501 Respite and Care Services

Performance Report

501 Pine Ridge Road
BIGGERA WATERS QLD 4216
Phone number: 07 5537 4278

**Commission ID:** 5385

**Provider name:** Nightbreeze Pty Ltd

**Site Audit date:** 31 January 2022 to 2 February 2022

**Date of Performance Report:** 17 March 2022

# Performance report prepared by

Meritt Nassif, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke of consumers in a manner that indicated respect and demonstrated an understanding of the personal circumstances of consumers. Care planning documentation included information regarding consumers’ personal preferences, identity and cultural practices.

Consumers and representatives stated that the care and services consumers receive are culturally safe. Staff demonstrated a shared understanding of the cultural and personal preferences of consumers. The organisation has policies, procedures and staff training that acknowledge diversity and outline requirements for the delivery of culturally safe care. A review of care planning documentation indicated that the cultural needs and preferences of consumers had been captured.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described the way consumer care is guided by the consumer’s choices and decisions. The Assessment Team reviewed the minutes of consumer and representative meetings which demonstrated that consumers have the opportunity to participate in decision making and are able to exercise choice and independence.

Care planning documentation evidenced the completion of risk assessments in consultation with allied health professionals and consumers. Management advised that staff discuss the risks with the consumer and provide them with relevant information and education about the activity, however, it would ultimately be the consumer’s decision to engage in the activity or not. Consumers indicated they are supported to take risks to enable them to live the best life they can. For example, a consumer outlined how staff discussed the risks associated with smoking cigarettes and have supported their decision to smoke by creating a designated smoking area for the consumer. The organisation has clinical and non-clinical assessment processes to identify risks and to support consumers to live the best life they can.

Consumers and representatives indicated they receive information that is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice and control. Staff described how they communicate with and assist consumers with cognitive impairments or difficulty communicating and are aware of how to access interpreters if required. Care planning documentation confirmed that barriers to communication is documented, along with corresponding interventions to support consumers’ communication needs. The Assessment Team observed information displayed throughout the service notifying consumers of menu choices, upcoming activities and the site audit in progression.

The service was able to demonstrate that the privacy of consumers’ is respected, and personal information is kept confidential. Consumers confirmed their personal privacy preferences are met, including during interactions with staff. Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care. As confirmed by the Assessment Team’s review of the education records, staff undertook training on privacy and confidentiality.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The service demonstrated assessment and care planning processes that were implemented to inform the delivery of safe and effective care and services. Consumers and representatives expressed satisfaction with the service’s assessment and planning process. Care planning documentation showed initial assessments are completed to identify consumers’ needs, goals and preferences when they first arrive at the service. Care planning documentation also accurately identified and considered the risks to the health and well-being of consumers, as well as the strategies and interventions to mitigate these risks. Staff described the assessment process for all consumers, and how and when care plans are reviewed and adjusted to ensure the safe and effective delivery of care.

Care planning documentation evidenced that consumer’s current needs, goals and preferences, including advanced care and end of life planning, is documented. Staff demonstrated a shared understanding of the needs, goals and preferences of consumers and were aware of their end of life wishes. Representatives confirmed they had discussed end of life planning with the service and were comfortable they could discuss these matters further if any changes were required.

Consumers and representatives said they are consulted throughout assessment and care planning, and when required, input is sought from health care professionals. Care planning documentation evidenced an ongoing partnership with the consumer and others that the consumer wishes to be involved in their care as well as other health professionals. Registered staff advised they are able to make referrals to allied health professionals where required.

Consumers and representatives confirmed they are kept well informed of all relevant information relating to care. Care planning documentation evidenced consumers and representatives were informed of the outcomes of recent reviews conducted by medical officers. Staff indicated the service communicates outcomes of assessment and planning to representatives though phone calls, care plan conferencing or direct updates during visits at the service. The Assessment Team observed staff reviewing and updating care plans and communicating changes to consumers and/or representatives.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Staff were aware how to report and record incidents and the steps required to ensure the consumer’s care plan is reviewed. Consumers and representatives indicated their care plans are regularly reviewed and were informed of the actions taken. Senior staff monitor and authorise completed assessments and care plan updates to ensure changes in care needs are promptly actioned.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives indicated that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. Management and staff demonstrated a shared understanding of the clinical and personal needs of consumers and could describe their individual needs and preferences. Review of care planning documentation evidenced consumer’s personal and clinical care that is tailored to their needs, is best practice, and optimises the health and well-being of consumers is documented. Care planning documentation for consumers subject to restrictive practices also evidenced the appropriate consent and authorisation documentation in place and is regularly review by consumer’s medical officer.

