Performance

Report

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| Name of service: | Juniper Ella Williams |
| Service address: | 77 Camboon Road NORANDA WA 6062 |
| Commission ID: | 7242 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Site Audit |
| Activity date: | 26 June 2023 to 28 June 2023 |
| Performance report date: | 31 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 Juniper Ella Williams (**the service**) has been prepared by E Blance delegate of the Aged Care Quality and Safety Commissioner (**Commissioner**).

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.
* Other relevant information known to the Commission.

The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018.

# 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**

I find this Standard compliant.

Consumers and representatives say consumers are treated with care, kindness and their identity respected. Staff demonstrated knowledge of each consumers’ backgrounds, what is important to them, their needs and preferences and provided examples of how they respected consumers’ culture and identity.

Consumers and representatives say staff understand consumers’ needs and preferences and what is important to them. Care planning documentation demonstrates respect for consumer’s lifestyle preferences, including spiritual and cultural practices. Care is guided by completed care planning assessment checklists including consumers historic events, emotional, spiritual and cultural needs and preferences. Diversity and inclusivity policies, procedures and education guides staff practice.

Consumers and representatives say consumers are supported to exercise choice and independence; decide how they want their care to be delivered and who is involved in their care. Care documentation includes lifestyle history, needs and preferences of consumers. Staff described inclusive care planning practices to ensure consumer preferences are upheld.

Consumers are provided support to live the best life they choose. Benefits and possible harm relating to certain activities is discussed with consumers before documenting consumer choices. Staff receive education in supporting consumers’ choices and decisions involving risks. Risk assessments included interventions to mitigate risks. Policies and procedures support consumers to take risks to enable them to live the best life they choose.

Consumers and representatives are kept informed about relevant information to assist them in making choices related to care, lifestyle, activities and food. Information of current events occurring at the service, as well as information relating to other health professionals and services is also provided. Care documentation reflected consumers’ communication needs, abilities and preferences including consumer advocate’s contact details. Information about the Older Persons Advocacy Network (OPAN), the Commission and the Aged Care Charter of Rights were observed throughout the service and within consumer admission packages, available in multiple languages.

Consumers and representatives say privacy is respected and maintained. Staff ensure consumers’ privacy is maintained when attending to activities of daily living. Personal information is stored in an electronic care management system with password protection.

I have considered the information within the site report and I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates the Standard is compliant.

# 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**

I find this Standard compliant.

Consumers and representatives say they are involved in the assessment and planning of their care. Care documentation includes individual risks such as falls, pain, pressure injury and changed behaviours. Care documentation demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care and actions taken where risks are identified. Policies, procedures guide staff practice.

Assessment and care planning, inclusive of end of life wishes for consumer’s needs and preferences is undertaken at time of admission. Care documentation includes advanced care plans which capture the consumer’s wishes and preferences for their end of life care preferences. Palliative care planning is guided by policies and procedures, palliative care training and a palliative care pathway tool.

Care documentation is formulated in consultation with consumers and representatives and other health providers. Consumers are referred to specialist services who provide clinical consultancy for residential aged care for further advice on care planning. Care documentation confirmed partnership and input into the assessment and planning process. Care conferences with consumers and representatives are conducted to ensure consumers are receiving care in line with their preferences and needs.

Consumers and representatives say needs and preferences are effectively communicated between staff and consumers are informed of the outcomes of assessment and planning. Representatives say they receive a copy of the consumers care plan and regular updates on consumers well-being. Staff demonstrated they receive relevant and current information about consumers during handover processes and information regarding consumers’ care needs and preferences is readily accessible on the electronic care management system.

Cares and services are reviewed as needed, and consumers are informed of any changes to their care. Procedures define the schedule of care plan reviews. Care documentation demonstrated they are reviewed in accordance with policies and procedures and where care needs change. Management demonstrated care reviews are monitored for concurrency and completion.

I have considered the information within the site report and I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates the Standard is compliant.

# 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**

I find this Standard compliant.

Consumers and representatives say they are satisfied with both personal and clinical care consumers’ are receiving and staff have the skills to manage consumers’ care and services. Care documentation reflected individualised care, which is safe, effective and uses validated assessment tools as per policy and procedure in relation to falls, pressure injury and skin integrity with corresponding management strategies documented. Clinical indicator reports, continuous improvement activities and feedback data demonstrated effective monitoring and clinical oversight of these areas of care for consumers. Policies and procedures on skin integrity and wound management guides staff practice. Restrictive practices are used as a last resort and regularly reviewed to minimise where possible. Consumers subject to restrictive practices are monitored and reported in clinical governance meetings. Care documentation includes signed informed consents and behaviour support plans with risks and interventions for each restrictive practice. For consumers who experience pain, care documentation demonstrates pain is assessed and pharmacological and non-pharmacological strategies are trialled.

