Arcare Seven Hills

Performance Report

41 Griffith Place   
Seven Hills QLD 4170  
Phone number: 03 9559 9100

**Commission ID:** 5771

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 3 March 2021 to 5 March 2021

**Date of Performance Report:** 8 April 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 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 Infection Control Monitoring Checklist completed at the time of 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 said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers provided examples of how their social connections are supported both inside and outside of the service, and said they are satisfied that care and services are undertaken in a way that affords them dignity and respects their personal privacy.

Staff know what is important to consumers and were able to describe how they ensure that consumers’ preferences are known and respected. Staff could describe how the service discusses risks with consumers and their representatives and the actions they take to support consumers and minimise the risks in those circumstances.

Staff said they observed other staff to be respectful and kind to consumers and that if they identified any concerns in the way staff behaved they would report it to management.

Staff interviewed described the various ways they provide information to consumers regarding their care and services which enables them to exercise choice. These information methods include via hard copy documentation being provided to consumers/representatives, such as activity schedules, informal discussions with consumers/representatives, formal case conferences facilitated by key personnel, the provision of the consumer welcome pack, and the use of noticeboards throughout the service. For consumers who have difficulty communicating or a cognitive impairment, staff said that they utilise various communication methods including using communication cards, engaging representatives to translate important information to consumers who do not speak English as their primary language, and using written and/or pictorial communication where appropriate.

Care planning documentation provided guidance to staff regarding who and what is important to the consumers, their cultural needs and their individual preferences in relation to care and services. Care planning documentation identifies that staff engage in regular discussions with consumers and those they choose to have involved in their care through telephone calls and case conferences.

Electronic and hard copy documentation are protected to ensure confidentiality of consumer information in accordance with the organisation’s policies and procedures.

The Assessment Team observed staff implementing practices to ensure that consumer privacy is respected, including knocking on consumers’ doors, waiting for a response prior to entering rooms, and discreetly attending to consumers when in communal areas. The Assessment Team overheard staff explaining to consumers what tasks they were going to undertake and sought confirmation that it was a suitable time for those tasks to occur.

The organisation has documented policies and procedures relating to diversity, inclusion, dignity of risk, choice and decision making, and staff code of conduct, which outlines how staff are to treat consumers and how consumers are to be supported to express their culture, diversity, identity and preferences.

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/representatives said they are involved in initial assessments upon entry to the service and ongoing planning of the consumer’s care. They said they are informed about the outcomes of assessment and planning and can have access to the consumer’s care and service plan if they wish. Consumers/representatives said that consumers’ care and services are regularly reviewed including when the consumer’s circumstances have changed or when incidents impact on the needs, goals and preferences of the consumer.

Registered nurses complete initial assessments to identify consumers’ needs, risks and preferences and were able to describe the assessment schedule inclusive of baseline assessments and focussed assessments for consumers who require further assessments and planning to facilitate the delivery of safe care that is appropriate to the consumer.

Staff were aware of their responsibility in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a re-assessment.

Care planning documentation identified consumer’s needs, goals and preferences, and staff demonstrated an awareness of what is important to consumers in regard to their provision of care and services. Consumer involvement is evident in documentation, as is the input from representatives and other professionals such as medical officers and allied health professionals. Information in care planning documentation was current, relevant and sufficient to direct staff.

Consumer care and service plans are individualised to include the risks specific to consumers, such as falls risk, pressure injury risk, medication risk, and risks due to lifestyle choices. Care plans include risk management strategies agreed upon by consumers/representatives.

Care planning documentation included advance care planning and end of life planning. Management advised that whilst end of life planning is raised as part of the assessment and care planning process, not all consumers/representatives are comfortable discussing this topic.

The organisation has guidelines, policies and procedures that support staff to undertake assessments and planning. Policies and procedures are available on the organisation’s intranet which is accessible by all staff. The electronic care management system also highlights when assessments are due for completion

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/representatives interviewed said consumers get the care they need and that staff know consumers’ needs and provide appropriate care. They said consumers have access to medical officers and allied health professionals when they need it and that they have been involved in discussions about end of life and advance care planning. Representatives provided positive feedback about how staff cared for consumers during the end phase of life and how the consumer’s wishes and preferences were respected.

