Agmaroy Nursing Home

Performance Report

115 Leach Highway
WILSON WA 6107
Phone number: 08 9458 1524

**Commission ID:** 7913

**Provider name:** Hamersley Nursing Home (WA) Pty Ltd

**Site Audit date:** 18 January 2022 to 20 January 2022

**Date of Performance Report:** 9 March 2022

# Performance report prepared by

James Howard, 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 conducted from 18 January 2022 to 20 January 2022; 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.
* the provider’s response to the Site Audit report, received 23 February 2022.
* other information and intelligence held by the Commission in relation to this service.

# 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, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation, including risk assessments.
* The service’s policies and procedures.
* Observations during the site audit.

Overall, sampled consumers advised the Assessment Team they were treated with dignity and respect, supported to maintain their identity and could make informed choices about their care and services to live the life they chose.

Staff demonstrated an understanding of consumers’ personal circumstances, their identities and life journeys. Staff explained how they tailored care and service delivery to individual needs and preferences, with respect to culture and diversity. Staff stated that they treated all consumers with the same level of respect and dignity no matter what their background or beliefs are.

Sampled care planning documentation included information about consumers’ cultural backgrounds, spiritual preferences, activities of interest and individual personal preferences. Staff cared for consumers in a dignified and respectful manner and interacted with warmth and familiarity.

The service supported staff in their roles through policies, procedures and training so staff understood the diversity of consumers, and how to deliver care and services in a culturally safe manner.

Consumers advised they were supported to exercise choice and independence and could make decisions about their own care and how it was delivered. Consumers provided examples of how the service supported them to make connections with others, and maintain relationships of choice. The service’s policies supported consumer choice and independence in decision making, including the consumer’s right to make decisions about when family, friends, or others should be involved in their care, and how their decisions should be communicated. Review of care plans showed they aligned with the service’s policies, and included information regarding consumers’ preferences, decisions and relationships of choice.

Consumers were supported to take risks which enabled them to live their best lives, as verified by consumer interviews and sampled risk assessments included in care plans. Risk assessments were completed in consultation with consumers, and with representatives and health professionals where applicable.

The service demonstrated that it communicated information in an easy to understand, accurate and timely manner to assist with decisions relating to consumers’ care and services needs and preferences. Information was communicated through activity calendars, noticeboards, posters and flyers throughout the service. Staff explained in practical terms how they supported consumers with communication difficulties by, for example, using cue cards and hand signals.

The service demonstrated that it respected consumers’ personal privacy as validated by interviews with consumers, representatives and staff. Staff explained in practical terms how they respected consumers’ personal privacy by, for example, knocking before entering a consumer’s room. The service’s documentation, such as consumer files, were stored on a password-protected electronic records management system, which upheld consumers’ privacy and confidentiality. Staff interviews confirmed that staff were only able to access information appropriate to their roles.

## 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:

### 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, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

To optimise their health and wellbeing, consumers were involved in the ongoing assessment and planning of their care and service delivery needs, as validated by interviews with consumers and representatives, and a review of care planning documentation. Staff explained how they partnered with consumers and representatives throughout the various cycles of care planning and assessment, from initial engagement, to quarterly reviews, or when circumstances changed. Staff also explained individual needs, preferences and goals for sampled consumers, and how it informed the delivery of safe and effective care.

The service demonstrated that risk was appropriately considered using best practice methods, assessment tools, and referrals to health professionals as required, to inform safe and effective care and services for consumers. For example, review of care planning documentation demonstrated that the following assessments were used to support consumer’s care needs and preferences:

* Pain charting and assessment.
* Skin integrity assessment.
* Mobility and falls risk.
* Nutrition and hydration assessment, including weight charting.
* Incontinence charting and assessment.
* Oral and dental assessment.
* Behaviour charting and assessment.
* Psychosocial needs and assessment.
* Communication needs and assessment.

Advance care planning and end of life directives were discussed on admission to the service, and again on care conference days, or if the consumer’s health condition changed. Care planning documents identified each consumer’s current needs, goals and preferences and included advance care and end of life care directives as applicable.

