Arcare Eight Mile Plains

Performance Report

549 Warrigal Road   
EIGHT MILE PLAINS QLD 4113  
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**Commission ID:** 5353

**Provider name:** K & M Healthcare Pty Ltd

**Site Assessment date:** 5 January 2021 to 7 January 2021

**Date of Performance Report:** 9 February 2021

# 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 Assessment; the Site Assessment 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 Assessment report received on 2 February 2021.

# 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

Consumers and representatives interviewed by the Assessment Team said the staff were kind and treated them with dignity and respect. The consumers said they were able to maintain their identity, make informed choices about their care and services and live the life they chose. They said they were supported to maintain relationships. Consumers and representatives said they were provided with information to help them exercise choice in how care was provided, what activities they were involved in, what food they liked to eat and what they liked to drink. Consumers from culturally and linguistically diverse backgrounds said their culture was respected. Consumers said their personal privacy was respected and their personal information was kept confidential.

The service had policies and procedures in place to guide staff in their engagement with consumers, including treating consumers with dignity and respect and acknowledging consumers’ cultural, social and religious backgrounds. Staff were able to describe cultural, religious and personal preferences for consumers. Staff appeared to be familiar with consumers’ life histories and they demonstrated an understanding of consumers’ individual preferences.

The Assessment Team sighted copies of the Charter of Aged Care Rights displayed throughout the service and copies of the Charter of Aged Care Rights signed by the consumers or their representatives in consumers’ files.

Lifestyle staff advised that information relating to consumers’ religious, spiritual and cultural needs and personal preferences was recorded when a consumer entered the service.

Catering staff advised that the service offered two different meal service times for breakfast, lunch and dinner. Consumers were able to choose which dining room they attended and which time slot suited them.

The organisation had a Dignity of Risk policy which guided management and staff in supporting consumers to live the best life they could.

Care planning documentation evidenced that risk assessments were conducted and strategies to enable consumers to live the life they chose were documented.

Representatives said they were kept well informed by the service through newsletters and regular emails from management. Staff described the strategies they used to provide information to consumers from culturally and linguistically diverse backgrounds or who have sensory, hearing or cognitive impairments.

Menus, activity schedules and other notices were sighted by the Assessment Team throughout the service to communicate current information to consumers and representatives.

The service demonstrated that consumers’ privacy was respected and information was kept confidential. The service had a suite of policies and procedures outlining privacy and confidentiality requirements. The electronic consumer information management system was password protected. Documentation evidenced that staff were trained on privacy and confidentiality during their orientation to the service.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 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

Consumers and representatives said they were involved in initial assessments and in ongoing planning of consumer care. They said they were informed about the outcomes of assessment and planning and could have access to the consumer’s care and services plan if they wished. They said consumers’ care and services were reviewed regularly or when the consumer’s circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

Consumers and representatives expressed satisfaction with the assessment and care planning processes and the care and services consumers received. They said the service involved medical officers and other allied health professionals in the assessment process when required, including physiotherapy, podiatry, speech pathology, dementia specialist care service and dietetics. Consumers said they had either expressed their end of life wishes or had not wished to discuss such matters.

The Assessment Team reviewed assessment and care planning documentation for consumers and identified that initial reviews were completed by registered nurses and were conducted regularly with the involvement of consumers and their representatives. Assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences. The consumers’ files demonstrated that the service undertook comprehensive assessment and care planning when consumers entered the service to identify their needs, goals and preferences and the interventions to manage personal or clinical risks. Care planning documents reflected the involvement of consumers and representatives, medical officers and other health professionals in assessment and care planning. Care planning documents included advance care planning and end of life wishes.

The organisation had policies and procedures covering assessment and care planning available for staff on the electronic information system and in hard copy. A suite of evidence-based assessment tools was also available for staff. Staff said they had been provided with relevant training, coaching and mentoring on care consultation and the care plan review process.

Staff said changes in a consumer’s condition may initiate a reassessment by a medical officer or allied health professional. The service had procedures to guide the referral process to relevant health professionals and to guide sharing of information about consumers. The Assessment Team observed treatment directives from allied health specialists had been uploaded on to the service’s electronic consumer records.