Staff described how changes in consumers’ care and services are communicated, such as through verbal and documented handover processes, through meetings, memorandums and review of consumer care plans.

Nursing staff said they monitor that consumers receive safe and effective personal and clinical care by reviewing consumers’ progress notes to ensure care is being delivered in accordance with care directives, undertaking regular care plan reviews, and by referring concerns to the medical officer and/or allied health professionals when a need is identified.

Care staff demonstrated they have an understanding of individual consumer’s personal and clinical care needs in relation to monitoring and reporting, such as consumers’ pain relief needs, promoting and maintaining good skin integrity including providing pressure area care, and consumers’ nutritional, transfer/mobility and hygiene care needs and preferences.

All staff had an understanding that restraint is a last resort intervention and could describe the alternative interventions they implement to settle consumers who are agitated or distressed.

Staff demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensure they are used appropriately. They gave examples of how they minimise the risk of infection through strategies including maintaining a clean environment, hand hygiene, increasing fluids for consumers in hot weather and for consumers who are prone to urinary tract infections, use of personal protective equipment, isolating consumers who show signs of respiratory infection, and early identification of consumers who may have an infection.

Staff interviewed said they have received training on infection minimisation strategies, including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. Staff reported an increase in education and training related to infection control measures pertaining to COVID-19 precautions.

Care planning documentation demonstrated input from consumers/representatives, medical officers, geriatrician and allied health specialists including podiatrist, physiotherapist, speech pathologist, and dementia advisory services. Care planning documentation evidenced care that was safe, effective and tailored to the specific needs and preferences of the consumers. Clinical risks had been identified and strategies to minimise and manage these risks are documented. The Assessment Team sampled care documentation for consumers including those who had chronic wounds, cognitive decline, swallowing impairment and chronic pain and found that referrals had been made to health specialists as appropriate, registered nurses were involved in care delivery, clinical equipment was utilised to support care delivery and care was monitored for effectiveness.

The service is guided by organisational policies and procedures in relation to clinical and personal care, inclusive of pain and palliative care, restraint management, skin integrity, pressure injury prevention and management, infection control and anti-microbial stewardship. Senior clinical staff, medical officers and other health professionals are available for advice and support in relation to clinical care, such as falls prevention, medication needs, nutrition, skin integrity, specialised complex care and palliative care. Staff review consumers’ care planning documentation regularly and as required when a consumer experiences a deterioration, change in care or clinical incident.

Restraint is utilised following discussions with medical officers, provision of information to the consumer/representative, and as a last resort when other strategies are not successful. Restraint is reviewed regularly, and signed authorities are monitored. Nursing staff described how they actively consult with medical officers to reduce psychotropic use where possible.

The service has systems and processes to ensure consumers get safe and effective personal care and clinical care, including monthly clinical audits, whole of service audits, clinical indicator reporting and training is provided to support best practice. During the Site Audit the Assessment Team observed that in response to an identified upward trend in urinary tract infections the management team had scheduled additional education for staff that included infection control practice and personal hygiene support.

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/representatives said that consumers are supported by the service to engage in activities that they are interested in, both inside and outside of the service, and to remain in contact with people who are important to them. They said that the activity schedule is varied, and adequate to meet their needs and preferences, and that the service involves other individuals and external organisations to supplement the activity schedule as required or when beneficial to the consumer. Several consumers received additional emotional and social support through specialised dementia services, an external psychology service, and a visiting social worker; they were able to describe the way staff support them through difficult life events.

Consumers and representatives provided examples of how consumers’ rooms had been re-arranged to accommodate their relationships and their desire to continue to support their partner. Specialised coffee and equipment has been purchased to facilitate a ‘coffee club’ at the on site café where consumers enjoy socialisation. One consumer who advised that their hobbies included playing piano said a piano is available if they wish to play. Consumers also provided examples of how they continue to participate in activities and community events external to the service that includes exercise classes, art classes, swimming and meeting with friends.

Consumers/representatives expressed satisfaction in relation to the meals and the dining experience at the service, and said that their feedback has led to improvements in the quality and variety of the meals served to the consumers.

