ACH Group Residential Care - Vita

Performance Report

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**Commission ID:** 6308

**Provider name:** Aged Care & Housing Group Inc

**Site Audit date:** 3 March 2020 to 5 March 2020

**Date of Performance Report:** 23 April 2020

# Publication of report

This Performance Report **may 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 Commission’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

# STANDARD 1 COMPLIANT Consumer 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

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

The Assessment Team found consumers and representatives interviewed said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* that staff treat them with respect and they feel valued.
* that staff are aware of their individual needs and preferences.
* they said staff deliver care and services in line with their preferences and this makes them feel safe.
* that staff encourage them to make decisions about their own care and the way care and services are delivered, and staff respect their choices and decisions.
* they are encouraged to do as much as they can for themselves.
* they are provided with information that is relevant, up to date and timely and enables consumers to make decisions about the care and services they receive.
* that staff respect their privacy, including during attendance of activities of daily living.

The Assessment Team found organisation’s vision of ‘Good lives for older people’ is characterised by four elements and supporting behaviours, including celebrating uniqueness. The value of participation in maintaining culturally valued roles and staying connected is emphasised in the organisation’s philosophy. The organisation has policies and procedures relating to Privacy and Customer information management. The Privacy policy is available to staff on the intranet and to consumers and representatives on the organisation’s website. The policy includes information relating to collection, use, disclosure and consumer and/or representative access.

The Assessment Team were informed that initial and ongoing assessment processes assist to identify what is important to each consumer, including in relation to cultural, spiritual and lifestyle needs and preferences. Care plans viewed reflected what was important to individual consumers sampled.

Staff were observed treating consumers with dignity and respect. For example:

* Staff referred to consumers in a respectful way and demonstrated familiarity with them as individuals.
* Staff greeted consumer representatives with familiarity.
* Staff consistently spoke about consumers in a way that showed respect and an understanding of their individual needs, preferences and background.

Care staff interviewed by the Assessment Team were familiar with consumers and their lives and demonstrated an understanding of consumers’ individual care and service preferences, identity and culture. Care staff described how they support consumers to make decisions and choices on a day to day basis, including in relation to the activity program, meals and during activities of daily living.

Clinical staff interviewed by the Assessment Team described how consumers are supported to take risks to enable them to live the best life they can. This included completion of risk assessments and development of management strategies in consultation with the consumer and/or representative. Consumers’ right to take risks and strategies to support these are monitored through progress notes, observation, care plan review and feedback processes. Additionally, Customer risk assessment and management plans are reviewed with consumers and/or representatives on a three-monthly basis.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

**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 COMPLIANT   
Ongoing assessment and planning with consumers**

**Consumer outcome:**

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* how they are involved in care planning processes. Representatives said clinical staff notify them of assessment outcomes and changes to consumer care plans.
* described care and service needs, preferences and goals they wish to achieve.
* they have discussed consumers’ wishes in relation to advanced care planning and end of life care planning with staff.
* that staff discuss their care and care plan with them and some consumers recalled being involved in care plan review processes.

The Assessment Team viewed a range of assessment tools are completed for consumers on entry, every six months at review and on an ongoing basis. Assessments consider both clinical and lifestyle aspects for each consumer. Comprehensive care plans are developed from information gathered from assessment processes and discussions with consumers and/or representatives. Validated risk assessment tools, including for falls, skin, nutrition, mobility and pain are completed on entry and ongoing. Individualised risk minimisation strategies are developed and included in care plans to assist in maintaining consumers’ health and well-being.

Care files viewed by the Assessment Team demonstrated consumers and/or representatives are consulted following development of the care plan to ensure it is reflective of consumers’ care needs and preferences. Assessments are completed on entry, on a six-monthly basis and where changes to consumers’ health and well-being are identified. Care files sampled demonstrated discussions with consumers and/or representatives are undertaken where changes to care plans occur as a result of assessment outcomes.

Staff interviewed by the Assessment Team described initial and ongoing assessment processes in line with the service’s processes. They also described consultation with consumers and/or representatives on entry, following development of the care plan, following completion of assessments and when changes to care plans occur.

Clinical staff interviewed by the Assessment Team said assessment processes and discussions with consumers and/or representatives ensure the care being delivered to each consumer is safe, effective and right for them. Clinical staff described how Medical officers and allied health professionals contribute to assessment and care planning for consumers and how their recommendations are incorporated into consumer care plans.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

**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 COMPLIANT   
Personal 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**

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

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the care they need, and staff take into consideration their care needs and preferences.
* they feel safe in the service and supported by staff.
* they are in regular contact with staff in relation to their loved one who is currently receiving palliative care.
* they stated the consumer is kept comfortable and their pain is well managed.
* they are confident staff know consumers well and would identify changes to their health and well-being.
* they have access to Medical officers and allied health professionals.