Staff partnered with consumers and, if requested, representatives in preparing care planning, through gathering information about consumers’ life histories, needs, goals and preferences. Care planning documentation confirmed the service involved other organisations, individuals, and providers of other care and services in ongoing assessment and planning for consumers.

Assessment and planning outcomes were documented in consumers’ care plans and communicated to consumers and representatives through face-to-face discussions, telephone calls and electronic correspondence. Consumers and representatives could access copies of their individual care plans.

Consumers and representatives provided examples of when care plans were reviewed to provide effective care and services, based on changes or incidents that impacted consumer’s needs, goals or preferences. Staff explained the review processes in place that ensured care and services were effective for consumers, such as involving the medical officer, conducting assessments, referrals to health professionals as required, consultation with consumers and representatives.

## 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, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.
* Review of the service’s clinical risk register.
* Review of meeting minutes.

The service submitted a written response to the Assessment Team’s site audit report, and included further information specific to this standard, such as the service’s resident handbook, example of a behaviour support plan and dignity of risk assessments.

Overall, consumers received personal and clinical care that was safe, met their individual needs and aligned with their goals and preferences. Consumers and representatives considered that the service provided safe and effective care that optimised consumers’ health and wellbeing.

Clinical staff provided examples of how the service’s policies, procedures and tools applied in practice, and were aligned to best practice guidance. Staff confirmed they had access to evidence-based work instructions, which guided personal and clinical care in a safe and effective manner. Management advised that clinical incidents, such as falls, medication incidents, pressure injuries and weight loss, were discussed at monthly meetings, and that data was collected, recorded and analysed to ensure the provision of safe and effective care.

Based on the various forms of evidence collated by the Assessment Team, the service demonstrated its personal and clinical care was best practice, tailored to individual needs and optimised the health and wellbeing of consumers, with respect to the following conditions:

* Restrictive practice: the service demonstrated knowledge and application of restrictive practice requirements under the *Aged Care Act 1997*, such as informed consent, behaviour support plans, review and monitoring to minimise use restraint.
* Skin integrity: the service demonstrated knowledge of skin integrity, wound care and pressure injury prevention management, verified through review of the service’s guidelines and procedures, and applicable care plan documentation.
* Pain management: the service demonstrated knowledge of pain management strategies and how it applied in practice, verified through review of care plans, documented pain management procedures, assessment tools and interviews with clinical staff.

The service effectively managed high impact or high prevalence risks associated with care through review, monitoring and assessment of consumers’ care needs. Staff used evidence based tools, such as the Falls Risk Assessment Tool and Abbey Pain Scale Tool, and involved health professionals such as the medical officer to inform the assessment of consumers’ care needs. Staff described high impact risks to consumers at the service such as a potential COVID-19 outbreak, skin integrity, falls, pressure injuries, psychotropic medication management. Staff explained individual personal and clinical risks to consumers and the management strategies in place, which aligned with information in the sampled care plans.

The service demonstrated that consumers’ advance care and end of life directives were recognised and addressed, and that the provision of care was dignified. Staff described the way the delivery of care changes for consumers nearing end of life, and the practical ways they supported consumers’ comfort and dignity.

Staff described how they recognised and responded to deterioration or changes in a consumer’s mental health, cognitive or physical function, which was validated by review of sampled care plans. The service demonstrated it effectively shared information about the consumers’ conditions, needs and preferences within and outside the organisation through shift handovers, care plan record management, case conference notes and involvement of consumers, representatives and other health professionals as required.

The service demonstrated that it effectively minimised infection-related risks through policies and procedures relating to infection control principles and antimicrobial stewardship, including the service’s outbreak management plan for COVID-19. Staff demonstrated knowledge of infection control practices relevant to their duties, and received training in infection control, donning and doffing of PPE and handwashing competencies.

