Arcare Parkwood

Performance Report

2 Woodlands Way   
PARKWOOD QLD 4214  
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**Commission ID:** 5440

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 19 January 2021 to 21 January 2021

**Date of Performance Report:** 26 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Infection Control Monitoring Checklist completed during the Site Audit.

# 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 said the consumers are valued by staff and are treated with respect and dignity. Consumers made comments including staff listen to them, are courteous, kind and considerate when delivering care.

Consumers and their representatives provided examples of how their independence was promoted and said staff delivered care that was respectful of the consumers’ cultural, spiritual and sexual preferences. Staff could describe the actions they would take if they observed a staff member treating a consumer disrespectfully.

Lifestyle staff advised information about a consumer’s social and cultural background is obtained during the initial assessment phase. They said ‘About Me’, ‘My Life History’ and leisure profiles are completed for all consumers in consultation with the consumer and their family.

Care plans detailed information about the consumer including how they are supported to take risks should they choose to do so. Documentation included evidence that risks and consequences are explained to consumers and where they exercise choice, records of decisions are documented and regularly reviewed.

Care planning documents reflected what is important to each consumer and information about their backgrounds. This included information on their personal and community relationships, their life experiences, interests and religious preferences.

Consumers and representatives were provided with information which supports them to make choices about how they live their lives including meal selections, activities that are available and what is happening at the service. They said they receive a copy of the ‘Arcare Daily Bulletin’ newsletter, the monthly social and leisure activity calendar and the monthly menu planner. Daily menus were observed to be on display on an electronic noticeboard in large font in all dining areas of the service.

The Assessment Team identified that the service’s newsletter and social and leisure activity calendar is available in different languages and includes cultural events that are specific to individual consumers.

Staff demonstrated an in-depth knowledge of the consumer including their life history, likes, dislikes and their family and friends. Staff knew those relationships that were important to the consumer and supported consumers to maintain these relationships.

Staff described the practical ways they respected the consumer’s privacy including knocking on doors prior to entering and closing doors when delivering care. Consumers confirmed that staff promoted their privacy including when they were receiving visitors.

The Assessment Team observed staff greeting consumers and their family members with familiarity, engaging with consumers in a respectful manner, addressing consumers by their preferred name and taking time to spend with consumers.

Policies and procedures relevant to this Standard guide staff and include diversity, inclusion and acceptance.

The organisation is in partnership with the Queensland AIDS Council and has established a Lesbian, Gay, Bi-sexual, Transgender and Intersex, (LGBTI) Advisory Group. All staff are provided with dignity and respect training as part of the service’s mandatory training. Culturally Appropriate Care and LGBTI Inclusiveness and Awareness is included as an element of the education program.

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 the assessment and planning of consumer care on an ongoing basis. They said they were informed of the outcomes of assessments and care planning and felt confident they could access their care plans if they wanted to. Consumers and representatives said they were satisfied the care and services were safe, effective and met their care needs. They said staff were aware of what was important to the consumer and that the staff had discussed advance care and end of life planning with them.

The Assessment Team established that comprehensive assessments were completed by registered staff when consumers entered the service and on an ongoing basis to identify the consumer’s needs, goals and preferences. Consumers and representatives were involved in the assessment and planning process and medical officers and other allied health professionals were involved as necessary.

The Assessment Team reviewed care planning documentation and identified that reviews were being completed regularly and in consultation with the consumers and their representatives. Care planning documents reflected the involvement of others in assessment and planning, including medical officers, dementia support specialists, physiotherapists, dietitians, podiatrists, speech pathologists and other family members where appropriate. Care plans were individualised and contained information about the risks to each consumers’ health and wellbeing including communication, nutrition and hydration, mobility, continence, skin care, pain and sleep.

The documentation evidenced discussions about advance care planning and end of life care with consumers or their representatives, either at the initial assessment or at some later date. Progress notes evidenced further discussions about end of life care with medical officers and representatives for those consumers receiving palliative care. Care planning documentation was readily available to staff delivering care and visiting health professionals had access to consumers’ documentation relevant to their role.

The organisation had policies, procedures and guidelines on assessment and planning, including advance care planning and end of life care. A suite of evidence-based assessment tools was available for staff to use in the electronic care planning system.

