



Australian Government

Aged Care Quality and Safety Commission

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Aegis Parkview

Performance Report

6 Drummond Street
REDCLIFFE WA 6104
Phone number: 08 9262 9100

Commission ID: 7307

Provider name: Lakeside Hostel Pty Ltd

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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 and/or their 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:

2. The organisation:
 - (a) has a culture of inclusion and respect for consumers; and
 - (b) supports consumers to exercise choice and independence; and
 - (c) respects consumers' privacy.

Assessment of Standard 1

This Quality Standard is assessed as Compliant as all 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 decisions about their care and services, and live the life they choose. All consumers and representatives interviewed confirmed staff make them feel respected and valued. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

- All consumers and representatives interviewed stated staff encourage them to share information regarding consumers' personal preferences to assist them to get to know the consumer as an individual.
- Four consumers confirmed staff do not rush them and provide time to assist them in line with their preferences on any specific day.
- Two consumers stated staff ask them how they would like things done whenever they are attending to their care. One consumer stated his health needs fluctuate daily, staff are flexible in how they care for him and always check how he is feeling on any given day.
- Consumers said friends and family visit regularly, and they are supported to maintain relationships within, and external to, the service.

Consumer dignity and choice

- A consumer said they wish to continue to smoke. They have been assessed by staff, and staff keep a supply of cigarettes and will take them out to the smoking area when requested. The consumer said they only smoke two to three cigarettes per day and are not interested in quitting.
- Consumers stated they are provided with monthly activity calendars and menus and can make choices about what they want to do and eat. Staff assist consumers to understand the choices available to them if necessary.
- All consumers interviewed said their personal privacy is respected. Examples provided include staff knocking on doors before entering and closing doors when providing personal care.

The Assessment Team found the organisation's strategic documents promote consumer independence, and support consumers to take risks. The organisation's diversity and inclusion policy and related procedure address what it means to treat consumers with respect and dignity. Prospective consumers are provided with an information pack containing details they need to know about living in the service including the Charter of Aged Care Rights, a consumer handbook, the Quality Standards information sheet, advocacy information, and the organisation's privacy policy.

The Assessment Team reviewed care planning documentation of eight consumers indicating family conferences are conducted during the initial phase of admission where individual preferences are discussed, and the care plan is reviewed to ensure it accurately reflects the consumers' preferences. The Assessment Team confirmed information collected during these conferences is reflected in the care plans.

Staff interviewed separately by the Assessment Team provided consistent responses, advising information regarding individual preferences is shared during regular handovers and via memos. Staff are also encouraged to discuss individual needs and preferences with the consumer and/or their representative when providing care. Staff were able to provide examples of specific consumer needs in relation to culture and ethnicity, and how these needs are respected and met by staff working in the service, and by external agencies accessed to provide additional support.

Staff interviewed were able to provide examples of how risk is discussed with consumers, and how consumers were supported to take risks, such as a consumer who wishes to continue to smoke, and a consumer who self-propels their wheelchair throughout the service despite an assessment indicating they require assistance. The Resident's Handbook contains information about a consumer's right to participate in activities which may involve a degree of risk.

STANDARD 1

Consumer dignity and choice

COMPLIANT

Staff interviewed advised all staff are advised of the organisation's privacy policy at orientation, and privacy and confidentiality sessions are part of the toolbox training sessions. Staff were able to provide appropriate examples of how they maintain privacy in the delivery of care and services.

The Assessment Team observed staff interacting with consumers in a friendly, respectful manner throughout each day of the audit. Examples of this include staff encouraging consumers to participate in activities or engaging consumers in everyday tasks, appropriately seeking their permission before attending to tasks such as providing personal assistance; and staff knocking on consumers' doors and asking permission to enter prior to entering.

The Assessment Team noted consumers are encouraged to decorate their room in line with their preferences. Rooms were noted to include religious icons, family photos and cultural memorabilia.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 1 to ensure they have a culture of inclusion and respect for consumers, support consumers to exercise choice and independence, and respect consumers' privacy.

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:

- (i) make decisions about their own care and the way care and services are delivered; and
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and
- (iii) communicate their decisions; and
- (iv) make connections with others and maintain relationships of choice, including intimate relationships.

STANDARD 1

Consumer dignity and choice

COMPLIANT

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:

2. 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

This Quality Standard is assessed as Compliant as all five specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed confirmed they felt like partners in the ongoing assessment and planning process to enable them to get the care and services they need. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

- Consumers interviewed stated they have a say in their daily activities such as how and when care is provided. Consumers stated care plans are developed around what they would like to do and what they want to achieve. Consumers and representatives advised they are provided with information regarding an advanced health care directive or end of life wishes on admission to the service, which they can complete when comfortable to do so.
- Consumers and representatives confirmed they regularly speak with the registered nurse or care staff about their care and services.
- A representative said they are informed of any assessments taking place and the outcome of those assessments and can request further assessments if they believe the consumer's condition has changed. Another consumer provided consistent information, indicating staff regularly provide information regarding

Ongoing assessment and planning with consumers

changes to the care plan and they can request formal meetings with the clinical nurse manager and/or allied health staff at any time.