The Assessment Team found care and service plans were relevant to the consumer’s needs and included, but were not limited to, pain management, skin integrity, behaviour management, restraint, nutrition, hydration and mobility.

The outcomes of assessment and planning were documented in care plans, case consultation records and progress notes and these records were accessible to staff and visiting health professionals in the electronic records system.

Care plans evidenced review and amendments to plans following incidents. Staff advised they were aware of their responsibility to report and escalate incidents and report any changes in a consumer’s condition, needs or preferences which may prompt a reassessment.

Staff were aware of the three-monthly consumer review process and the requirement for more frequent reviews if changes occurred in a consumer’s condition.

The service monitored and identified trends in clinical indicators including, but not limited to, skin integrity, falls and pressure injuries.

The Approved Provider submitted Continuous Improvement actions in its response 2 February 2021 to evidence improvement to the service’s assessment and planning processes.

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

## Assessment of Standard 2 Requirements

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

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

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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

Consumers said they received care that was safe and right for them and met their needs and preferences.

Consumers and representatives gave various examples of how staff ensured the care provided to consumers was right for them, including discussing alternative care options.

Consumers and representatives said consumers were referred to medical officers or other health professionals to address their changing personal or clinical care needs. They said the referrals were promptly made and they were satisfied with the care delivered by those to whom the consumer had been referred. The consumers and representatives expressed confidence that when the consumer needed end of life care, the service would support them to be as free as possible from pain and to have the company of people important to them.

The service was able to demonstrate that each consumer received safe and effective person and clinical care that was best practice, tailored to meet the individual consumers needs and optimised their health and well-being.

Care plans demonstrated the delivery of safe and effective care and the involvement of other health professionals.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff also identified the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

The organisation had policies, procedures and tools in place to support the delivery of care including in relation to restraint, pressure injury prevention and management, and pain management. Audits were conducted to monitor performance and clinical data was analysed monthly. Clinical indicators were used to identify improvements in the delivery of consumer care.

No consumers were prescribed psychotropic medication as a chemical restraint at the time of the Site Audit. The care planning documents of consumers who had physical restraints contained medical officer directions justifying the use of a restraint, informed consent from the consumer or their representative, and monitoring and evaluation of restraints by registered nurses.

Skin integrity and wound care guidelines and procedures were available to staff which provided an evidence-based approach to wound management. Wound management documentation established that consumers’ wounds were monitored and all wounds were attended, reviewed and documented by registered nurses.

The Assessment Team reviewed care documentation and identified that skin integrity related care was safe, effective and tailored to the consumer’s needs. The service had engaged a specialist wound clinician to assist with the management of wounds where necessary.

The Assessment Team reviewed documentation of consumers with pain management needs and identified pain-related care was safe, effective and tailored to the needs and preferences of the consumers. The service’s pain management procedures included information on non-pharmacological and pharmacological pain management strategies.

Care documentation described the key risks for consumers, including falls, self-medicating, swallowing, behaviour and pain. Care documentation for consumers at risk of falls included directives relating to manual handling and referrals to a physiotherapist.

The organisation had a risk management framework that guided how risk was identified, managed and recorded. Policies were available to all staff on high-impact or high-prevalence risks associated with the care of consumers. A documentation system was used to record high-impact and high-prevalence clinical and personal risks for consumers. Clinical incidents were recorded on the service’s risk management system and the data was included in monthly clinical indicator reports.

Staff were guided by the service’s policies relating to end of life care. A registered staff member was available on site 24 hours a day to support staff and monitor care delivery for consumers nearing end of life.

The service was able to demonstrate changes in a consumer’s capacity or condition was recognised and responded to in a timely manner. Care staff were able to explain the process for identifying and reporting changes or a deterioration in a consumer’s condition to registered nurses. Staff were guided by a policy and procedures that supported staff to recognise and respond to a deterioration or changes in a consumer’s condition. Registered nurses said they notified the consumer’s medical officer and their representatives if they identified a change in a consumer’s condition or if there was a clinical incident.