#### Review of care planning documentation for sampled consumers demonstrates that assessment processes and planning capture what and who is important to each consumer to promote their well-being and quality of life. Following the assessment and planning processes, leisure care plans are developed for each consumer to inform staff of individual preferences and guide their practice in caring for consumers. Information about consumers’ emotional, spiritual and psychological needs was also evidenced in care planning documentation including strategies to improve the consumers’ well-being.

Staff were able to explain what is important to the consumers and the activities that they like to engage in. This aligned with consumer feedback and care planning documentation. The Assessment Team observed care and lifestyle staff interacting with consumers individually and in a group setting, including spending one on one time with consumers who appeared to be upset.

Catering staff and care staff were able to explain consumers’ specific dietary needs and preferences and how changes in dietary requirements are communicated. The Chef advised that the menu is seasonal and is rotated on a monthly basis. They described how food services are monitored through informal feedback received after each meal, formal feedback mechanisms and through food focus groups. A dining experience survey conducted earlier in 2021 demonstrated the majority of consumers who participated were satisfied with the taste, quality and quantity of meals provided.

Management said that the service seeks to improve the activity schedule through feedback and suggestions from consumers/representatives. The service encourages consumers/representatives to provide feedback by attaching feedback forms to the activity schedules that are given to consumers/representatives on a monthly basis, by directly communicating with consumers, and through the consumer meetings where lifestyle activities are a standing agenda item. The Assessment Team reviewed meeting minutes from consumer meetings and identified that consumers have input into the planning of the activity program. A review of the monthly activity schedule, and the observations made by the Assessment Team, demonstrated that consumers participate in a variety of activities which are designed to meet their needs, goals and preferences, and promote their health, well-being and quality of life.

The organisation has documented policies and procedures in place relevant to this Standard and this includes guidelines for making referrals to individuals and other providers outside of the service to support the lifestyle needs of consumers.

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/representatives were satisfied with the service environment and said that they are able to easily navigate the service, that visitors are welcome and that indoor and outdoor areas are freely accessible. Consumers/representatives said that the service environment is cleaned to their satisfaction, and that equipment and furniture is safe, clean and suitable for their needs.

Management said that the service monitors whether consumers and their visitors feel at home through feedback and complaint processes, including feedback provided at the monthly consumer meetings, through the use of feedback forms, and through direct communication with management and staff. In addition, the service conducts regular audits of the service environment to help inform ongoing environmental improvements.

Management described the features of the service designed to support the functioning and independence of consumers living with cognitive and physical impairment. These features include providing adequate lighting, easy to read signage throughout the service, installation of noise absorbent materials in communal areas so not to interfere with consumers who wear hearing aids, individualised signage for consumer’s rooms, wide corridors with handrails, recognisable toilet bowls and lids, and ensuring that all staff wear easy to read name badges and distinguishable uniforms.

A scheduled maintenance program, reactive maintenance program and scheduled cleaning activities ensures the service is clean and well maintained. Staff are familiar with hazard reporting processes and the actions that they are required to take if they identify a potential hazard to ensure consumer safety.

The Assessment Team observed the service environment to be welcoming, clean, well-maintained and easy to navigate. Consumers are provided a single room with an ensuite, with some rooms granting access to an undercover balcony. Sixteen consumers at the service reside in the special care unit, which provides a safe environment for those who have been assessed as requiring secure accommodation. The service has facilities for consumers and visitors to use, including an onsite café, activity rooms, well-being and tranquillity rooms, salon, theatre, and shaded outdoor areas.

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 give feedback and make complaints, and that appropriate action is taken. They said that they have received information on how to make a complaint and provide feedback, and feel safe and comfortable in doing so, either anonymously or with the assistance of management and staff.

Consumers said that, following a complaint being made, they are involved in suggesting and trialling improvements and were able to describe the improvements and changes to their care and services that have been implemented as a result.

Staff described the various forums available for consumers/representatives to provide feedback or make a complaint. These included providing verbal feedback, using feedback forms that are located throughout the service and attached to menus and activity schedules, participating in case conferences, consumer meetings and food focus groups. Staff interviewed said that for consumers who do not speak English as their primary language, the service engages their representative to assist with translation of important information.

