Arcare North Lakes

Performance Report

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**Commission ID:** 5587

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 5 October 2021 to 8 October 2021

**Date of Performance Report:** 08 November 2021

# Performance report prepared by

Kimberley Reed, 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 01 November 2021
* other information and intelligence held by the Commission in relation to the 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation for alignment with the feedback from consumers and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and representatives confirmed that consumers were encouraged to do things for themselves and that staff knew what was important to them. Consumers provided examples of matters of importance to them, acknowledged staff awareness and staff response to support their lifestyle choices, preferences and decisions. Consumers and representatives indicated consumers were supported to take risks to enable them to live the best life they could.

Consumers and representatives confirmed consumers’ personal privacy was respected and said staff practices and interactions remained respectful through provision of care and services. Consumers described ways in which staff respected their privacy for the provision of cares including knocking prior to entry to the room, addressing them by their preferred name and ensuring their dignity when providing personal cares.

Consumers confirmed they received information detailing the care and services available to them when they entered the service. Consumers advised they were provided with information to assist them in making choices about their daily care and lifestyle choices, such as activity calendars, announcements, meal presentation, noticeboards, meetings and by visits from staff. Consumers advised they received newsletters, meeting minutes and information about the service and organisation.

Interviews with staff and review of care planning documents demonstrated, relevant information was collected and shared to support consumers’ choice and their decisions were respected and shared with relevant care and service staff. Consumers’ relationships were acknowledged and supported; consultation occurred to ensure staff awareness of matters of importance to the consumer, to support the consumer to live their best life. Staff described how consumers’ culture influenced how they delivered care and services day to day such as respecting consumers who prefer to keep their doors closed for privacy or prefer male/female care staff for personal cares. Staff demonstrated an understanding of reporting non-respectful behaviours of other staff to management.

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 confident*

# 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Consumers and representatives felt like partners in the planning of their care and services. They confirmed their involvement in the initial assessment and ongoing care plan review processes which included medical officers and other health professionals as required. Consumers were provided with information about their assessed care needs, had a copy of the care and service plan or could access a copy if they wanted.

Registered staff described the consumer assessment and care plan review process, and the process for referral to other health and allied health professionals. Registered staff informed consumers’ representatives when there was a change in a consumer’s health or well-being status and discussed any changes to care and updated care plans as required.

Care staff were aware of their responsibility in relation to the incident reporting and escalation, and reporting changes in consumers’ condition, needs or preferences and how this may prompt a reassessment. Care staff could access consumer care plans on the electronic care management system and were updated on consumers’ care needs during handover, message boards or alerts in the care system.

Consumers’ care planning documentation was individualised; including identified needs, goals and preferences; and included specific risks to each consumer’s health and well-being, such as falls, pain and skin integrity. Registered staff completed initial assessments on entry to the service and identified consumers' needs, choices and preferences. Consumers’ needs were reviewed three-monthly and when changes occur. Consumers and their representatives, medical officers, allied and other health professionals were involved where necessary during assessments and planning processes.

Advance care planning and end of life planning information was discussed with consumers and representatives on entry to the service; when the consumer wished, during review of consumer care plans and as consumers’ care needs changed.

Outcomes of assessment and planning were documented in a care and services plan that guided staff in the delivery of care and services and was available to consumers/representatives, staff and visiting health professionals.

The service’s electronic care management system contained validated clinical assessment tools and clinical guidelines, policies and procedures were available to guide staff in their practice including for palliative care and advance care planning.

The service monitored and analysed trends from clinical indicators including but not limited to, skin integrity, falls and pressure injuries which was reviewed monthly and was reported at an organisational level.

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 NON-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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

The service did not follow best practise processes to identify, manage, monitor and review the use of restrictive practices. The management of high impact or high prevalence risks for consumers including risks related to management of catheters, weight loss and diabetes was not effective.

While the service does not comply with two Requirements in this Standard, including consumers not receiving safe and effective clinical care, consumers provided positive feedback in relation to personal and clinical care delivery including their preferences being effectively communicated.