### 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 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Overall, sampled consumers advised they received safe and effective services and supports for daily living that were important for their health and wellbeing, and enabled them to do the things they wanted to do. Care planning documentation included information about consumers’ hobbies, interests, spiritual beliefs, strategies to support emotional wellbeing and people who were important to them. Staff explained that they offered support to consumers who were feeling low, by engaging them in one-on-one discussions, and encouraged activities to support consumers according to their individual emotional, spiritual, and psychological preferences.

Consumers and representatives advised that consumers were supported to keep in touch with people important to them and to participate in the community within and outside the service, maintain personal and social relationships, and do things of interest to them.

Consumers advised they felt confident staff and other persons involved in delivering care and services were aware of their needs and preferences and had not experienced any issues where communication was lost. Review of care planning documentation confirmed changes to consumers’ conditions, needs or preferences were recorded and shared with others where the responsibility for care was shared.

Staff provided information about other organisations or individuals with whom they worked to provide lifestyle services and supports, such as National Disability Insurance Scheme support workers, occupational therapy assistants and the therapy assistance dog service. Staff explained how they identified and completed referrals for the provision of daily living supports in a timely manner and provided updates to appropriate people for feedback and implementation. The service’s policies supported staff and consumers to make referrals to individuals and providers outside the service.

The service demonstrated that meals provided to consumers were of variable and suitable quality and quantity. All consumers’ dietary needs and requirements were reviewed and completed by a dietician and recorded on a nutrition and hydration file available to hospitality, and other staff as appropriate. Hospitality staff explained they incorporated consumer feedback into the menu, and that consumers were able to make special requests. The kitchen contained documentation outlining the hospitality responsibilities, equipment information, allergy procedures, supplement information and staff training.

Equipment required for lifestyle and daily living supports was safe, clean and well maintained and interviews with consumers confirmed equipment was suitable for their needs.

## 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 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff at the service.
* Review of the maintenance log and cleaning scope of works documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Overall, sampled consumers advised the service environment felt like home, and that it was welcoming, easy to understand and navigate, safe and comfortable. The Assessment Team observed that the service optimised each consumer’s sense of belonging, independence, interaction and function. For example:

* Individual rooms were decorated with personal items and photographs.
* Quiet spaces were available for consumers and family members to meet.
* Clearly marked signs assisted navigation throughout different areas of the service.
* The service’s outside areas and garden were tidy, with covered walkways and outdoor seating.
* Consumers with mobility aids could easily move throughout the service.
* The service had handrails to assist with mobility needs.
* The activity room was used by consumers.

The service demonstrated it had processes in place to ensure the service environment was safe, clean, well maintained and comfortable, and enabled consumers’ free movement indoors and outdoors. Sampled consumers considered the service environment was safe and comfortable, they were able to leave the service environment when they wished and could have visitors. Cleaning staff explained their cleaning and infection prevention responsibilities, and how they monitored and tracked cleaning requirements through a dedicated register.

Consumers were observed using furniture and equipment that was safe, well maintained, and suitable for their needs. Staff advised that shared equipment was cleaned thoroughly after each use, which aligned with observations during the site audit. The planned maintenance schedule and maintaince register confirmed that monthly safety checks were conducted on equipment, and contained evidence of completed equipment servicing. Staff explained the processes and procedures in place to identify whether equipment and furniture was safe to use, and how they reported any maintaince issues.

## 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, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies, procedures and guidance materials.
* Observations during the site audit.
* Review of the service’s feedback and complaints register.
* Review of meeting minutes.

Sampled consumers gave examples of what happened when they provided feedback or raised complaints with the service and confirmed their satisfaction with how the service resolved issues, or incorporated feedback into the delivery of care and services.

Consumers and representatives advised they could provide feedback or lodge a complaint through various methods such as written forms, talking directly to any member of staff, or through consumer meetings. Review of consumer meeting minutes and the complaints register confirmed that feedback, both positive and negative, was provided on a regular basis and appropriately addressed.

Information relating to internal and external complaints mechanisms and advocacy services was displayed in the service environment. Consumers and representatives advised they were comfortable with raising concerns directly with management or staff and were aware of the external pathways available to them if matters were not resolved to their satisfaction. Staff explained how they would refer consumers to advocacy and language services as required, to assist consumers with providing feedback and complaints.