Information regarding complaints and feedback processes, and translation and advocacy services, are displayed on noticeboards in communal areas, and on posters and brochures available at reception in the service. Brochures for external complaints, advocacy and translation services are available in languages other than English and displayed in reception at the service.

Staff demonstrated an understanding of the principles of open disclosure and said they had received training in this area and the Assessment Team were provided with examples of when this approach had been applied following an incident.

Management advised that in the event of a trending complaint being identified, the service conducts a targeted consumer survey, and conducts additional consumer meetings for the purpose of discussing the trending issues. The consumers who choose to involve themselves in these targeted meetings are encouraged to be involved in the investigation process, provide suggestions for improvements, and evaluation process.

The service’s plan for continuous improvement is used to document complaints and feedback along with planned actions, dedicated timeframes and evaluation notes. For example, staff identified that laundry processes had been a recent trend in the complaints received. Actions taken by the service to address these concerns included engaging an external contractor to inspect washing machines, purchasing additional equipment, improving processes for the ironing of clothing and the laundering of linens, and providing additional staff training.

Staff are guided by a documented policy on open disclosure and complaints management. Review of the complaint and incident registers demonstrate that appropriate and timely actions are taken, including an open disclosure process where appropriate, when a complaint is received and/or an incident occurs.

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/representatives interviewed spoke positively about staff and said that staff are kind and caring and respectful of their identity culture and diversity. They gave examples of what this means to them, including in relation to being able to participate in events of social significance. Consumers/representatives felt there were sufficient staff to support consumer care and services and stated they have confidence staff know what they are doing.

Care staff said they receive a daily handover and have access to the consumers’ care planning documentation. They said they liaise with the registered nurse if they have queries or concerns about the consumers’ care needs. Nursing staff explained that after hours they can contact the local hospital’s outreach service for advice and support if there is a decline in a consumer’s condition.

Staff reported they have enough time to complete their duties and that staff unable to attend their shifts are generally replaced. The Assessment Team reviewed the base roster and confirmed that the service utilises a mix of nursing staff and care staff to provide care. Registered nurses are available across a 24 hour period. Strategies to replace staff on planned and unplanned leave includes use of casual staff, extension of hours, and discussions with existing staff for additional shifts. Management advised that the service does not utilise agency staff.

Management and staff described how the service ensures staff are competent and capable in their roles. This includes access to an organisational and site orientation at the commencement of employment, a mandatory training program, access to education, the availability of position descriptions, processes to support supervision of staff and an annual performance discussion.

Care staff advised they are satisfied with the support nursing staff and management provided them on commencement at the service and continue to provide on an ongoing basis. They expressed satisfaction with the level of training they initially receive and said skill shortages in the staffing cohort are quickly addressed through ‘toolbox sessions’. Staff confirmed they have been engaged in regular ‘check-ins’ with management and have been provided opportunities for reflective practice to assist in identifying areas for development.

The organisation has recruitment and selection procedures to provide a structured approach that ensures staff have the required qualifications and credentials. Staff credential and reference checks are conducted prior to staff commencing in their roles and expiry dates for registrations and police checks are tracked by the organisation’s centralised human resources team.

The Assessment Team observed staff assisting consumers in a way that was respectful and noted that consumers were not rushed through the care delivery process.

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

Overall, consumers and representatives said that the organisation is well run and that they can partner in improving the delivery of care and services. For example, consumers/representatives could provide examples of how they are involved in the development, delivery and evaluation of care and services.

The service was able to demonstrate that it involves consumers/representatives in the delivery and evaluation of care and services providing examples of how consumers are engaged and consulted at meetings, including during the planning of changes as well as on a day to day basis. Consumer’s representatives confirmed they are involved in care planning and delivery and provided examples of how this occurs.

The governing body meets regularly, sets clear expectations for the service and regularly reviews risks from an organisational and consumer perspective. Risk and clinical governance committees meet regularly, report to the Board, and communication processes ensure directives are communicated to regional management and the service.

There are organisational governance systems to support effective information management, the workforce, compliance and regulation, complaints management and open disclosure and clinical care. The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restraint, and open disclosure. Staff interviewed understood these concepts and could explain how they were applied in practice.

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.