Care documentation evidenced staff identified, communicated and responded to a deterioration or changes in a consumer’s condition or health status resulting in referrals to and input from, a range of medical officers, specialists and allied health professionals such as speech pathologists and physiotherapists. However, the high impact and high prevalence risk for four consumers requiring catheter care, diabetes management and weight monitoring were not effectively managed.

Staff demonstrated knowledge of individual consumer’s needs and preferences including risks associated with consumers’ personal and clinical care such as falls, compromised skin integrity, pain or challenging behaviours and described strategies to manage or minimise those risks. However, staff did not identify the risks involved with restrictive practice

The service had policies and procedures to ensure palliative or end of life care was delivered in accordance with consumers’ documented preferences and wishes. The service had clinical staff to support and maximise the physical comfort of consumers approaching the end of life with access to specialist palliative care support services available if required. Care documentation supported palliative care was delivered in accordance with the consumers wishes.

While the management of high impact or high prevalence risks for consumers related to management of catheters, weight loss and diabetes was not effective, other risks to consumers such as pain, skin integrity concerns, falls, behaviour, medication and infection where managed appropriately.

Organisational policies and procedures provided guidance to staff in the delivery of personal and clinical care in line with best practice, including for falls management, maintaining skin integrity, management of pain and recognising deterioration. However, best practice guidelines were not followed in relation to restrictive practices.

Handover of consumer information was observed and included changes in care or dietary needs, referrals to or visits by Medical officers and any incidents that had occurred. Information on infection control was displayed throughout the service with personal protective equipment and hand sanitiser was readily available. Staff described strategies implemented, such as pre-entry screening, annual influenza vaccinations, handwashing, social distancing and use of personal protective equipment to reduce infection related transmission risks. Care and clinical staff demonstrated knowledge of the strategies implemented to minimise the use of antibiotics and these reflected antimicrobial stewardship policy requirements. The service had policies, procedures and plans to prevent or manage an infectious outbreak and infection rates were monitored through monthly clinical indicator reports.

The Quality Standard is assessed as Non-compliant as two of the seven specific Requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

Processes to identify, manage, monitor and review the use of restrictive practices were not effective, and therefore consumers are not receiving clinical care that is best practice.

Consumers requiring environmental restraint did not have documentation to support authorisations had been sought.

The site audit report contained information that six restraint authorisation forms had not been signed by the consumers’ nominated decision maker to demonstrate consent had been discussed and sought with the consumer and their representative prior to the consumer entering a secured environment. This is not in accordance with the Quality of Care Principles 2014, Section 15F (1) (e) which states the approved provider has the informed consent of the consumer or the consumer’s representative to the use of the restraint, unless the use of the restraint is necessary in an emergency.

The Approved provider in its written response to the site audit report has completed a full review of all consumers who reside in the service’s secure unit to ensure consents and assessments are completed. This process in ongoing and has not been completed for all consumers who reside in the secure unit. While I acknowledge the actions the Approved provider has commenced in relation to deficits regarding this Requirement, these processes were not in place at the time of the Site audit and have not been completed and will require additional time for these processes to be implemented and tested for their effectiveness

Consumers requiring psychotropic medication constituting chemical restraint had not been identified through the service’s monitoring tool and therefore consent and authorisation had not been sought.

Two consumers receiving psychotropic medication to manage their behaviours were not identified as being chemically restrained and therefore did not have the relevant consent and authority. One of the named consumers received medication identified as chemical restraint on five occasions during a three-day period on October 2021. Documentation does not support alternate strategies were trialled prior to the use of the chemical restraint. This is not in accordance with the Quality of Care Principles 2014, Section 15G (I) An approved provider must not use a chemical restraint in relation to as consumer unless: (a) a medical practitioner or nurse practitioner has assessed the consumer as requiring the restraint and has prescribed the medication the use of which is or is involved in the restraint.