The service demonstrated effective management of consumer’s high impact or high prevalence risks, including pain and pressure injuries, using evidenced based interventions and the consumers preferences. High impact and high prevalence clinical and personal risks for consumers is recorded in incident documentation, risk assessments, infection reports and care documentation. High impact and high prevalence incidents are discussed at leadership management meetings. Policies and procedures on high impact, high prevalence risks guide staff practices.

Consumers and representatives were confident end of life preferences would be respected by the service. Management and staff demonstrated end of life preferences and care plans are documented on admission and reviewed when a consumer moves onto a palliative or end of life pathway. Staff demonstrated how a palliating consumer’s comfort is maximised and how care and goals for care change in accordance with the consumer’s condition and care preferences. Policies and procedures guide staff practice. Staff have received palliative care education.

Consumers and representatives say the service responds quickly to changes in consumers’ wellbeing. Education on recognising and responding to clinical deterioration is provided to staff. Processes to identify changes in the consumers condition includes handovers, progress notes, scheduled reviews, incident reports, clinical charting and feedback about consumers’ conditions. Policies and procedures and a suite of clinical pathways guide staff practice.

Consumers and representatives say they are confident the service collects the relevant information required to provide care in relation to their preferences or needs. Staff demonstrated up to date information relating to consumers’ conditions, needs and preferences is in line with care documentation and shared during daily handover processes.

Timely and appropriate referrals are made to relevant health supports such as allied health professionals, dietitians and medical officers. Management and staff could describe referral avenues for individual consumers’ needs, which aligned with care documentation.

Staff complete regular training on infection control practices and described how to minimise the transmission of infections. Policies, procedures and a pandemic plan support the minimisation of infection related risks, including antimicrobial stewardship, standard and transmission-based precautions. Stocks of personal protective equipment were observed throughout the service for use with transmission-based precautions by the Assessment Team. The service utilises an infection prevention and control lead to aid, audit staff practices and provide education.

I have considered the information within the site report and I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates the Standard is compliant.

# 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**

I find this Standard compliant.

Management and staff demonstrated an understanding of what was important to consumers and how they support their independence, health, well-being and quality of life. Care documentation included therapy and pastoral care lifestyle assessments which identify consumer choices. Staff demonstrated how they encourage consumers to participate in an activity or how they provide personalised, one on one time, targeted towards consumer preferences.

Consumers and representatives say the service supports them by encouraging them to participate in activities, being with them one on one, helping them stay connected to family and friends and recognising the importance of their faith. Care documentation detailed consumers’ emotional and spiritual needs and preferences. Activities include community events and celebrations. Policies and procedures guide staff on how to support consumers’ emotional, psychological and spiritual well-being.

Consumers were observed by the Assessment Team socialising and attending activities of interest. Management and staff demonstrated how they promote consumers’ social and spiritual wellbeing and encourage activity participation.

Care documentation detailed information about consumers’ conditions, needs and preferences and was regularly updated, shared with others as required and recorded on the electronic care management system. Management and staff could clearly describe processes for handover of information about consumers relative to their role.

Timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services occurs. Consumers and representatives confirmed services and supports are received and had consented to their information being shared as required. Management and staff discussed other external services and supports provided to consumers. Care documentation reflected other services and supports were in place including community services, and pastoral cares.

Consumers and representatives say they like the meals. Kitchen and care planning documentation details consumers’ dietary needs, dislikes, allergies, and preferences. The service provides opportunities for consumers and representatives to give feedback about meals and the dining experience. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Meals are prepared and cooked on site, served in dining rooms or in consumers rooms if they prefer.

Consumers and representatives say they feel safe. Equipment repairs are completed by maintenance in a timely manner, and consumers feel comfortable raising any maintenance issues. Equipment is audited to ensure it is safe and well maintained, with the physiotherapist maintaining a register of equipment specific to consumers’ needs.

I have considered the information within the site report and I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates the Standard is compliant.

# 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**

I find this Standard compliant.

Consumers’ rooms were observed by the Assessment Team to be decorated with consumers’ own belongings. The service consists of dining and lounge areas with several unlocked indoor courtyards. Uncluttered hallways are wide with handrails and include several rest areas. Music was observed to be playing, with books, magazines and games available. Reception staff complete COVID-19 screening. There is adequate lighting, windows and signage to optimise consumers’ sense of belonging and independence. Consumers and representatives say the service is welcoming and easy to navigate and they are always greeted by staff when they visit. The service considers security measures however, consumers can leave and return at all times if it is safe for them to do so. The service includes a dedicated memory support unit.

