Residential Aged Care Direction (No. 12). This directive came into place on 17 December 2021 and expires 17 March 2022, therefore the unvaccinated staff are permitted to work at the service under the critical workforce shortage exception.

Information contained in the Assessment contact – desk report included unvaccinated staff were not complying with personal protective equipment requirements which were rated as high at the time of the audit, which related to surgical masks and protective eyewear as the minimum requirement. The Approved provider refuted this information and provided documentary and photographic evidence that staff are conforming to the personal protective equipment requirements of the service, in accordance with the Residential Aged Care Directions.

The Approved provider evidenced in its response staff members are undertaking COVID-19 testing prior to commencement of each shift. This provided evidence the organisation is complying with further directives in relation to exceptional circumstances for unvaccinated staff to provide care and services to prevent a critical workforce shortage.

Based on the information contained above, it is my decision the organisation is now able to demonstrate effective governance systems and is therefore Compliant in this Requirement.

# 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.