- Consumers and representatives stated they are aware of what information is included in their care plan and staff meet with them regularly to ensure they are happy with the care provided.
- A consumer and her representatives advised they have been supported by the Metropolitan Palliative Care Consultancy Service (MPaCCS) to make decisions related to the consumer's ongoing care during the palliative phase. They advised the medical practitioner is continuing to support the consumer, including cancelling ongoing external medical appointments, and providing treatment at the service.

The Assessment Team found the service has processes in place to ensure there is comprehensive assessment and planning of care in partnership with consumers, and/or their representative as appropriate. The assessment and care planning process is guided by overarching policies and procedures available on the service's intranet, and an electronic care planning system. Assessment and care planning includes consideration of information gathered from a variety of sources including external services, the multidisciplinary team and other parties that may have been involved in caring for the consumer. Assessments and planning also includes consideration of the consumers' goals and preferred services.

Consumers are supported to undertake advanced care planning and are referred to external services to support their care as required. Outcomes of assessments are effectively communicated to staff to guide care provision and there is a process in place to enable consumers and/or their appointed representatives to review care plan documentation on request.

The Assessment Team sampled eight consumers' files. Care plans and assessments sampled showed care is provided for each consumer that is individualised, safe and effective. Care plans are developed from information that is gathered on admission from a range of sources including discharge summaries, aged care assessments and information from the consumer and/or their appointed representative. Care plans are updated when there is a decline in health, incidents have occurred, discharge from hospital, changes in preferences or by the annual review.

Staff interviewed by the Assessment Team confirmed assessment and planning is commenced on admission and there is an interim care plan to refer to while other comprehensive assessments are completed to inform the consumer's care plan. Staff provided examples where they are asked to record information to inform assessment, for example, recording behaviours of concern, actions and evaluation.

Ongoing assessment and planning with consumers

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 2 to ensure they undertake initial and ongoing assessment and planning for care and services in partnership with the consumer, and that 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 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:

- (i) 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
- (ii) 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:

2. 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

This Quality Standard is assessed as Compliant as all seven specific requirements have been assessed as Compliant.

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

- All consumers interviewed said they get the care they need. Two representatives said clinical staff are always available at the service to monitor consumers' health.
- The representatives of a consumer said staff are constantly asking questions to get to know the consumer who has had difficulty settling into the service and is constantly trying to leave the secure area 'to return home'.
- The representative of another consumer, who cannot communicate well verbally, said staff are working with her and the consumer, and have a good understanding of the consumer's needs.
- All consumers and representatives interviewed reported they were not impacted by other consumers' challenging behaviours.
- Consumers confirmed advanced care and end of life planning were discussed with them as part of the initial care planning discussions.

Personal care and clinical care

- Consumers interviewed reported staff are very good at washing hands and reported the cleaners go 'above and beyond' with cleaning their rooms, and the home.

The Assessment Team found the organisation has clinical policies and procedures in place, accessible on their intranet, to support the workforce in delivering care that meets consumer needs, goals and preferences. The Assessment Team reviewed policies and procedures specifically relating to restrictive practices, skin integrity, palliative care, consent and the sharing of information, referral to other services, antimicrobial stewardship, and infection control.

The Assessment Team reviewed consumer files and noted care plans are updated when clinical and/or personal care needs change, including in response to hospital admission and discharge.

The Assessment Team found that all high impact and high prevalence clinical and personal risks for consumers are recorded in their assessments, care plans and progress notes. Family conferences are conducted and there is ongoing communication between clinical management, consumers and their families to discuss high impact high prevalence risks.

The organisation trends, analyses and responds to high impact or high prevalence risks by reporting each incident and completing a root cause analysis to understand what occurred, what action followed, and what strategies and interventions could be implemented to avoid a recurrence. Clinical indicator data is collated and analysed monthly and shared with the clinical team. Trends identified are referred to the organisation's monthly clinical management team meetings to assist with the identification of improvement opportunities.

Staff interviewed confirmed they are provided with both corporate and service-based orientation which includes instructions to ensure consumer information is reported and recorded accurately, and in a timely manner. Additional training specific to staff roles and responsibilities is provided through the organisation's mandatory training and optional training programs. Staff were able to describe what clinical and personal care they provide to consumers, and said they were supported by the clinical team, including having access to a registered nurse if they had concerns about consumer care.