Management and staff described the service’s complaint resolution process, including acknowledgement of the complaint, escalation and investigation. Staff explained what open disclosure meant to them, and how they applied it in practice. A review of the complaints register confirmed the service took appropriate and timely action to resolve matters, and applied an open disclosure process. Management provided examples of how feedback and complaints were used to improve the quality of care and services, which aligned with consumer feedback and review of the complaints register.

## 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, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of staff rosters, training records and performance reviews.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised they received care and services from staff who were knowledgeable, capable and caring and they felt confident the workforce was appropriately staffed.

The service had an appropriate mix of staff to deliver safe and quality care and services, as validated against staff rosters, daily staff allocations and consumer and staff feedback. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Staff were supported to perform their roles through policies and procedures, and staff training. Staff described how care was tailored for each consumer and considered their identity, culture and diversity.

The service demonstrated that its workforce was appropriately qualified and had the right knowledge to effectively perform their roles, and deliver outcomes required by these standards. All new staff must meet the minimum qualification and registration requirements for their role, and have a criminal history check completed.

Staff were required to complete annual mandatory training and competency assessments, that covered topics such as:

* manual handling
* fire and evacuation training
* infection control practices
* food safety
* privacy and dignity
* hand hygiene and manual handling
* medication management for nurses
* elder abuse reporting
* restrictive practice
* Serious Incident Response Scheme incident management requirements.

Review of the service’s training and education register confirmed that staff completed mandatory training modules, including COVID-19 and infection control, Serious Incident Response Scheme requirements and restrictive practices.

The service monitored staff performance through probationary and annual performance reviews, and through consumer and representative feedback. In addition, the service reviewed and analysed internal audit and clinical data to monitor staff practice and competencies.

## 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, informed by the evidence from the Assessment Team such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management.
* Review of staff rosters, training records and performance reviews.
* The service’s policies and procedures, for example the service’s clinical governance framework.
* Observations during the site audit.
* Review of the service’s customer satisfaction survey.

The service submitted a written response to the Assessment Team’s site audit report, and included further information specific to this standard, such as the service’s resident handbook, and example of a behaviour support plan, and dignity of risk assessments.

Overall, sampled consumers and their representatives reported the service was well run, and input from consumers and representatives was used to improve care and service delivery. Review of meeting minutes confirmed consumers were involved in the development, delivery and evaluation of care.

The service’s governing body promoted a culture of safe, inclusive and quality care and services, and was accountable for delivery and continuous improvement initiatives. The service’s governing body had access to the following information and data:

* reportable and notifiable incidents
* the infection register
* key performance indicators
* audit findings
* complaints and feedback
* monthly clinical indicators.

Based on the evidence collated by the Assessment Team, the service demonstrated that its governance system ensured:

* Information could easily be shared and accessed regarding consumer care and staff communication.
* Responses to feedback, suggestions and complaints were incorporated into initiatives for continuous improvement.
* Risk was appropriately considered and reviewed, in keeping with the requirements under the Quality Standards and regulatory compliance against legislation.
* The service’s COVID-19 response was informed by up-to-date knowledge of COVID-19 risks, and development of protection strategies.
* Financial accountability.
* Clear assignment of workforce responsibilities.

The service had an effective risk management system to ensure high impact or high prevalence risks associated with the care of consumers were appropriately considered, monitored and addressed. Established policies and procedures guided staff in the review and monitoring of risk, relating to care planning, incident management, serious incident reporting and interpretation of clinical data.

Review of the service’s clinical governance framework confirmed that appropriate processes and risk mitigation strategies were in place for antimicrobial stewardship and infection minimisation. The service demonstrated regulatory compliance with restrictive practices, and processes for the minimisation of restraint. Staff were able to explain in a practical way what antimicrobial stewardship, the minimisation of restraint and open disclosure meant to them, and how it applied to their roles.

## 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.