Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Oxley Grove Care Community |
| Service address: | 276 Blunder Road DURACK QLD 4077 |
| Commission ID: | 5001 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 11 November 2022 |
| Performance report date: | 16 December 2022 |

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 Oxley Grove Care Community (**the service**) has been prepared by E Blance, 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.

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
* the provider’s response to the assessment team’s report received 12 December 2022.
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**): Exceptional circumstances determinations.
* other information and intelligence held by the Commission in relation to the service.

# 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

I find this standard compliant as each requirement is compliant.

The service demonstrated consumers were treated with dignity and respect and could make informed choices about their care and live the life they choose.

Consumers felt supported by staff to take risks and live the best life they can. Consumers advised they received up to date information about activities, meals, and other events happening in the service. Consumers said they were confident their information was kept confidential and staff respected their privacy.

Staff advised supports required for needs, goals, and preferences in relation to care and services were identified upon entry to the service. Staff advised consumers could choose whom they wished to be involved in decisions about their care, which relationships were important to them and what activities they preferred to engage in. Staff could describe areas in which consumers wanted to take risks, how the consumer was supported to understand the benefits and possible harm when they make decisions about taking risk. Staff said they invited consumers to activities and advised consumers about any changes to their appointments. Staff described how they maintained a consumer’s privacy when providing care.

Care planning documents reflected what was important to each consumer and included information about their backgrounds. Strategies for managing identified risks were included for choice, decision making and risk taking. Risk assessments were undertaken to facilitate consumer choice and documented within consumer care documentation.

Deficiencies were identified within the site audit report in relation to Requirement 1(3)(a).

The site audit report identified raised feedback to the Assessment Team issues related to timely response to requests for assistance for 2 of 31 consumers and representatives, and the observed timely delivery of meals for 3 of 31 consumers and representatives.

The Approved Provider’s response included that the site audit report summary indicated that consumers and representatives considered consumers were treated with dignity and respect and that consumers reported they were satisfied with the care they received, and that it was delivered in a timely manner. I acknowledge this information was in conflict with the information provided under Requirement 1(3)(a) of the site audit report.

The Approved Provider’s response included information that staff were trained in dignity and respect towards consumers. Orientation documents and training records provided showed ‘treating consumers with dignity and respect’ is delivered as part of the onboarding program.

The Approved Provider’s response included call bell duration information for 2 of 31 consumers and representatives who expressed delays of requests for assistance. Review of this information demonstrated call bell durations for 3 months over the time-period discussed within the site audit report as mostly under 5 minutes for those 2 consumers.

The Approved Provider’s response included complaint information related to the timely response for requests for assistance by consumers. The information showed the service had implemented measures to mitigate concerns raised by one consumer who raised the information within the site audit report, and the consumer had provided positive feedback to the service in relation to the measures implemented.

The Approved Provider’s response included information in relation to the process for the delivery of meals for consumer’s who require assistance with meals as well as information in relation to food safety. The approved provider’s response included feedback information from representatives of consumers who reside in the memory support unit which reflected positive comments for the delivery of care and services including for meal delivery. The Approved Provider’s response included information related to a continuous improvement (PCI) identified by the service in relation to improving food service and an action plan was developed and implemented to address concerns raised.

The Approved Provider’s response included that clinical indicators related to timely response of requests for assistance and the provision of care and services including assistance with meals, was not present.

The Approved Provider’s response included information in relation to the rostering at the service. Review of the roster showed a variety of staff including registered and care staff as well as lifestyle staff, rostered each day for the period provided in relation to the site report.

I have considered the site audit report as well as the Approved Provider’s. I acknowledge for one consumer an occurrence in relation to timely request for assistance was raised, however the site audit report did not include any further information. One consumer raised their concern with the service who responded with PCI actions to the consumers’ satisfaction. For 3 of 31 consumers and representatives who reported information in relation to the timely delivery of meals, no direct impact was identified within the site audit report for those or other consumers. Further, the service had implemented PCI actions which reflected improvements being undertaken in relation to Requirement 1(3)(a) and Requirement 7(3)(a).

