Performance

Report

**1800 951 822**

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| Name of service: | P M Aged Care |
| Service address: | 1929 Gympie Road BALD HILLS QLD 4036 |
| Commission ID: | 5347 |
| Approved provider: | Panaghia Myrtidiotissa Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 4 January 2023 |
| Performance report date: | 16 January 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 P M Aged Care (**the service**) has been prepared Ms S Turner, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the provider’s response to the assessment team’s report received 12 January 2023, accepting the assessment team’s findings.

# Assessment summary

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| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

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

The performance report dated 15 August 2022 found requirement 8(3)(c) non-compliant as the service was not able to demonstrate effective governance processes relating to regulatory compliance with police checks.

I am satisfied this requirement is now compliant as action has been taken to improve performance and the service has demonstrated governance systems and processes are effective relating to regulatory compliance, including in relation to police checks. For example:

* Management advised industry standards and guidelines are monitored through various legislative services and peak bodies.
* Management advised the service has communicated updates and provided resources to staff regarding the introduction of the Serious Incident Response Scheme, changes to restrictive practices, governance changes in the Quality Standards and police check requirements via staff meetings, emails, dissemination of policies and staff training. The Assessment Team reviewed documentation that confirmed these actions were taken.
* The organisation has a Governance Regulatory Compliance Policy which detailed the procedure required by the organisation to ensure accountability of management and staff to maintain compliance with regulatory directives and policy.
* Designated staff are responsible for monitoring of staff training and education, including monitoring of staff currency in police checks; the position description for the role outlined the staff member’s responsibilities.
* The service monitors police checks through a colour alert system on the staff information register that created an alert when a staff member’s police check was due. Previously this alert was set for one month, however it has now been set at three months prior to expiry to ensure earlier identification. All staff were found to have a current, valid police certificate.
* The service has introduced a new standardised email alert that is sent to the respective staff member informing them of their requirement to apply for a new police check.
* Staff were provided information on police check renewals and have been advised when these were due. This process has now been added to the staff induction process for new staff.
* The service monitors regulatory updates through its Internal Management Committee meetings where changes to legislation are discussed and actions tabled to ensure all staff were aware of any changes; evidence confirming this occurs was provided.

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