Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Juniper Numbala Nunga |
| Service address: | 37 Sutherland Street DERBY WA 6728 |
| Commission ID: | 7426 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 5 January 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 Numbala Nunga (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff and management;
* the Performance Report dated 4 June 2021 for an Assessment Contact undertaken from 7 April 2021 to 8 April 2021; and
* the Performance Report dated 4 June 2021 for an Assessment Contact – Desk undertaken from 24 March 2021 to 26 March 2021.

The provider did not submit a response to the Assessment Team’s report for the Site Audit.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Requirement (3)(b) was found non-compliant following an Assessment Contact - Desk undertaken from 24 March 2021 to 26 March 2021 where it was found for one consumer, care and services were not culturally safe. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Consulted with the consumer’s representative and Medical officer and initiated referrals to specialist services to assist with the assessment of emotional support needs.
* Deployed a Clinical nurse specialist and provided additional support to staff regarding consumer choice, dignity, and cultural safety.
* Reviewed the training schedule and implemented a staged approach to cultural awareness and cultural safety training.
* Reviewed all care plans and included specific information regarding preferences for care.
* Providing new staff with information brochures to assist in their understanding of cultural aspects of care and providing a handbook which includes cultural information, relevant to consumers in the Kimberley regions, to Agency staff.

At the Site Audit, the Assessment Team recommended all Requirements in Standard 1 Consumer dignity and choice met.

All consumers and representatives sampled said consumers are treated with dignity and respect and described how staff value their culture and diversity, including learning about their stories so they understand them better as individuals. Staff demonstrated familiarity with consumers’ backgrounds and described how they incorporate each consumer’s preferences into the delivery of care and services. Care plans were reflective of consumers’ histories and included things that are most important to them, providing strategies for how these can be incorporated into care delivery.

Consumers’ cultural safety needs are assessed on entry and on an ongoing basis, and management regularly consults with consumers to identify how the service can improve the delivery of culturally safe care and services. The organisation provides ongoing training to enable staff to understand what culturally safe care is and how it can be delivered to meet the individual needs of consumers. All consumers said staff support them to maintain contact with family and community which in turn helps them to maintain links to their culture, beliefs, and practices.

All consumers and representatives sampled were satisfied consumers are supported to make or be involved in decisions about their care and services. Consumers said staff know their preferences, but if they change their minds, staff are flexible. Representatives are involved in decisions about care and services when the consumer is unable to communicate those decisions themselves. Staff gave examples of how they support consumers to make day-to-day choices and to maintain relationships of choice.

Consumers said they are supported by staff to take risks which enable them to be as independent as possible and live their best life. Staff described how they assist consumers to remain as independent as possible by discussing risk mitigation strategies with the consumers and their representatives, ensuring appropriate equipment is available and supporting them physically where necessary. Associated risk assessments showed consumers have been involved in assessment processes, including discussions regarding risks and strategies to minimise those risks. Allied health professionals are also involved in assessing risk and participate in ongoing review processes.

Information is provided to consumers through a range of avenues, including emails, noticeboards and one-to-one discussions. The Residential manager sits with consumers each day and yarns with them, including providing updates on matters of importance. Consumers and representatives were happy with information provided to them and said staff were very good at verbally communicating information. On entry, consumers are provided with information regarding how the service will store and manage personal details and how the service seeks consent for the release of information. Care files reflect consumers’ preferences for use of photographs and personal information.

Based on the Assessment Team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals and strategies to manage identified risks. Charting is used to monitor specific care needs, such as pain, changed behaviours, continence and food and fluid intake, and analysis of charted results is used to inform the assessment process. Immediate needs, including risks to consumers’ health and well-being, are identified early in the assessment process. Consumers said they are involved in assessment and planning processes which involves answering lots of questions.

Care files confirmed assessments and planning processes identify and address consumers’ current needs, goals and preferences. Where culturally appropriate, or the consumer is happy to do so, discussions are held regarding end of life planning and end of life wishes. However, due to cultural restrictions on discussing death and dying, the majority of consumers do not have end of life wishes recorded. When a consumer reaches the end stage of life and is no longer able to express their wishes, assistance is sought from knowledgeable people in the local community, the consumer’s family, or their church to identify what care is most appropriate.

Care files sampled confirmed consumers and their representatives are involved in assessments and planning of care and services on entry and on an ongoing basis and demonstrated involvement of the local health service and Allied health professionals in consumers’ care. Representatives confirmed they are regularly informed of all updates and changes to consumers’ health and care needs.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. Care plans had been updated following monthly and annual review processes and in response to incidents and changes in consumers’ health and condition. Care files included input from Medical officers and Allied health professionals and resulting recommendations had been incorporated into care plans. Staff confirmed they are informed of changes to consumers' care needs and services, including through handover processes.