Staff demonstrated they were aware of the assessment process in which risks to the consumer’s health, safety and well-being were identified, such as falls, skin integrity, pain and challenging behaviours. Staff said consumers were referred to specialist practitioners if required following assessment. They said the care and services for a consumer were reviewed when a change in the consumer was identified. Changes in the consumer’s condition may lead to reassessment by a medical officer or allied health professional. Staff stated they were informed of any changes to consumers’ needs at handover and through the electronic care planning system.

The Residential Manager and the Clinical Lead reviewed consumer risks and incidents on the service’s electronic clinical care system to identify trends, initiate referrals and to ensure all those involved in the consumer’s care were consulted.

The Assessment Team noted that treatment directives from medical officers and allied health specialists were uploaded in the service’s electronic care planning system.

Registered nurses advised incidents trigger reassessment, and care plan reviews. Incidents were recorded and included in monthly reports of clinical indicators. Clinical indicator data was collected at a service level and reported on at the 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 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 and representatives said they received the care they needed and had access to a medical officer or other health professional when they needed it. They advised they were satisfied that consumers’ needs and preferences were effectively communicated between staff. They said their advance care planning needs and preferences had been discussed with the service.

Consumers and representatives said the service had kept them informed about the service’s management of the COVID-19 pandemic.

Staff demonstrated a knowledge of consumer’s individual needs and preferences. Staff described how they used handover to communicate changes in consumers’ needs and preferences.

Care documentation for consumers reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The documentation identified the key risks for consumers, including falls, hydration and nutrition, pain and pressure injuries. The care documents provided information to support effective sharing of consumers’ care and reflected timely and appropriate referrals to medical officers, allied health and other medical professionals. For example, care documentation for consumers requiring daily monitoring of blood glucose levels demonstrated the consumers were monitored in accordance with medical officer directives.

Clinical records demonstrated consumers received appropriate personal and clinical care in relation to their end of life care and where they experienced a deterioration or change in their health status. The organisation had policies, procedures and guidelines to support staff in providing palliative and end of life care. The Clinical Lead advised case conferences to identify end of life preferences were conducted with consumers and their representatives. Registered nurses were available 24 hours a day to support and monitor care delivered to consumers nearing the end of their lives.

The organisation had policies, procedures and guidelines to support the delivery of personal and clinical care which referenced best practice documentation and guidance in relation to but not limited to restraint, skin integrity and pain management.

The organisation had a policy and procedure on minimising restraint which outlined the responsibilities for management and staff in relation to restraint management and what constitutes restraint. The procedure discussed the need for both clinical and risk assessments prior to the use of restraint, obtaining consent and ongoing monitoring of restrictive practices.

The service did not have any consumers with chemical or physical restraints at the time of the Site Audit. The service documented and monitored consumers’ prescribed psychotropic medications and the Assessment Team identified instances where psychotropic medication had been ceased.

Environmental restraint authorisations were current for consumers in the Sensitive Care Unit. A review of care documentation confirmed restraint assessment, consent and review processes had been implemented by the service. Records demonstrate that for all consumers with a restraint, the restraint had been assessed, consent was obtained, and the use of the restraint was monitored and relevant records were kept.

The service monitored the use of all restraints during three monthly care plan reviews to ensure that all assessments and authorisations were completed and current. Care documents sighted by the Assessment Team established that restraint authorisations were up to date.

The service had a skin integrity procedure and training records identified training had been provided to staff on skin integrity and wound management.

The service had a pain management procedure in place that referred to the assessment and charting of pain, the implementation of an appropriate strategy and the monitoring and review of consumers’ pain care needs. The procedure provided examples of pharmacological and non-pharmacological treatments and information on referral pathways. The physiotherapist discussed a pain management program for consumers that involved the provision of therapeutic massage for individual consumers.

Clinical staff described the high impact and high prevalence risks for consumers in the service such as falls, diabetes management, hydration and nutrition, pain, blood thinning (anticoagulant) medication, pressure injuries and infection outbreaks. Individual risks were reflected in care documentation.

Registered nurses described the escalation process for when consumers experienced a physical and cognitive deterioration. Staff were aware of their responsibility to escalate consumer concerns and to report incidents to a registered nurse. The service had registered nurses on site 24 hours a day, seven days per week and senior clinical staff could be contacted for advice and support. Care staff said all registered staff were readily available and they had access to regular and visiting medical officers.

Staff said they were informed of any changes in a consumer’s condition or care needs, such as infections, recent falls or consumer appointments, at handover and in the electronic care planning system.