Staff, medical officers and allied health providers had access to electronic consumer files to support care. Consumer files demonstrated input from others was sought and their recommendations were incorporated into care plans. The Assessment Team noted information and recommendations from other providers of care and services were consistently recorded in consumer electronic clinical files.

The service had policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff described to the Assessment Team how infection related risks were minimised. All staff had received the influenza vaccination for 2020. Staff have received education and training in relation to infection control and COVID-19, including handwashing, sneeze and cough etiquette and the correct use of personal protective equipment.

The organisation has documented policies and procedures relating to antimicrobial stewardship and staff have been provided with education on antimicrobial stewardship.

The organisation has adopted the infection control guidelines from the Communicable Diseases Network Australia for the management of a potential COVID-19 outbreak.

The Assessment Team observed hand hygiene facilities throughout the service and the availability of personal protective equipment.

The service worked with officers from the Public Health Unit who provided advice, support and direction in relation to infection control and the management of potential infection outbreaks at the service.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 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

Consumers said they felt supported by the service to do the things of interest to them and to maintain social and emotional connections with people that were important to them. They felt supported to participate in their community, both within and outside the service. Consumers said that staff assisted them to be as independent as possible in activities of daily living.

Consumers interviewed provided positive feedback about the food served and said it was of adequate quantity, quality and variety.

Staff advised that menus were displayed in dining areas on televisions with two meal options available to consumers. If the consumer did not like a meal, they were offered an alternative. Management advised that a ‘Food Satisfaction Survey’ was completed every six months. The Assessment Team observed meal evaluation forms available on all dining tables throughout the service and noted that consumers were given the opportunity to provide feedback on meals at Residents and Relatives Meetings.

Kitchen staff demonstrated an awareness of consumers’ specific dietary needs and preferences, including allergies and modified textures. Catering staff said that they received up-to-date information relating to the preferences and dietary requirements for consumers.

Consumers said that they could seek support from pastoral care or the service’s social worker. Most consumers indicated they would call their family or friends for comfort and support and said the service supported them to do this. The service’s social worker offered emotional support to new consumers adjusting to residential aged care and supporting consumers with grief and loss, depression, anxiety and mood disorders. The social worker also worked with the families of consumers receiving palliative care.

Care planning documentation contained detailed information on activities of interest to consumers and information on relationships the consumers wished to maintain. The documentation also contained information about consumers’ emotional and spiritual or psychological well-being and how they could be supported by staff.

The Lifestyle Coordinator provided examples of the ways the service supported consumers to participate in the community and keep in touch with the people important to them. Consumers were supported to make phone calls, send emails and connect with family and friends via Skype, FaceTime or by using the organisation’s electronic application. During COVID-19, the service also facilitated window visits for consumers and families.

Consumers were provided with taxi cards to assist them to independently attend activities or appointments in the community.

A review of the activities program demonstrated consumers could participate in a range of social events. The activities program was regularly reviewed and revised. The Lifestyle Coordinator met with the National Disability Insurance Scheme Case Manager on a regular basis to ensure consumers’ goals of care were aligned.

The service demonstrated that relevant information was communicated within the organisation and with others involved in care and services. Consumers and representatives were satisfied that information about their needs and preferences was communicated appropriately. The Assessment Team reviewed meeting minutes that confirmed information was shared within the organisation, and with others where responsibility for care was shared.

The Assessment Team observed equipment used to provide and support lifestyle services was safe, suitable, clean and well-maintained. Equipment to assist consumers with their independence and mobility, such as walkers and wheelchairs, was accessible, clean and sufficient to meet consumers’ needs. Equipment used to provide laundry, cleaning and catering was clean and functional.

Staff interviewed said they had access to the equipment they needed and the equipment was maintained. The service conducted regular inspections of all equipment to ensure operational integrity and safety. Auditing activities monitored cleanliness and the condition of equipment used at the service.

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

## Assessment of Standard 4 Requirements

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

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

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

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

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

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

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

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

# STANDARD 5 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

Consumers and representatives said they felt safe and comfortable at the service and the service was clean and well-maintained. They had access to a call bell to alert staff if they needed assistance and staff responded promptly to the calls for assistance.

The service environment was observed to be clean, well-maintained and suitable for consumers. The service environment appeared safe.