Based on the Assessment Team’s report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. All consumers and representatives said consumers get the care and services they need and can see their preferred Medical officer and other Allied health services when needed. Care files were reflective of consumers’ individualised personal care needs and demonstrated appropriate management of specific aspects of clinical care, including wounds and pain. Staff provided examples of how they provide care to consumers that is tailored and delivered in a safe and effective manner and policies and procedures are available to assist and guide staff to ensure best practice is achieved.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to diabetes, nutrition, restrictive practices, falls and changed behaviours. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled.

Where culturally appropriate, care plans reflect consumers’ end of life needs, goals, and preferences. Where not appropriate, care plans include information regarding who is to be contacted in the event of a consumer reaching this stage. For consumers who wish to, end of life discussions are held with clinical staff and information included in care plans to guide staff practice once a consumer at the end of life care stage. Staff consult Medical officers when consumers are on a palliative trajectory and medications, such as those for pain and nausea management are made available. A care file for a recently deceased consumer reflected their needs, goals, and preferences regarding end of life care and demonstrated their comfort was maximised, and dignity preserved, and in accordance with their wishes they were admitted to hospital when in the terminal phase of care.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to Medical officers and/or Allied health professionals. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff and care plans updated to reflect any changes to consumers’ care and service needs. Staff demonstrated an understanding of their roles and responsibilities, including identifying and reporting signs of deterioration and consumers and representatives confirmed referrals are initiated in a timely manner in response to identified changes in consumers’ health or well-being.

Infection related risks are minimised through implementation of effective infection control methods. Infection control strategies include actions to limit consumer exposure to COVID-19. A COVID-19 management plan is in place and staff have received training relating to outbreak response. Care staff described infection control practices utilised in their daily work and clinical staff discussed antimicrobial stewardship principles and appropriate antimicrobial use. Infection rates and antibiotic use are monitored and analysed for trends on a monthly basis. Policies and procedures are available to assist and guide staff practices, and mandatory training for infection control and personal protective equipment use has been provided to all staff.

Based on the Assessment Team’s report, I find all Requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 sampled provided positive feedback in relation to the way the service promotes consumers’ well-being and their ability to choose their level of engagement, in line with their preferences. Consumers also said their emotional, spiritual, and psychological needs are supported and they enjoy spending time and speaking with their families, friends, and attending church. Care files identified consumers’ choices and information regarding services and supports to undertake the things they wished to do and included individualised needs and strategies to support consumers’ emotional and psychological health.

Consumers felt supported and encouraged to engage with their community and maintain relationships of choice. The service has a dedicated volunteer who assists consumers to participate in outings within the community and staff provided examples of services and supports in line with consumer preferences. Consumers were observed engaging in various activities in common areas, both individually or as a group. Care files sampled were reflective of what was important to consumers and included their personal interests.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated. Care staff described how they are kept up-to-date with consumers’ changing needs and preferences and consumers and representatives said staff know consumers’ needs and preferences and communication is effective communication across the service.

Most consumers were satisfied with the quality, quantity and variety of the meals provided and indicated alternative options are available. Meals are prepared in line with two menus, a wet and dry season menu, which incorporate culturally appropriate meal options. There are processes to regularly review the menus, with recent changes made in response to consumer feedback.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Care staff described how they maintain equipment following use and consumers said staff keep everything tidy and clean.

Based on the Assessment Team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 observed to be welcoming and easy to navigate, encouraging the self-expression of each consumer’s independence, engagement, and functionality. The service is on one level with three wings, with a mix of single and twin-share rooms with shared bathrooms. All areas were observed to be clean and well maintained, including courtyard areas which contained plants and garden spaces with various points of entry for consumers to freely access. Communal areas were well utilised by consumers with ample seating and places to separate from group settings if they chose. Consumers felt the service was welcoming and they are able to exercise their independence and interact in line with their preferences.

The service environment was safe, clean, and well maintained with consumers able to move freely both indoors and outdoors. Cleaning is undertaken in line with duty schedules which are monitored by management. Day-to-day and preventative maintenance, supported by contracted services, are in place and staff described how they report maintenance issues and hazards, in line with the service’s processes. All furniture, fittings and equipment was observed to be safe, clean, and well maintained and consumers said the service keeps everything clean, tidy, and safe to use.