Management advised of the strategies in place to manage the highest impact and most prevalent risks associated with consumer care within the service which was infection control, falls and weight loss. Staff described the methods and equipment utilised to prevent consumer falls and minimise harm, such as non-slip footwear, sensor beams, crash mats and frequent visual observations. The Assessment Team noted the service’s policy and procedure manuals for falls procedures and risk management, restrictive practice procedures and pain assessment and management.

Staff were able to describe how to provide care to consumers that are palliating or requiring end of life care. Care planning documentation evidenced the inclusion of an advance care directive, pain and pressure care management, emotional support from friends and family and the service’s regular communication with the consumer’s representative. The service has information pamphlets on grief assistance and advance care directives available upon entry to the service.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Representatives advised they are promptly notified if the consumer demonstrates a deterioration in health. Staff were able to describe their roles and responsibilities of how they identified and reported changes or deteriorations in consumer’s health. The service has policies, processes and other documents to support staff in recognising and responding to a decline or deterioration in a consumer’s health and/or well-being observed at the service.

Care planning documentation evidenced information about consumer’s condition, needs and preferences is effectively documented. Consumers and representatives indicated the service provides regular communication between consumers, representatives and allied health professionals and are satisfied the consumer’s condition, needs and preferences are documented. Management advised that all staff, medical officers and allied health professionals have access to consumer files to ensure a consistent understanding of the consumer’s care needs. The Assessment Team observed the service’s shift handover and staff communicating changes consumer’s condition, and assessments and monitoring that is required on the next shift.

Care planning documentation evidenced that timely referrals are made to medical officers, allied health therapist and hospitals, and their input is sought to inform the delivery of safe and effective care for consumers. Staff could describe how they refer consumers to individuals and other organisations and indicated that the referral process has been beneficial in ensuring consumers receive care and services tailored to their needs. The Assessment Team observed referral forms for allied health professionals, and the service’s physiotherapist is available five days per week.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff stated they had received training in infection control procedures including hand hygiene, correct donning and doffing of Personal Protective Equipment (PPE) and sanitisation processes for shared equipment. Consumers expressed confidence in staffs’ understanding of infection control and indicated staff were wearing appropriate PPE. Staff advised that a start and end date is recorded within the electronic care plan system once a consumer begins a course of antibiotics to ensure well-being and efficacy of treatment.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives felt that consumers received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. The Assessment Team observed consumers engaged in group activities, such as bingo, morning teas and individual activities, such as colouring and puzzles. Staff explained the various activities available to consumer’s and how their different cognitive and physical abilities are catered for. Care planning documentation captured information on services and supports that are important to consumers.

Consumers and representatives expressed that the service provides support for daily living to promote the emotional, spiritual and psychological well-being for each consumer. Staff demonstrated a shared understanding of the support preferences of consumers and how to support their health and well-being. Staff reported they supported consumers during recent COVID-19 lockdowns by providing additional one-on-one support and assisting consumers to use electronic tablets to contact family members. Care planning documentation included information and strategies to support the emotional, spiritual and psychological well-being of consumers.

Care planning documentation outlined the services and supports that assist each consumer to participate within and outside of the service environment, maintain social and personal relationships and do the things of interest to them. Consumers and representatives described the activities that consumers enjoy, within and outside the service, and how the service assists to facilitate and organise these activities. The Assessment Team noted consumers freely exiting the service together to participate in community activities.