A General Service Manager said the service had an online maintenance program to ensure regular maintenance and inspections occurred. The service also had a maintenance request process. A Maintenance coordinator manages the maintenance program and requests for maintenance and supervises maintenance contractors when they are on site. Maintenance records evidenced that repairs were up-to-date.

Care staff said they had access to equipment such as lifters and sensor mats. Laundry staff said there were prompt responses to maintenance requests when issues with the washing machines or dryers were identified.

The service has a call bell system for consumers and a closed-circuit television system to provide ongoing safety monitoring.

Equipment such as lifters had service stickers that indicated servicing was up-to-date.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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

Consumers and representatives said they feel encouraged and supported to provide feedback about care and services. Consumers and representatives who had previously raised concerns said they were satisfied with the service’s response and felt confident that if there were any issues in the future, they would be promptly resolved by the service.

Care staff said that if they received a complaint they would attempt to address the concern in the first instance or assist the consumer to complete a feedback form if required. Feedback could also be provided at Resident and Relative Meetings. There were meal evaluation forms on all dining tables. Management advised that the service also conducted periodic consumer surveys.

New entry packs contained an ‘Information Guide’ that included information on how to raise a complaint as well as information on the Aged Care Quality and Safety Commission and contact details for Older Persons Advocacy Network.

The minutes of Resident and Relative Meetings evidenced that consumers were encouraged and supported to provide feedback and raise issues or concerns.

The service was guided by a complaints management policy and procedure that specified the process for managing compliments, complaints and suggestions. The service has provided training on Open Disclosure to staff and staff demonstrated an understanding of Open Disclosure. Systems, policies and work instructions were in place to identify when things go wrong and a policy on open disclosure guided staff on how the organisation expected them to operate and behave with regards to open disclosure. Records demonstrated that the service’s management responded appropriately to complaints and practiced open disclosure.

Hard copy feedback forms and locked suggestion boxes were available throughout the service. Management said the boxes were checked regularly and all feedback was entered in an electronic spreadsheet for actioning.

The organisation had up-to-date brochures on advocacy services and the Aged Care Quality and Safety Commission available at the service. Brochures advising how to raise concerns or complaints were available in several different languages.

Management provided examples of how feedback received from consumers and representatives led to improvements in care and services.

The Assessment Team reviewed the service's Continuous Improvement Plan and noted it reflected feedback provided.

The Approved Provider submitted Continuous Improvement actions in its response 2 February 2021 to evidence improvement to the service’s feedback and complaints processes.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

Consumers interviewed considered that they received quality care and services when they needed them from staff who were knowledgeable, capable and caring. Consumers and representatives interviewed confirmed that there were enough clinical, care and support staff to meet their needs and preferences. Consumers and representatives said there were minimal delays in staff responding to call bells or requests for assistance.

Staff said there were enough staff and there was enough time to complete their assigned tasks.

The service’s master roster was monitored by management and adjustments were made as required to meet changes in consumers’ needs. The roster was based on occupancy levels, special events, specific care needs and the mix of consumers.

The minutes of management meetings evidenced that information about sick leave, agency use, consumer satisfaction, call bell data and complaints was reviewed each month. Review of records identified call bell response times of greater than eight minutes were identified, reported and reviewed monthly by management.

Management said the service had a staffing model that assigned the same staff to consumers to provide consumers with consistency in care staff. Management said they use consumer and representative feedback through complaints and surveys to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisation’s expectations.

The service has implemented effective processes to recruit, train and monitor the performance of staff.

Management said the qualifications and knowledge requirements of each role were documented in position descriptions. Position descriptions indicated that all staff must have a current police certificate and influenza vaccination record, registered nurses must maintain their registration, and care staff must have a minimum qualification of a Certificate III in aged care. There were processes to monitor the qualifications and registrations of staff.

The competence of staff was monitored through feedback from consumers and representatives, through audits and surveys and through regular reviews of clinical records and care delivery.

There were policies and work instructions to guide management in the recruitment of staff. New staff completed an orientation that included formal training and on the job training. A ‘buddy’ staff member was assigned to new staff to assist in the training process.