The improvements undertaken by the Approved Provider were adequate and sustainable, and the information provided within the response support the consumer and organisation outcomes required by this Standard, therefore I have decided this Requirement is 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

I find this standard compliant as each requirement is compliant.

The service demonstrated consumers felt they were a partner in ongoing assessment and planning that assisted them to get the care and services they needed for their health and wellbeing.

Consumers were satisfied with assessment and care planning processes at the service. Consumers confirmed planning was completed in partnership with themselves and others they wished to be involved. Consumers reported staff discussed their care needs or preferences with them and were responsive when there was a change to these.

Staff described the process of assessment and planning and reported this included consultation with the consumer and other health professionals. Staff were able to describe the assessment and planning process and how consumers were included in this including for discussions regarding a consumer’s end of life wishes. Staff reported they had access to sufficient information to assist them in meeting the consumers’ care needs. Staff reported care plans were reviewed regularly including when circumstances changed or following an incident.

Care planning documentation was observed to be readily available to visiting health professionals and staff and included advance care planning. Care planning documentation evidenced regular review.

# 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

I find this standard compliant as each requirement is compliant.

The service demonstrated consumers received personal and clinical care that was safe and right for them.

Consumers were satisfied they were receiving individualised care which was safe and right for them. Consumers reported they were satisfied that staff knew their individual needs and preferences and that communication from and with the service was effective.

Staff reported they monitored consumers’ condition, refer consumers to other health providers when required, received feedback from consumers about their care, reviewed care documentation and analysed incidents to identify any emerging concerns or care needs. Staff could describe the main risks to consumers including falls and skin integrity and the risk mitigation strategies that are were for these risks. Staff advised palliative care support was available from the local hospital and health service aged care consultancy service when consumers were assessed as being at end of life and could describe the ways they maintained comfort for consumers who were at end of life. Staff could describe the actions taken when there were changes to consumer’s health and well-being, including referral to health professionals and transfer to hospital if necessary.

Care planning documentation demonstrated compliance to legislation for consumers that were subject to restrictive practices. Care documentation identified that staff recognised, reported and responded to changes in consumers’ condition in a timely manner. Care planning documentation identified assessments and strategies for care including strategies to reduce risk for consumers with high impact high prevalence risk identified. The service was able to demonstrate that information about consumers’ conditions was documented and shared both internally and externally to the organisation when necessary. Staff advised they had completed training in infection control and personal protective equipment and could describe what actions they would take to prevent and manage an infectious outbreak. Staff were familiar with practices relating to the appropriate use of antibiotics.

Staff were observed discussing consumer care including changes in consumers’ health care status and any monitoring or action required. Staff, contractors, and visitors were observed undergoing entry screening which included a questionnaire and health declaration, temperature check and rapid antigen testing prior to entry to the service.

The service had a suite of policies to guide staff practice.

# 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

I find this standard compliant as each requirement is compliant.

The service demonstrated consumers received services and supports for daily living that were important to their health and wellbeing and that enabled them to do the things they wanted to do.

Consumers were satisfied the service’s lifestyle and activities program was supporting their lifestyle preferences and said staff assisted them to be as independent as possible. Consumers said they were satisfied with the ways the service assisted them to access spiritual support, take part in community activities outside of the service, to visit family, or pursue individual interests. Consumers said services and supports were consistent and the staff were aware of their individual preferences and needs including engagement with other organisations. Consumers said the food provided was tasty, fresh, sufficient in size and that there was enough choice and variety to satisfy their needs. Consumers said the equipment was safe and they knew how to report any concerns or issues.

Staff demonstrated knowledge of consumer’s needs, goals and preferences and the support they required to participate in activities or pursue individual interests. Staff could describe the ways in which they support consumer’s relationships with their loved ones. Staff described how they encourage and support consumers to identify an activity they would like to do. Staff said they liaised with various local church and community groups including counselling services to support consumers’ well-being. Staff advised menu options were determined via feedback from consumers and staff demonstrated knowledge of various consumers’ dietary requirements and described the processes for ensuring consumers’ preferences were met.