Staff said they were provided with mandatory education on infection control and registered and care staff demonstrated a knowledge of practices to reduce antimicrobial resistance and minimise infection risks.

The service had a policy to promote antimicrobial stewardship and guidelines relating to infection control management, including an outbreak management plan.

The Assessment Team noted that pre-entry screening occurred for all staff, visitors and contractors. The Assessment Team sighted posters and other information on infection control displayed throughout the service. Hand sanitisers and personal protective equipment were readily available and staff, consumers and visitors were observed to be using personal protective equipment and practising hand hygiene.

Clinical indicators including infections were monitored and reported at monthly meetings.

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 and representatives said the lifestyle program supported consumers’ individual interests and helped them to remain as independent as possible. Consumers gave examples of how they could continue to enjoy the piano and music, enjoy friendships, maintain links with family and the community, have access to mobility aids to support independence and retain their cultural ties.

Consumers spoke about how they are supported to remain connected to the broader community through outings and by participating in community activities for example, knitting for homeless people.

Consumers said the quality and quantity of food is very good and accommodates their needs and preferences. Consumers advised they participate in food focus groups, make suggestions about the menu and said they always have snacks available if they would like something to eat between meals.

Consumers spoke highly of staff and said they were kind and caring and listened to them, providing reassurance when they are sad and upset.

A suite of assessment tools support staff in developing care plans including focussed assessment tools to utilise if they identify a change or a concern in a consumer’s condition. Where necessary, referrals are made to medical officers and allied health professions. Care planning documentation captured consumers’ individual needs and interests and detailed what was important to them including for example, their heritage, religious and spiritual affiliations, meaningful relationships and strategies to support them when they are feeling sad and anxious.

Staff could explain what was important to consumers and how they like to spend their time. Lifestyle staff explained how the lifestyle program is designed to cater to the needs of consumers including those who choose not to participate in communal activities and those who are living with cognitive impairment. The activity calendar is reviewed at the monthly consumer meetings where social and leisure activities is a standing agenda item.

Staff were familiar with consumers’ dietary preferences and said if a consumer does not want what is on the menu the service will gladly accommodate the consumer’s requests. Catering staff said the registered nurse provides information about consumers’ allergies, portion size, texture modification and required assistance. They explained how they are advised about any changes in consumers’ dietary requirements so that this can be provided.

Staff said they have access to the equipment they need to support consumers. They said that maintenance issues are addressed in a timely manner and review of the maintenance register confirmed this.

During restrictions associated with COVID-19 the service has initiated self-directed activities in all areas of the service such as activity booklets that are also available in varied languages. Strategies to support consumers to remain connected with family and friends included the use of electronic platforms and telephone calls.

The service has a bus that is wheelchair accessible and maxi-taxis are also used to provide transport for consumers who are going on outings. An onsite café is open on a daily basis and provides a venue for consumers to meet with family and friends. The Assessment Team observed consumers enjoying social interaction at the café.

Throughout the Site Audit, the Assessment Team observed consumers engaging in varied group and individual activities including card games, quizzes, singalongs reminiscing, board games, exercise groups, music appreciation cooking classes, bus outings and walks in the garden. Additionally, staff were observed providing comfort, support and reassurance to consumers who were upset or unsettled.

The kitchen was found to be clean and tidy with staff practicing safe food handling techniques and wearing appropriate personal protective equipment. Menus were displayed electronically, and it was noted that hot and cold options were available for all meals.

The Assessment Team reviewed meeting minutes from food focus groups and consumer meetings and identified that consumers have input into menu planning and were taken on a tour of the kitchen in 2020.

The service has policies and procedures relevant to this Standard that guide staff practice including in relation to referral processes.

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 the service environment is clean, well maintained and welcoming, and that visitors are encouraged to participate in activities, such as ‘high tea’ in the café. They said they could move freely and with ease both indoors and outdoors and described how they access different parts of the service such as the gymnasium, the tranquillity room and outdoor areas with seating, tables and shade.

Consumers rooms are personalised with furniture, photographs, artwork and bedding. Management and staff were observed to welcome visitors to the service. Signage directs consumers and visitors to various areas within the service.

Consumers and staff could describe cleaning processes including cleaning of equipment and how high touch point surfaces are regularly attended.