Based on the Assessment Team’s report, I find all Requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 said they are aware of how to make complaints if they wish to and feel comfortable to do so. The Residential manager maintains an open door policy to enable verbal feedback to be raised directly with them and care staff described how they support consumers who wish to raise a concern, including by completing a feedback form on their behalf or by notifying relevant staff/management. The Residential manager sits with consumers each day to provide consumers an opportunity to yarn with them. Through this process, consumers have come to know the manager and the process has built trust enabling opportunities for them to raise any concerns. Policies and procedures are available to guide complaints and feedback processes and the organisation undertakes surveys to gain insight into consumer satisfaction.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing. Aboriginal and other advocacy services, language services and internal and external complaint processes information was observed on display. The service has access to brochures in various languages if required and staff or family members are also available to provide language assistance for consumers for whom English is not their first language. Representatives are aware advocacy services can be used if required and were aware of external complaint avenues.

Policy and procedure documents are available to guide organisational and staff practice with regard to acknowledging, assessing, investigating, responding to, and implementing continuous improvement as a result of complaints received. Staff described what open disclosure means to them and what they would do if something went wrong during the delivery of care. Although very few, if any complaints had been received, the Residential manager said an open disclosure process would be followed and an apology provided to the consumer or their representative should there be an issue raised or identified. Consumers and a representative confirmed appropriate action is taken to address feedback and complaints and felt the service would be transparent if things went wrong, or mistakes were made

The service demonstrated how feedback and complaints are reviewed and used to identify and drive continuous improvement. An electronic system is used to record, track, and analyse feedback, including complaints and their implementation into continuous improvement processes.

Based on the Assessment Team’s report, I find all Requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Adequate staffing levels across the service were demonstrated with contingencies and strategies in place for planned and unplanned leave to maintain quality care and services. All staff were satisfied there were sufficient staff to undertake care and services and did not feel too rushed or unable to spend time with consumers. Consumers said the staff are good, and there are enough staff to provide care and services.

All consumers and representatives said staff were kind and caring when providing care. Staff were observed engaging with consumers in a friendly and family orientated manner and demonstrated insight and knowledge of individual consumers, understanding their characteristics, needs and preferences.

There are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Staff qualifications and employment requirements are reviewed during the recruitment phase, and staff undergo an onboarding process which includes various site inductions, orientation and buddy shifts. Staff described induction processes which assist them to get to know consumers, as well as ongoing mandatory and refresher training, which are monitored. Staff are regularly supervised to ensure competency and there are systems for monitoring and evaluation. The service does not currently directly employ a Registered nurse and utilises Agency staff in these roles. However, the service works with the Agency provider to ensure quality staff are contracted and prepared for working in the Kimberley region prior to arrival. All consumers and representatives said staff are skilled and have the necessary knowledge to undertake their roles.

Staff complete training relevant to their role, including mandatory modules and refreshers. An electronic learning platform, managed centrally enables the ability to track and monitor compliance. There are systems to ensure training and competencies are completed, including through practical oversight and auditing. Staff described completing an induction, buddy shifts as well as various online training modules and felt supported by management.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Probationary timeframes vary depending on the role, with ongoing performance reviews undertaken bi-annually. Review of staff performance is ongoing, and management regularly touch base with staff to provide feedback. With the majority of nursing staff being sourced through an Agency provider, management work with the provider to ensure performance expectations are met and report back to the Agency if there are any issues or concerns. All staff felt supported by the nurses and management, indicated their performance is regularly monitored and said they receive feedback on their performance every day.

Based on the Assessment Team’s report, I find all Requirements in Standard 7 Human resources compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Requirement (3)(d) was found non-compliant following an Assessment Contact - Site undertaken from 7 April 2021 to 8 April 2021 where it was found the organisation did not demonstrate effective risk management systems and practices, specifically in relation to managing high impact or high prevalence risks associated with the care of consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Undertaken a care plan review to ensure cultural preferences are recorded for all consumers.
* Provided staff with training and support in the requirement to understand and adhere to cultural preferences.
* Reviewed processes for confidential information to ensure sensitive information is conveyed appropriately to staff who have a need to know.

At the Site Audit, the Assessment Team recommended all Requirements in Standard 8 Organisational governance met.

Consumers are engaged in the development, delivery and evaluation of care and services through one-to-one communication, feedback processes, care plan evaluation process, surveys and through tailored actions for individual consumers. The service also engages with multiple stakeholder groups within the local community and wider region.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body comprises of a Board who meet monthly in conjunction with the Director of Quality and Governance, with information reported through clinical meetings, regional and site management input and data collection. A range of data is reported to the Board through various managerial levels, local, regional and centrally in line with the organisational cultural commitment to the Kimberley Aboriginal people and is reflected in the organisation’s Kimberly strategy program. A review of the Board Agenda reflects reviews of clinical indicators, governance frameworks, audit and risk committee, monthly performance dashboards and the strategic direction.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all Requirements in Standard 8 Organisational governance compliant.

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)