Care documentation reflected the needs, goals and preferences of consumers. Staff explained how they were updated if consumers’ condition, needs or preferences changed. Care documentation included strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Care planning documentation identified the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer. Care documentation reflected each consumer’s dietary preferences and needs and noted allergies and contraindications for types of food, if any.

Activities were observed to be in progress throughout the site audit and consumers were observed leaving the service with family and friends for social outings. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

# 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

I find this standard compliant as each requirement is compliant.

The service demonstrated consumers felt they belonged and were safe and comfortable in the organisation’s service environment.

Consumers were satisfied with the service environment.

Cleaning and maintenance staff were able to describe the cleaning and maintenance process and advised that maintenance and cleaning issues were responded to in a timely manner.

The service was observed to have wide corridors, several large communal areas where consumers could meet with friends and family, an onsite hairdresser, and spacious outdoor balconies including a barbeque area. The service had a courtyard attached to the memory support unit which included gardens and outdoor furniture. Consumers’ rooms were spacious and personalised reflecting their individual tastes and styles including a small display cabinet outside each room to display personal items. The service environment was observed to be clean, safe, well maintained and comfortable and consumers were able to move freely, both indoors and outdoors. Residential floors were identified by signage and maps of the building were located in various locations throughout the service. Equipment and furnishings throughout the service were observed to be clean, including in the kitchen and laundry. Cleaning trolleys and medication trolleys were clean and stored securely. The alert for requests for assistance was observed to be working.

# 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

I find this standard compliant as each requirement is compliant.

The service demonstrated consumers felt safe and were encouraged and supported to give feedback and make complaints, were engaged to address and appropriate action was taken.

Most consumers felt comfortable to provide feedback directly to management or staff, and said they were aware of other methods for raising and resolving complaints. Consumers felt management would address their feedback and initiate improvements to the quality of care and services.

Staff said consumers were encouraged to provide feedback with consumer meetings and satisfaction surveys to gather feedback also utilised. Staff said consumers were invited to provide feedback or make complaints during care reviews. Staff said they would assist non-English speaking consumers by organising translation services where required. The service’s open disclosure process was used where things were identified as having gone wrong.

A review of the service’s PCI reflected sources gathered from feedback directly from staff/consumers/representatives via feedback forms, consumer satisfaction surveys, and the feedback and complaints register to identify areas for improvement.

Feedback forms and boxes for consumer access were observed in common areas of the service.

# 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

I find this standard compliant as each requirement is compliant.

The service demonstrated consumers received quality care and services when needed, from a workforce who were knowledgeable, capable, and caring.

Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff were kind, caring and treated consumers well, the service had qualified staff with the knowledge to provide safe and quality care and services that met consumers’ needs and preferences.

Staff described techniques they used to ensure interactions were kind, caring, and respectful. Recruitment practices included the collection and validation of the workforce’s qualifications, registrations and regulatory requirements for employment. Position descriptions outlined the responsibilities, knowledge, skills and qualifications required for each role. The service was able to demonstrate that regular assessment, monitoring and review of staff performance was conducted via performance appraisals.

Reviewed care documentation identified respectful language was used when describing consumers’ care needs.

The Assessment Team observed staff interacting with consumers respectfully and in a kind and caring manner.

The site audit report identified raised feedback to the Assessment Team issues related to timely response to requests for assistance for 2 of 31 consumers and representatives, and the observed timely delivery of meals for 3 of 31 consumers and representatives.

The Approved Provider’s response included that the site audit report summary indicated that consumers and representatives considered they were satisfied with the care they received, and that it was delivered in a timely manner. I acknowledge this information was in conflict with the information provided under Requirement 7(3)(a) of the site audit report.

The Approved Provider’s response included information in relation to the sufficiency of staff at the service. Review of the roster showed a variety of staff including registered, care and lifestyle staff, rostered each day for the period provided. The average call bell response across the service was under 4 minutes for the period the site audit was undertaken. Continuous improvement actions were implemented in response to consumer feedback in relation to requests for assistance. The Approved Provider’s response included call bell duration information for 2 of 31 consumers and representatives who expressed delays of requests for assistance. Review of this information demonstrated call bell durations for 3 months as mostly under 5 minutes for those 2 consumers.