The Assessment Team found a range of assessments are completed on entry and on an ongoing basis to identify high prevalence or high impact risks to consumers. Individualised risk management strategies to minimise the impact of risks are developed, taking into consideration assessed risk scores. Consumers identified with new or ongoing high impact or high prevalence risks are monitored through the service’s Early intervention working party which meets on a monthly basis. Through this forum, consumers’ risk management plans and strategies are monitored for effectiveness, additional strategies considered, and referral needs identified.

Consumer files viewed by the Assessment Team demonstrated management of clinical incidents such as falls, behaviour and wounds, are managed in line with the organisation’s processes. Referrals to Medical officers and/or allied health professionals are initiated with recommendations incorporated into care plans. Care files included information relating to consumers’ end of life planning and advanced care planning. Progress notes viewed demonstrated conversations relating to these areas occur during care conversations and as required.

Care staff interviewed by the Assessment Team said they attend handover each shift and have access to up to date care plans which outline high impact or high prevalence risk strategies for each consumer. Staff were aware of infection control protocols and have enough protective safety equipment.

Clinical and care staff interviewed by the Assessment Team described high impact and high prevalence risks for individual consumers and described management strategies in line with consumers’ care plans. Clinical and care staff described how they minimise the need for antibiotics. This included increasing fluid intake, greater emphasis on hygiene practices and monitoring the consumer’s condition.

The Assessment Team found the organisation has a range of policies, procedures and guidelines in relation to infection control, including antimicrobial stewardship and outbreak management available to guide staff practice. Information in relation to antimicrobial stewardship and antibiotic resistance was provided to consumers and representatives through the service’s newsletter. There is an annual influenza vaccination program for consumers and staff which is promoted. The incidence of infections is monitored monthly with data collated and analysed for trends. Infection rates are reported through both site and organisational meeting forums.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

**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 COMPLIANT   
Services and support 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**

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

The Assessment Team found consumers and representatives interviewed said they get the services and supports for daily living are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are supported to do the things they like to do and could not describe having any wishes that the service did not support.
* they are supported to keep in touch with people who are important to them through phone calls, skype for those family members living interstate and overseas and being visited anytime.
* they like the food, and those dissatisfied confirmed their complaints had been actioned by the service, such as with meal temperatures.

The Assessment Team found the service’s assessment process involves identification of consumers’ need, goals and preferences, and is used to optimise their health and wellbeing. The service has introduced a new assessment, Good lives partner assessment to provide a comprehensive record of consumers’ emotional, spiritual and psychological well-being to ensure all consumer needs are being met in a holistic process.

Consumer files viewed by the Assessment Team demonstrated consumers’ goals, needs, preferences and aspirations are reviewed quarterly or when required through the Goodlife partner assessment form that is an amalgamation of the previous Lifestyle and well-being assessments. This assessment is reviewed every six months.

The Lifestyle coordinator indicated to the Assessment Team they regularly survey consumers when trialling new ideas and asks consumers for monthly activity requests and feedback. They ensure a range of activities is on offer that meet the needs of consumers with varying levels of functional and cognitive ability through Resident Voice meetings, feedback forms, surveys and verbal feedback are all captured and documented by staff.

All staff interviewed by the Assessment Team could describe the family and social networks and they could talk about how regularly they engage in activities with them.

The Assessment Team observed staff and consumer interactions to be kind and caring with staff listening to consumers as they spoke.

The Assessment Team found the food safety and work health and safety protocols are followed and monitored by the service with all staff receiving training around food handling. The service conducts monthly food surveys. Dietary assessments and nutrition and hydration forms were viewed for various consumers. Catering and care staff were able to describe dietary preferences and needs for consumers.

Equipment observed by the Assessment Team appeared safe, suitably clean and

well maintained, including clinical and non-clinical equipment.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

**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 COMPLIANT   
Organisation’s services 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**

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

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe, respected and listened to by staff.
* they like their rooms, feel like they are at home and that they can have visitors anytime.
* they are supported by the service to set up their rooms of their choosing, and to place signage and personal items on their room doors to make it easy for them to locate their rooms and reflect their personality.
* the service is clean and well maintained, and that all maintenance requests are all up to date and monitored daily by the Group facilities team.

The Assessment Team found the service demonstrated that staff identify environmental risks through staff observation, consumer feedback, maintenance audits, risk registers and Resident Voice meetings. The service has preventative and reactive maintenance documents which are maintained to show items are attended to within acceptable timeframes and routine maintenance is completed regularly by external contractors. Consumer surveys and random sampling are used by the service to understand the consumer voice in relation to satisfaction and improvements that could be made concerning the environment.

The Assessment Team found maintenance has work requests separated into preventative and reactive maintenance that are assessed in accordance with risk to the consumer. The Group facilities team has an escalation framework that guides in what timeframe tasks should be completed.

All staff interviewed by the Assessment Team could describe how to report a hazard and receiving training in how to use equipment safely.