The Approved provider in its written response to the site audit report has completed a full review of all consumers prescribed psychotropic medication utilising a clinical pharmacist. Comprehensive clinical and medication reviews have been completed by medical officers resulting in appropriate diagnosis being documented and the deprescribing of medication for some consumers. While I acknowledge the actions the Approved provider has completed in relation to deficits regarding this Requirement, these processes were not in place at the time of the Site audit and will require additional time for these processes to be tested for their effectiveness.

In making my decision of Non-compliance in this Requirement, I have considered the positive feedback recorded in the site audit report for consumers and their representatives in relation to the provision of clinical care. However, I am concerned deficits in the service’s processes relating to restrictive practices puts consumers at risk of being restrained physically and chemically without authorisation or consent.

### Requirement 3(3)(b) Non-compliant

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

Consumers with high impact or high prevalence risks including catheter care, weight and diabetes management have not been effectively managed.

Consumers requiring catheter care have not received prescribed care in accordance with medical officer directives. Two named consumers named in the site audit report had incorrect sizes of urinary catheters inserted. For one of these consumers this resulted in the consumer experiencing eleven catheter changes between 25 June 2021 and 05 October 2021, which was not in accordance to the frequency schedule set by the Medical officer and exposed the consumer to increased infection risks. For the second named consumer a Medical officer directive was not followed in relation to not reinserting the catheter if problems persisted. The consumer had three subsequent catheters inserted following the Medical officer’s directive, this exposed the consumer to the discomfort of catheter insertion and risk of infection through the invasive procedure.

The Approved provider in its written response to the site audit report has identified consumers requiring catheter care and have reviewed and updated their care plans to reflect medical officer instructions. Directions, policy and work instructions regarding catheter management have been sent to clinical staff. Education has been provided to staff including catheter care. While I acknowledge the actions taken by the Approved provider may improve the high impact risk for consumers requiring catheter care in the future, consumers with catheters were not effectively managed at the time of the site audit.

The high impact risk of weight loss has not been managed effectively for one named consumer. Information contained in the Site audit report related to the consumer experiencing a weight loss of 8 kilograms without referral to the Medical officer or dietitian.

The Approved provider has responded to this information and has stated ongoing weight monitoring will occur weekly and actions will be taken to address any identified weight loss.

Diabetes management for one named consumer was not effectively managed, including a lack of directives for the management of high blood glucose readings for the consumer. The consumer experienced a high blood glucose reading, on 02 September 2021, outside parameters set by the consumer’s medical officer for notification, and there is a lack of evidence to support the consumer’s medical officer was notified or the consumer was provided with remedial actions to lower their blood glucose readings.

The Approved provider in its written response has noted the named consumer was reviewed by their medical officer and their reportable parameters for blood glucose readings have been changed. This action does not address the lack of notification to the consumer’s medical officer, or the lack of remedial actions documented to lower the consumer’s blood glucose level. I do note however that education has been provided to staff in relation to diabetes management.

To monitor the management of high-impact or high prevalent risks, the service utilised the regular review of care plans, this process was ineffective in identifying staff were not following directions in care plans, referrals had not been made when required or there was insufficient guidance to staff on response to high impact risks.

In making my decision of Non-compliance in this Requirement, I have considered the actions taken by the Approved provider in relation to deficits regarding the management of high impact or high prevalence risks, these processes were not in place at the time of the Site audit and will require additional time for these processes to be tested for their effectiveness.

### 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service, and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers and representatives confirmed consumers were supported by the service to undertake lifestyle activities of interest to them and maintain social and emotional connections with those people who were important to them.

Services and supports for daily living promoted each consumer’s emotional, spiritual and psychological well-being. Review of the lifestyle activity calendars confirmed there were a variety of activities offered to meet the different needs and preferences of consumers. Consumers were observed to be engaged in a variety of group and individual activities. Consumers advised they enjoyed the food offered and it was of suitable variety, quality and quantity.