Registered staff interviewed described the high impact and high prevalence risks for consumers within the service, the strategies in place to manage them, including those that were effective and what was done when they were ineffective. This included consumers who fell frequently, displayed behaviours and lost weight.

STANDARD 3

COMPLIANT

Personal care and clinical care

The organisation has policies and procedures in place to guide staff in relation to infection control practices and antimicrobial stewardship. A standard precautions program is always in place for all consumers, based on evidence-based best practice. Transmission-based precautions are implemented if a known infectious condition is confirmed. These are in addition to the standard precautions, and are practiced by all those who require them, for the duration of the transmission risk. The service has an annual influenza vaccination program.

Registered staff interviewed described how they oversee staff to ensure hand hygiene is maintained by all staff across the service. The importance of this is discussed with consumers and representatives during resident relative meetings. Care staff interviewed said they have enough personal protective equipment to use when required, including gloves and masks.

The organisation is reviewing its precautions to prevent and control infection considering the COVID-19 pandemic. This includes reviewing infection prevention and control activities and the management of consumer illness and imposing visiting restrictions in line with advice from the Department of Health.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure they deliver safe and effective personal care, clinical care, or both 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:

- (i) is best practice; and
- (ii) is tailored to their needs; and
- (iii) 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.

STANDARD 3

COMPLIANT

Personal care and clinical care

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:

- (i) standard and transmission based precautions to prevent and control infection; and
- (ii) 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:

2. 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

This Quality Standard is assessed as Compliant as all seven specific requirements have been assessed as Compliant.

The Assessment Team found all sampled consumers confirmed they are getting the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Specifically, consumer feedback includes:

- Consumers and representatives interviewed confirmed consumers are supported by the service to do the things they like to do. Consumers said they enjoy the activities offered by the service.
- Consumers and representatives interviewed confirmed consumers are supported to keep in touch with people who are important to them. Representatives are welcome in the service and visit regularly. Consumers are provided opportunities to take part in activities both within and external to the service.
- Consumers interviewed said they like the food. The service provides choices of meals and opportunities for families to partake in meal services.

The Assessment Team observed a comprehensive electronic care planning system enabling staff to generate and have access to assessments, care plans, handover notes and all policies and procedures. Policies and procedures include those relating to assessment of consumer needs and preferences, communication processes to ensure staff are aware of these needs and preferences, and the process of referring to external agencies for additional care and support.

Services and supports for daily living

Care staff interviewed could explain what is important to the sampled consumers and what these consumers like to do. Activity staff could explain how they work with external organisations and volunteers to help supplement the lifestyle activities offered within the service. Staff were able to describe the various ways information about a consumer's changing condition, needs or preferences is communicated to them, including in relation to meals. All staff interviewed reported they have access to suitable, well-maintained equipment to assist them in delivering care and services.

The Assessment Team sampled consumers' files and found care planning documents showing all consumers are consulted about their care and services, and what activities they would like to participate in. Care planning documents reviewed confirm consumers do participate in the community, maintain their relationships and do things of interest to them.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure they provide 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 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:

- (i) participate in their community within and outside the organisation's service environment; and
- (ii) have social and personal relationships; and
- (iii) do the things of interest to them.

STANDARD 4

COMPLIANT

Services and supports for daily living

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 service environment

Consumer outcome:

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

Organisation statement:

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

Assessment of Standard 5

This Quality Standard is assessed as Compliant as all three of the 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 specific examples were provided by consumers and representatives during interviews with the Assessment Team:

- Consumers interviewed said they feel safe and comfortable at the service. They said the staff are friendly and kind.
- Consumers confirmed they feel at home at the service and they can decorate their rooms with their personal items. Representatives interviewed said they are made to feel welcome at the service by management and staff.
- Consumers and representatives interviewed confirmed the service is clean and well maintained.
- Consumers interviewed said they can use the outdoor areas whenever they like, and staff will support them to do this if they are unable to access the areas by themselves.

The Assessment Team observed the service environment is safe, clean and well-maintained. Entry doors are coded, and families are given the code when a consumer moves into the service. Consumers were observed moving freely inside and out, with access to outside courtyards through unlocked doors.

Organisation's service environment

The Assessment Team interviewed the maintenance officer who described both the routine and preventative maintenance schedules, and the process staff follow to report maintenance issues. The maintenance officer checks the log book each morning when they are onsite (four mornings per week) and issues are addressed promptly. The maintenance officer can be contacted by phone for work needing to be completed urgently. Work needing to be completed by external contractors is booked through a head office ticketing system. Staff interviewed were able to describe how they report maintenance issues and respond to a safety incident, hazard or emergency.