The Assessment Team observed staff and consumers interacting in communal spaces throughout the service, and noted the corridors are spacious with rails and clear signage, and there is strategically positioned furniture for when consumers want to rest. There is a lot of natural light throughout with glass doors and windows looking out into landscaped courtyards.

The Assessment Team also observed visitors in communal spaces having morning tea, creating an environment where people appeared at ease and having fun.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

**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 COMPLIANT   
Feedback 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**

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they would feel comfortable to discuss any issues with staff or management and are confident issues would be followed up.
* they attend consumer meeting forums and are encouraged and feel comfortable to provide feedback and complaints.
* how they provide feedback, including in writing and verbally to staff.
* that changes to the meal service have occurred as a result of feedback provided at meeting forums.

The Assessment Team found the organisation is supported by an overarching feedback and complaints framework which includes an open disclosure approach to solving complaints. A complaints log is maintained, and feedback and complaints are monitored, collated and analysed for trends on a monthly basis; data is used to identify improvement opportunities. Complaints data is reported through various site and organisational meetings, including the Resident Voice meeting forum. Feedback and complaints data are analysed for trends on a monthly basis. Data is discussed at consumer, staff and Board meeting forums.

The Assessment Team found consumers are encouraged to provide feedback through two survey processes, including:

* Customer measures program which aims to understand, measure and track expectations and perceptions of consumers’ experiences with the organisation.
* Impact interview process which assesses the impact of the organisation’s services on the consumer.

All staff interviewed by the Assessment Team described how they would assist a consumer who voiced a complaint. Actions included providing consumers with a feedback form, completing the form for the consumer and reporting the complaint to clinical staff or management.

Staff interviewed by the Assessment Team could describe in various ways the process of open disclosure regarding when things go wrong and acknowledging and making undertakings to consumers to prevent reoccurrence. A representative interviewed said they were satisfied with the way an incident involving their family member was managed and said management provided an apology in response to the incident.

The Assessment Team observed information to be on display throughout the service to encourage feedback to be made.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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 COMPLIANT   
Human 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**

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

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* that staff are kind, caring and respectful and described their interaction with staff with fondness.
* that staff are competent in their roles to provide care and services. Consumers were confident they were well cared for.
* felt there were adequate numbers of staff to meet the needs and preferences of consumers.

The Assessment Team found the service demonstrated processes ensure the workforce is planned to ensure sufficient numbers and skill mix of staff is appropriate for the delivery of safe, respectful and quality care and services. Management explained they use a variety of mechanisms for planning and managing the workforce when developing their roster to ensure they have the right number of staff, with appropriate skills to deliver the planned care and services. For example, they use consumer and staff feedback, review of consumers’ complex needs and mobility requirements, clinical indicators and incident data and call bell reports to calculate and implement the appropriate numbers of staff and skill mix to deliver safe and quality care and services. Management said consumer feedback and staffing acuity has resulted in increased staffing hours in the afternoon.

The Assessment Team observed the delivery of care and services was undertaken by suitable and qualified staff. Consumers interviewed stated care staff have time to deliver their care and they don’t feel rushed or cut short. The Assessment Team observed care staff engaging with consumers, having a chat and appeared to not be rushing around.

Staff interviewed by the Assessment Team said they have enough time and resources to complete their duties each day and advised any vacant shifts are filled. Staff said they have access to on-line and face to face training modules as required and if they identify additional training, they can request this through their manager or at their performance appraisal discussion.

Management advised the Assessment Team the service has multiple monitoring and assessment processes in place to determine if employees are effective in their roles, including consumer and staff feedback, performance appraisal processes, competency assessments, structured staff observations, clinical reporting and internal audit functions. A review of the annual performance appraisal register showed all staff have had an appraisal completed annually. Staff confirmed there are ongoing training requirements regarding key training competencies and they undertake an annual appraisal.

Management interviewed by the Assessment Team said ACH Group is in partnership with South Australian Department of Health and Flinders University; ViTA combines best practice approaches to health and aged care with a focus on teaching and research to enhance health and well-being outcomes for their consumers.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

**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 COMPLIANT   
Organisational 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**

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

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* the service is well run.
* they are confident in management’s ability to run the service.
* provided varied examples of how they are involved in the development, design and delivery of care. Examples included feedback avenues for consumers, consultation undertaken in care planning and direct management engagement with consumers.

The Assessment Team found 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.

The Assessment Team found that management and the corporate leadership have developed multiple consumer engagement mechanisms to partner with consumers in directing their care. A new initiative in 2020 was establishment of a Customer Engagement Committee, this is a subcommittee of the Board. The function of this group is to connect Board members with consumers on a regular basis and be provided with opportunities to gain their own insights and observations.

To guide staff the organisation has in place a documented clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraints and an open disclosure policy. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensures the governing body is accountable for the delivery of safe and quality care and services.

**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.

**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.