Care documentation for consumers provides adequate information to support safe and effective care as it related to services and supports for daily living. Consumers who received additional lifestyle support privately, or from volunteers, had this documented in their care planning. Lifestyle staff described how the service engaged with external organisations to supplement the lifestyle activities offered within the service.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives confirmed the service environment was welcoming. Consumers described and were observed during the site audit accessing activities in different areas of the service, including outdoor areas.

Consumers and representatives stated the service was safe, clean and well maintained and they could move freely indoors and outdoors when they chose to. Consumers confirmed they could decorate and individualise their rooms as they wished.

Equipment was observed to be clean, well maintained and appropriate to consumer needs. The service environment had several lifestyle features such as activity rooms, café, theatre, courtyards, cats and fish tanks.

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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers were encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives were aware of the various avenues to raise concerns or complaints; and felt comfortable providing feedback and felt safe to do so.

Consumers and representatives who had raised complaints or concerns said their feedback was acknowledged and changes were implemented in response to their feedback; they said management and relevant staff had apologised and that care and services had improved following their feedback. Consumers and representatives were familiar with feedback and complaints processes and were aware the service had information brochures located in reception, providing the contact details of external support services, including advocacy services.

Staff confirmed if a consumer raised a concern, they attempted to address if within the scope of their role and if not, they escalated the concern to management. Staff provided consumers with a feedback form and assisted them to complete and submit when required.

The feedback and complaints register demonstrated consumer suggestions and complaints were recorded along with the actions taken to address the complaint. The Plan for Continuous Improvement reflected improvements were made in response to feedback received.

An organisational process was in place to govern feedback and complaints processes. Management were responsible for all investigations and actions in relation to feedback received which were logged electronically and reviewed at an organisational level. Management understood the concept of open disclosure, and evidenced they apologised in the event consumers raised concerns or made a complaint or something went wrong

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

To understand the consumer’s experience and if the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers received quality care and services when required from people who were knowledgeable, capable and caring. Consumers confirmed staff were kind and respectful of their identity, culture and diversity. Consumers provided examples of what this meant to them including being able to participate in events of cultural significance. Consumers advised there were sufficient staff to support care and services and stated they had confidence staff knew what they were doing.

Observations of interactions between management, staff, and consumers and representatives demonstrated a kind, caring and respectful approach. Staff rosters and allocation records were reviewed to ensure there were sufficient staff to meet the care and service needs of consumers. Staff confirmed they had enough time to deliver care and services that met consumers’ care and service needs and preferences.

Systems were in place to identify training needs, provide education to staff and monitor staff performance. Training records demonstrated staff had been trained in restrictive practice requirements, infection prevention and control, including COVID-19, and the introduction of the Serious incident response scheme. While training had occurred for staff in relation to restrictive practices, deficiencies have been identified in Standard 3 in relation to restraint management. Staff were competent and qualified to perform their roles, including the nominated Infection prevention and control lead who was completing the required training.

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

To understand if the organisation understood and applied the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services as assessed through other Standards.

Consumers considered that the service was well run and that they could partner in improving the delivery of care and services. Consumers stated they were invited to participate in consumer meetings and surveys on care and services and whether there was anything that could be improved. Consumers and representatives confirmed the service communicated with them regularly and they were kept informed of any changes that may impact on the delivery of care and services.

The organisation’s governing body implemented processes to ensure they promoted a culture of inclusive, quality and safe care and services and were accountable for their delivery. While the organisation promotes a culture of safe care and services, deficiencies have been identified in relation to the provision of safe and effective clinical care and the management of high-impact and high-prevalence risks.

The service implemented effective governance systems relating to the improvement of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Risk management systems and practices had been implemented by the organisation and a process was established to monitor and ensure their effectiveness. The service had governance systems and risk management systems and practices that were supported by a clinical governance framework. While governance systems were supported by a clinical governance framework, this framework did not effectively identify deficits in Standard 3 as evidenced in the Site audit report.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Consumers are to receive clinical care in line with best practice guidelines including in relation to the management of restrictive practices.
* Consumers with high impact or high prevalence risks including catheter care, weight and diabetes management must be effectively managed.