Consumers and representatives described feeling comfortable and were able to freely move around the service. The service environment was observed to be comfortable, safe, clean, and well-maintained. Maintenance requests and items were actioned in a timely manner. Consumers have access to unlocked doors to courtyards and indoor common areas. Cleaning and maintenance services support operations at the service.

The Assessment Team observed, furniture, fittings, and equipment to be safe, clean, and well maintained. There is sufficient equipment to support staff to provide care and services. The service demonstrated it had systems and processes in place to maintain and respond to faults relating to furniture, fittings, and equipment.

I have considered the information within the site report and I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates the Standard is compliant.

# 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**

I find this Standard compliant.

Consumers and representatives say they are encouraged and supported by the service to provide feedback and make complaints. Staff described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. Feedback forms and collection boxes are accessible for consumers and representatives’ access, whilst ensuring anonymity. Policies and procedures guide staff practice.

Consumers and representatives are aware of other avenues for raising a complaint such as through the Aged Care Quality and Safety Commission (the Commission), advocacy services or with the help of a family member or friend. Staff have an understanding of the internal and external mechanisms for providing feedback and making complaints. Advocacy service signage is displayed in the service, provided in materials such as pamphlets, in the consumer handbook and newsletters.

Consumers and representatives say the service responds appropriately and in a timely manner to feedback and complaints and receive an apology when something has gone wrong. Management demonstrated appropriate and timely action is taken in response to complaints, and an open disclosure process as outlined by policies and procedures is applied when things go wrong.

Consumers and representatives say feedback and complaints is used to improve care and services. The service demonstrated feedback and complaints are trended, analysed, and used to improve the quality of care and services and are evaluated in consultation with consumers and representatives at meetings, case conferences, via audits and surveys.

I have considered the information within the site report and I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates the Standard is compliant.

# 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**

I find this Standard compliant.

Consumers and representatives say there is sufficient staff at the service and they do not have to wait for long to receive care and services. Management demonstrated processes that support the appropriate number and mix of skills of staff is suited to consumers’ needs. Processes to manage unplanned leave are effective and registered staff are available 24 hours a day.

Consumers and representatives say staff engage with consumers in a respectful, kind and caring manner and are gentle when providing care. Management and staff demonstrated an in depth understanding of consumers, including for their needs and preferences which aligned with care documentation.

Consumers and representatives say staff are skilled in their roles and competent to meet care needs and preferences. A standard of qualification is required for recruitment and orientation processes support staff working at the service. Position descriptions specify the core competencies and capabilities for each role. Standard operating procedures and duty checklists guide staff when undertaking specific tasks. Professional registrations and other legislative requirements is managed by the service upon commencement and for ongoing employment.

Mandatory education is accessible to all staff and is well supported by management and the learning and development team. An online training system and training records management system, monitors training completion details for all staff. The service demonstrated how the outcomes required by the Quality Standards are delivered by a workforce that is adequately recruited, trained, and supported.

Management was able to demonstrate the performance of staff is regularly assessed, monitored and reviewed. Performance is monitored through ongoing observation by supervisors, online learning modules and through performance reviews. A suite of documented policies and procedures guides the monitoring of staff performance and the performance management of staff when issues are identified.

I have considered the information within the site report and I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates the Standard is compliant.

# 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**

I find this Standard compliant.

Consumers and representatives say the service is well run and they have ongoing input into how care and services are delivered. Consumers and representatives are encouraged to be involved in bi-monthly meetings and to engage directly with management and staff. The service has effective systems to engage and support consumers in the development, delivery and evaluation of care and services. Quality improvements from feedback, surveys and consumer and representative meetings are consistently logged in the plan for continuous improvement log.

Management described how the governing body promotes a culture of safe, inclusive, and quality care and services through effective frameworks and associated policies and procedures. Consumers and representatives reported the service has effectively managed the impacts of the pandemic. Management and staff described how clinical indicators including audit results and incidents are discussed at relevant meetings and reported to the Board monthly for review. Clinical data and information gathered such as trended feedback is entered into quality systems. Reporting is provided to the Board. The Board has sub-committees who analyse the information and corresponding quality improvements achieved at the service level.

The service demonstrated the application of organisation wide governance, applied and controlled through governance frameworks relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints. Board Directors and various sub-committees provide oversight of areas such as remuneration, finance and property, care and clinical governance, audit and risk.

Staff demonstrated how they use policies, procedures, and practices to minimise risks to consumers including falls, infection prevention, restrictive practices and reporting of incidents. The service completes incident reporting which is recorded and trended for analysis and actioning. Issues or trends are reported to senior management and the Board leading to improvements to care and services for consumers.

The service demonstrated the application of a clinical governance framework and associated systems to ensure the quality and safety of clinical care which includes the promotion of antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Policies, procedures and other tools support effective clinical governance.

I have considered the information within the site report and I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates the Standard is compliant.