The service had a comprehensive training program that included numerous training modules that were compulsory for all staff. Compulsory training included training on privacy and dignity, cultural diversity, compulsory reporting, incident management and infection control, including COVID-19 precautions. Staff were also supported to complete non-compulsory training.

Training needs of staff were identified through feedback from consumers and representatives, audit results, evaluation forms, performance reviews, clinical indicators and changes in industry legislation.

The service was implementing a new performance development and management framework and policy that included monthly, three-monthly and annual performance discussions between staff and their direct supervisors or managers.

The Approved Provider submitted Continuous Improvement actions in its response of 2 February 2021 to evidence improvement in the service’s performance processes.

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

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

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

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

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

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

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

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

# STANDARD 8 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

Consumers and representatives considered that the organisation was well run and they could partner with the service in improving the delivery of care and services. Consumers said they were supported to engage in the development and evaluation of care and services. Consumers were invited to participate in staff interview panels. Consumer representatives have been invited to participate in a review of the client handbook.

The results of satisfaction surveys, a monthly clinical indicator report and outcomes of consumer audits were forwarded to the Clinical Governance Committee.

Policies, procedures and work instructions were developed to promote the organisation’s culture of safety, quality and inclusion.

The organisation’s governing body consists of a Board, an Executive leadership team and a Clinical Governance Committee. Communication between the governing body and the service appeared to be effective.

Serious incidents were escalated and discussed at meetings of the Clinical Governance Committee. Committee meetings had standing agendas that included a review of the performance of the service. The minutes of recent meetings of the Clinical Governance Committee evidenced a review consumer feedback and complaints, clinical data and compulsory reports, audit reports, the suitability of furniture and equipment, and the organisation’s participation with external organisations in relation to, for example, antimicrobial stewardship.

Management demonstrated that the organisation had effective organisation wide governance systems. Staff were satisfied they had access to the information they needed to carry out their roles. The Assessment Team established that the clinical documentation was accurate and up-to-date.

The organisation had a continuous improvement system that identified improvement opportunities, linked issues to the relevant Requirements of the Quality Standards, detailed actions to address issues and assigned actions to relevant staff and evaluated the outcomes of improvement actions.

Management advised that they had authority to expend additional funds to meet the needs of consumers. The organisation had policies and procedures to ensure the workforce was managed in accordance with regulatory requirements. Human resource expertise was available at the organisational level to assist service managers with workforce issues. Position descriptions established the responsibilities and accountabilities of staff.

Management said the organisation used an online legislation update service to ensure it was informed of changes in aged care law and regulations. There was a process to communicate changes to relevant staff of the service. Staff have received additional training when required, such as infection control associated with COVID-19. Regulatory compliance is a standing agenda item at meetings.

The organisation had policies and procedures to guide management and staff in compulsory reporting and restraint management.

The Assessment Team noted that the service had systems to ensure that all staff and volunteers had a current police certificate and all staff were vaccinated against influenza.

The organisation’s governance systems ensured that information from feedback and complaints was reviewed at both the service level and organisational level. Management demonstrated that they have implemented effective risk management systems to manage high-impact and high-prevalence risks associated with the care of consumers and the identification and response to abuse and neglect of consumers.

The organisation’s training program includes topics relating to risks such as falls, wandering behaviour, diabetes, weight loss, fire and emergencies, outbreak management, pressure area care and tube feeding.

Staff were aware of the services’ risk management strategies and were able to provide examples of the relevance of these strategies to their work.

The organisation has implemented a clinical governance framework that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure.

Management and staff have had training in relation to these policies. Antimicrobial Stewardship has been added as a standing agenda item at Clinical Governance Committee meetings and meetings of the Medication Advisory Committee and the Monthly Management System meeting.

An updated policy and procedure and restraint authorisation records were in place to ensure ongoing compliance with legislation relating to minimising use of restraint. The service worked with medical officers and specialists to actively reduce the use of chemical restraint. The service has implemented an updated restraint assessment and care plan. Regular reports were provided to the Clinical Governance Committee about restraint use at the service.

The organisation has a policy and a work instruction to guide management and staff on how the organisation expects them to operate in an open disclosure environment.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### 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.