Performance

Report

**1800 951 822**

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| Name: | Pam Corker House |
| Commission ID: | 7125 |
| Address: | 29 Eastcott Street, WAROONA, Western Australia, 6215 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 May 2024 |
| Performance report date: | 12 June 2024 |
| Service included in this assessment: | Provider: 938 Quambie Park Waroona (Inc)  Service: 4653 Pam Corker House |

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 Pam Corker House (**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 assessment contact (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, staff and management; and
* a performance report dated 9 November 2023 for an assessment contact undertaken on the 17 October 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 8 Organisational governance | Not Applicable |

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 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following an assessment contact undertaken in October 2023 as effective organisation wide governance systems, specifically workforce governance and regulatory compliance were not demonstrated. In response to the non-compliance, the provider has implemented a range of improvement actions, including a human resource system to monitor staff credentials and compliance with workforce requirements; appointing a new human resource manager and a clinical governance manager; and implementing a training matrix to monitor staff completion of training and to identify any further training required.

At the assessment contact in May 2024, effective organisation wide governance systems were demonstrated. An electronic care management system is used for clinical and care information for residential care, including medication management systems and incident management. Other information systems relating to safety, maintenance, education, human resources and rostering are used by the organisation to enable staff to access to information to assist them in their roles. Meetings provide various teams of staff access to information that guides and assists their roles. A continuous improvement register is maintained and includes a range of areas for improvement. There are processes to ensure workforce arrangements are consistent with regulatory requirements, including care minutes and an onsite infection prevention control lead. The organisation monitors and ensures all staff have appropriate skills and qualifications for their roles. Policies reflect compliance with legislation, including processes for notifying accountable parties of legislative changes, and there are processes to ensure effective oversight of regulatory compliance responsibilities. Police certificates are regularly monitored for currency, and the organisation has a functioning quality advisory committee, and a consumer advisory group has been formed, with the first meeting set to occur in June 2024. Meetings and internal communications are used to remind staff of legislative requirements specific to their roles, such as code of conduct, open disclosure, restrictive practices and serious incident response scheme reporting. The assessment team’s report did not include sufficient evidence for me to form an opinion on the organisation’s governance systems relating to feedback and complaints and financial governance. As such, in the absence of information indicating deficiencies with these aspects of the requirement, and consideration of effective governance systems demonstrated overall, I find this requirement compliant.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)