Maintenance staff said they carry out corrective and preventative maintenance programs and staff described how they notify maintenance of any environmental or safety issues that need to be addressed by completing maintenance request forms. The Assessment Team reviewed this information and identified that maintenance issues are addressed promptly.

The Assessment Team found the environment was clean and well maintained. Furniture, fittings and equipment was fit for purpose. A range of comfort chairs and wheelchairs was available to support consumers who were unable to mobilise independently. Consumers expressed satisfaction with the range of equipment that was available to them.

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 said they are encouraged and supported to provide feedback and make complaints and felt comfortable doing so using the feedback forms, speaking with staff or raising the concern at the consumer meeting. Consumers were aware of external advocacy services. One consumer said the service is always looking at ways to improve care and services and this was confirmed by others who provided examples of complaints they had made and how the service addressed the concern and apologised.

Staff were familiar with complaints mechanisms and could describe how they would respond to consumer or representative feedback. Staff said that suggestions boxes are available so that complaints can be lodged anonymously and that they support consumers to lodge a complaint if they are unable to do this independently.

Staff understood their role in relation to complaints management processes, including an open disclosure approach and said they have received training in these areas. Policies and procedures relevant to complaints management and open disclosure provide guidance to staff.

Management staff explained how complaints drive continuous improvement practices and cited examples of improvement including changes to the delivery of morning and afternoon tea which had been well received by consumers.

The service demonstrated that complaints and feedback are captured via various forums and the information is then discussed at the service’s management meetings and at clinical governance meetings. Complaints are a standing agenda item at consumer meetings and food focus groups and complaints are logged on a register with actions taken evaluated for effectiveness.

The Assessment Team identified information about complaints, advocacy and interpreter services is included in the consumer welcome pack and in handbooks; additionally, this information was displayed throughout the service.

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 spoke highly of staff and said they are kind, caring and know what they are doing. Most consumers and representatives felt that there were sufficient staff to meet consumers’ needs and that call bells were answered promptly.

Management said continuity of care is important in supporting staff to develop relationships with consumers. To facilitate this, staff said they are allocated to work in specific areas of the service.

Staff were observed to be supportive and respectful when interacting with consumers.

Core competencies and capabilities for each role have been developed. Staff said they have completed education and training in areas including COVID-19, infection control, wound care, manual handling and fire safety. Staff felt they had access to training that supports them in their role and assisted with their ongoing development.

Environmental staff receive training relevant to role including in the use of equipment and have recently received training in the use of a new washing machine that had been purchased.

A mandatory training program is in place and the Assessment Team found that education records demonstrated staff have completed the required training modules.

Staff performance appraisals occur as an element of the staff performance framework and the review process encourages staff to identify training needs and goals. Management determine staff competency through observations of practice and feedback from consumers and senior staff.

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 said they are invited to provide feedback on care and services and whether there is anything that could be done better. Representatives said the service communicates with them regularly and they are kept informed of changes that impact care and service delivery.

Consumers and representatives are invited to participate in surveys and said their concerns are taken seriously and complaints are addressed to their satisfaction.

The Board and management promote a culture of safe, inclusive quality care and this has included a focus on improving support for those consumers who are LGBTI.

The service management communicates effectively with the Board through the clinical governance committee and executive leadership team to ensure the service delivers safe and quality care and services.

Where significant incidents have occurred, these are reviewed and actioned by senior management at the service and outcomes are reported to the Board.

The Board satisfies itself that the Aged Care Quality Standards are being met through internal audits, consumer surveys, clinical indicators and clinical governance reports.

Governance systems are in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints and examples of this were provided.

A risk management framework including associated policies was in place and staff said the policies had been discussed with them and could describe how they would apply them to the work they do. Risk assessments were used to support consumers to live the best life they can by maintaining optimal levels of independence and function. Consumers were encouraged to exercise choice and decision making including where choices involve risk.

The organisations’ policy for responding and reporting abuse and neglect included procedures to guide staff in how to actions these incidents including reporting and documentation.

Documented policies provide guidance to staff in relation to antimicrobial stewardship, restraint minimisation, open disclosure and clinical governance. Staff said they had received education about these policies and understood how they applied to their role. Management described the actions that are taken to minimise antibiotic use and said that they review the use of psychotropic medications. The open disclosure policy requires management to apologise when mistakes are made and to take action to prevent a recurrence.

Management could provide examples of how the service’s planning and preparedness for a potential outbreak of COVID-19 is included in clinical governance reports.

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.