The service demonstrated that information about consumers’ condition, needs and preferences is communicated within the organisation, and with other services where relevant. The Assessment Team observed a shift handover and noted staff were communicating information about the consumers’ care needs and preferences. Consumers and representatives indicated that said staff knew consumers well and their care needs are communicated well within the organisation and with others responsible for care. Care planning documentation included information about consumer’s interests and participation in the community outside the service. Staff described how the needs and preferences are documented, updated and communicated throughout the service to ensure consistency of care.

Care planning documentation identified activities of interest to consumers and reflected the involvement of other individuals and organisations responsible for consumer participation outside of the service. Staff demonstrated an understanding of how to raise a request to external providers, such as hair dressing services. The Assessment Team observed a variety of resources available to support referrals to external organisations when requested.

Consumers and representatives mostly expressed positive feedback regarding the quality and quantity of the meals provided by the service. One consumer indicated that the quality of the food had recently declined, and another consumer did not like that most meals had a stew-like consistency. This feedback was provided to management and they advised that staff will communicate with consumers at an individual level to discuss their concerns and organise a joint consumer meeting to discuss food and meal preferences. Care planning documentation evidenced the identification of dietary requirements and preferences to inform the delivery of safe eating practices. Kitchen staff indicated all dietary changes were recorded in the communication book, reported verbally and changes documented on a check sheet in the kitchen. The Assessment Team observed up-to-date dietary information in the kitchen which reflected the preferences and needs of consumers.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean and well maintained and that staff undertake ongoing monitoring that equipment is fit for purpose. Staff indicated they had appropriate access to supplies, equipment and other supports to effectively perform their roles. Lifestyle staff have access to an equipment budget to purchase items and any additional items required to support consumer care needs can be approved by management.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and representatives felt the service was welcoming and described the service as wonderful place to live. The Assessment Team observed the staff to be welcoming and friendly to visitors and signage to navigate through the facility was displayed. The rooms of consumer’s had their names on the door and were personalised to include their own photographs and artwork. Staff indicated they receive positive feedback from consumers and representatives and they feel at home within the service.

The service was observed to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. Corridors and walkways within the facility were free from obstacles and there were handrails along the walls to assist consumers with limited mobility. Consumers advised they can move freely throughout the facility and can leave the service in an independent and safe manner. Staff were aware of processes for reporting any equipment defects or service environment hazards through written maintenance requests as well as verbal requests.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. Maintenance records indicated the regular maintenance of equipment and furnishings to ensure safe and effective usage and the call bell system was observed to be in effective working order. Staff advised that all equipment is safe and were aware of the scheduled maintenance process. Consumers and representatives were satisfied with the overall cleanliness of equipment, furniture and the service environment.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives stated they are encouraged and supported to provide feedback and make complaints. Staff were aware of the avenues available for consumers and representatives to provide feedback and could describe the process they follow in the event a consumer or representative raised an issue with them directly. The Assessment Team reviewed the minutes from the consumer and representative meetings and identified that consumers have the opportunity to provide comments, feedback and raise any issues or concerns. The Assessment Team observed feedback forms and locked submission boxes available for use by consumers.

Consumers and representatives were aware of other methods for raising and resolving complaints and had access to advocacy services, however they indicated they are comfortable with raising concerns directly with staff and management. Management and staff advised they are aware they can access language, interpreter, and advocacy services on behalf of the consumer. A review of written materials, including the consumer handbook, feedback forms, brochures and posters, all provided information regarding internal feedback and complaints processes, and contact information for external assistance from the Commission, and advocacy and translation services.

Consumers and representatives indicated that the service takes appropriate action in response to complaints and the practice of open disclosure is utilised Consumers and representatives confirmed that management and/or staff provide an apology upon the making of the complaint or when things go wrong. Staff demonstrated a shared understanding of open disclosure practices and could describe the complaint escalation process. Management provided examples of recent actions taken in response to complaints made and feedback provided by consumers/representatives which evidenced a timely resolution, appropriate actions being taken, and application of an open disclosure process. The service has a range of policies and procedures which guide staff in documenting, investigating, resolving and evaluating feedback and complaints made by consumers and representatives.