The Assessment Team reviewed internal audit files, including a housekeeping audit conducted in January 2020. Identified gaps have been noted as being addressed since the audit.

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:

- (i) is safe, clean, well maintained and comfortable; and
- (ii) 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:

2. 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 all four of the 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:

- All consumers and representatives interviewed confirmed they know how to provide feedback and make complaints, and they feel safe and comfortable in doing so.
- Consumers and representatives said there are several complaint and feedback mechanisms available to them, including meetings and formal and informal feedback processes.
- Most consumers and representatives said feedback is responded to in a timely manner and the issues are resolved promptly and to their satisfaction.

The Assessment Team reviewed the service's open disclosure policy, and a customer feedback and complaints management policy and procedure.

The Assessment Team observed brochures and information leaflets available to consumers and representatives, about complaint and feedback mechanisms

Feedback and complaints

available to them. The handbook provided to consumers includes information about feedback and complaint mechanisms. The Charter of Aged Care Rights has been provided to all consumers and representatives and is on display in the service. Information about advocacy networks and elder abuse is on display in the foyer of the service. The Commission poster and brochures are also displayed in the service.

The Assessment Team confirmed all complaints and feedback are recorded in the electronic care planning system to maintain an electronic record of feedback received, and action taken in response to the feedback. The data is analysed to identify any themes and discussed with relevant staff and team.

The Assessment Team interviewed registered staff, all of whom could demonstrate their understanding of open disclosure in relation to complaint handling and describe aspects of an appropriate complaint resolution process. Other staff interviewed said they have been provided with training about complaint management and encourage consumers to raise concerns with them.

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

Human resources

COMPLIANT

Consumer outcome:

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

Organisation statement:

2. 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

This Quality Standard is assessed as Compliant as all 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, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

- All consumers interviewed confirmed staff are kind and caring.
- All consumers interviewed confirmed staff know what they are doing, and that staff have the required skills to provide appropriate care and services to them.
- Consumers interviewed confirmed the staffing levels meet the needs of the consumers. Some consumers and representatives stated there could be more staff.

The Assessment Team found the service demonstrated they have a process in place to ensure their workforce includes sufficient numbers, and an appropriate skill mix, to deliver safe, respectful and quality care and services. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

Management informed the Assessment Team that all staff attend corporate training and annual mandatory training. In addition, an annual training schedule and toolbox training sessions ensure staff received current education to help them fulfil their roles.

The Assessment Team interviewed staff who confirmed they receive regular training, including access to online training modules. Staff said training competencies are completed as required by their role. Staff confirmed they have lots of opportunities to attend training, and they undertake regular performance appraisals to support their development. Management advised performance appraisals are monitored through a spreadsheet indicating when they are due. Feedback from consumers and representatives is incorporated and used to improve the service provided by staff. Training to fill identified gaps in knowledge of specific staff is provided as required, and other training needs are fed into the training schedule.

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:

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

Assessment of Standard 8

This Quality Standard is assessed as Compliant as all five of the 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 consumers and representatives during interviews with the Assessment Team:

- Consumers provided positive comments about partnering in improving the delivery of care and services. Consumers expressed satisfaction with the care and services being provided to them.
- Consumers and representatives confirmed they are engaged in case conferences after entering the service and then annually or as required. This process involves the consumer, their representatives, clinical care staff and their medical officer and/or allied health professional.

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 the leadership team meets regularly to monitor and review all care and business matters. A centralised management reporting system is in place to facilitate the exchange of information between leadership team, service management and staff. Reporting includes key performance indicators.

The Assessment Team found the organisation also has a clinical governance and lifestyle team to oversee clinical governance. The team meets regularly and reviews the clinical care reporting process, risk management, the auditing systems and regulatory compliance. They provide support to the leadership team to fulfil its governance.

The Assessment Team interviewed staff who confirmed they are encouraged to make suggestions, and that continuous improvement is discussed at meetings. Staff confirmed they had received education about risks to consumers, identifying and responding to abuse and neglect, and they could explain the need to report suspected abuse. Staff also reported they had received education about antimicrobial stewardship, the appropriate use of restraint, and the need for an apology when something goes wrong.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure 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:

- (i) information management;
- (ii) continuous improvement;
- (iii) financial governance;
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;
- (v) regulatory compliance;
- (vi) feedback and complaints.

STANDARD 8

Organisational governance

COMPLIANT

Requirement 8(3)(d)

Compliant

Effective risk management systems and practices, including but not limited to the following:

- (i) managing high impact or high prevalence risks associated with the care of consumers;
- (ii) identifying and responding to abuse and neglect of consumers;
- (iii) 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:

- (i) antimicrobial stewardship;
- (ii) minimising the use of restraint;
- (iii) 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.