The Approved Provider’s response included complaint information related to the timely response for requests for assistance by consumers. The information showed the service had implemented measures to mitigate concerns raised by one consumer, and the consumer had provided positive feedback to the service in relation to the measures implemented.

The Approved Provider’s response included information in relation to the process for the delivery of meals for consumer’s who require assistance with meals, as well as information in relation to food safety. The Approved Provider’s response included feedback information from representatives of consumer’s who reside in the memory support unit which reflected positive comments for the delivery of care and services including for meal delivery. The Approved Provider’s response included information related to a PCI identified by the service in relation to improving food service and an action plan was developed and implemented to address concerns raised.

The Approved Provider’s response included that clinical indicators related to the timely response of requests for assistance, and the provision of care and services including assistance with meals, was not present, and the site audit report did not identify clinical indicators as an indication of systemic concerns.

I have considered the site audit report as well as the Approved Provider’s response. I acknowledge for one consumer an occurrence in relation to timely request for assistance was raised, however the site audit report did not include any further information. One consumer raised their concern with the service who responded with PCI actions to the consumers’ satisfaction. For 3 of 31 consumers and representatives who reported information in relation to the timely delivery of meals, no direct impact was identified within the site audit report for those or other consumers. Further, the service had implemented PCI actions which reflected improvements being undertaken in relation to Requirement 7(3)(a) including the increase of staffing hours where identified as required by the service through their monitoring processes.

Deficiencies were identified within the site audit report that staff had not completed mandatory training modules that provided staff with the skills and knowledge to deliver safe manual handling for Requirement 7(3)(d).

The Approved Provider’s response included that following acquisition of the service, all staff completed induction and orientation training which was completed less than one year previous to the site audit, therefore annual completion for mandatory training is due in 2023. Review of training records demonstrated staff were up to date with annual refresher training and that new staff complete mandatory training (which includes manual handling) as they are onboarded to the service. Associated annual training due dates are reflective of the time staff commenced with the service. Review of the training records demonstrates training as complete for staff.

I acknowledge 2 of 31 consumers and representatives expressed their view that new staff needed more training when undertaking manual handling, however the site audit report did not identify direct impact of manual handling for those consumers. The Approved Provider’s response included information which supported training had been delivered to staff in relation to manual handling.

I have considered the site audit report as well as the Approved Provider’s response. The improvements undertaken by the Approved Provider were adequate and sustainable, and the information provided within the response support the consumer and organisation outcomes required by this Standard, therefore it is my decision Requirement 7(3)(a) and Requirement 7(3)(d) are 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

I find this Standard compliant as each requirement is compliant.

The service demonstrated consumers were confident the organisation was well run and they could partner in improving the delivery of care and services.

Consumers considered the service was well run and they could provide feedback and suggestions to management.

A culture of safe, inclusive, and quality care was promoted, and effective governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints were evidenced including an effective clinical governance framework and associated risk and incident management systems and practices. The governance framework identified a leadership structure with the governing body holding overall accountability for quality and safety.

Staff demonstrated information was accessible within the organisation’s information management system to support them to undertake their role. Management expressed opportunities for improvement are identified through a range of sources. Management demonstrated industry standards and guidelines are monitored and a suite of policies and procedures that described the organisation’s commitment to providing a culture of safe, inclusive, and quality care and services to guide staff practice is provided.

The site audit report identified deficiencies that the service was unable to demonstrate effective workforce governance systems that ensured the number of staff, and training provided to said staff, ensured the provision of timely, safe and quality care and services for Requirement 8(3)(c).

In making my decision I have considered the site audit report and the Approved Provider’s response which is reflected within Standard 7 findings of this report. It is my decision information provided within the Approved Provider’s response addressed the identified deficiencies within the site audit report and the improvements taken by the service were adequate and sustainable, therefore it is my decision Requirement 8(3)(c) is 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)