Management was able to describe how feedback and complaints were reviewed to improve the quality of care and services. For example, in response to consumer and representative feedback regarding the service environment, an additional outdoor area was constructed. The service’s quality improvement plan records improvement initiatives prompted by consumer feedback or complaints.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives were mostly satisfied that the workforce was planned to enable the delivery and management of safe and quality care and services. Some consumers and staff indicated the service was occasionally short staffed during the COVID-19 lockdown periods, however consumers and representatives indicated that this did not have significant impacts on care. Management was aware of the issue of short staffing during lockdown and advised they utilised four agency services to fill shift vacancies and trained their staff in multiple roles to ensure the care needs of consumers are met. Staff indicated the base staffing levels are sufficient to respond to calls for assistance within a timely manner, and that they endeavour to respond to calls for assistance within a certain time frame or this is escalated through the call bell system. Management advised that call bell reports are reviewed, and any lengthy response times are investigated and discussed with the relevant staff member or the staffing cohort.

The Assessment Team observed the workforce interacting with consumers and representatives in a kind, respectful and patient manner. Consumers indicated that staff are respectful of their preferences and identity, including their wishes to maintain independence, privacy and culture. Staff demonstrated a shared understanding of consumer’s needs and preferences and any additional information they require can be obtained through discussions with the consumer, representative, other staff members and reviewing care planning documentation. Management advised they monitor staff interactions with consumers and representatives through observations, trends in documentation, and feedback from consumers, representatives, and other staff.

Consumers and representatives expressed confidence in the workforce and stated that staff perform their roles effectively, and staff have the necessary knowledge, training and skills to meet their care needs. Staff indicated they have the necessary knowledge to perform their roles and have received appropriate training and support from the service. Management outlined how they determine staff are competent and capable in their roles, including through observations, feedback from consumers and staff performance appraisal. Position descriptions are maintained for different role types, which contain information regarding required qualifications and experience, competencies, position summary and required duties.

Staff were able to describe the training, support, professional development and supervision they receive during orientation and on an ongoing basis. Staff indicated they have access to an electronic learning platform and requests for additional training is supported by management. Management advised they identify additional staff training needs through observations, documentation review, staff performance appraisals and feedback from staff, consumers and representatives.

The service demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff said they undertake a self-evaluation as part of their annual performance review and discuss this with their supervisor. Management confirmed that performance appraisals are conducted annually, and new staff receive additional performance appraisals held throughout their first year of employment. In addition to performance appraisals, management further monitors performance through general observations, review of clinical trend data and feedback from consumers, representatives and staff. The Assessment Team found that the service is not up to date with performance appraisals, this feedback was brought up with management and they advised the performance appraisals will be completed as soon as possible. Staff indicated they receive feedback from management and other staff about their performance and are comfortable raising concerns about care staff practices with management.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and representatives confirmed they are engaged in the development, delivery and evaluation of care and services. Management advised that feedback from consumers and representatives is sought through participation in the feedback and complaints process, consumer and representative meetings and general discussions with staff. A review of consumer meeting minutes and the complaints register by the Assessment Team demonstrates consumers and representatives are encouraged and supported to provide feedback on care and service delivery and raise any concerns.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and is accountable for their delivery through their policy and procedural guidelines and engagement with staff, consumers and representatives. Management demonstrated how the Board is engaged in significant incidents and informed of clinical trends. To ensure the service is meeting the Quality Standards, management advised that the service conducts regular quality activities such as audits.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff were aware of these policies and could provide practical examples of their relevance to their work and responsibilities. Staff demonstrated an in-depth understanding of the process to identify, escalate, address and record incidents, such as hazards within the service environment and medication or consumer care related incidents. Management advised that the review of risk management systems and practices is used to identify trends and influence service improvements.

The service had a clinical governance framework and supporting policies that address antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff indicated they had received training in these areas and could provide practical examples of their relevance to their work. Staff were aware of the need to trial alternative strategies prior to using any form of restrictive practice, and that restrictive practice must be used as a last resort. Management provided examples of changes made to the service as a result of the clinical governance framework and its supporting policies. For example, management advised that the service now has a urinalysis machine to accurately assess the need for antibiotics for consumers.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.