Arcare Slacks Creek

Performance Report

8 Janice Street   
SLACKS CREEK QLD 4127  
Phone number: 07 3827 6400

**Commission ID:** 5566

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

**Site Audit date:** 18 January 2021 to 21 January 2021

**Date of Performance Report:** 22 February 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | Compliant |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site 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 as an element 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 and representatives spoke highly of staff and said they are friendly, courteous and polite when providing care and treat the consumers as individuals. Consumers said staff respect their culture, understand their needs and preferences and encourage them to decorate their rooms with items of personal significance.

Consumers provided examples of how they are supported to make decisions including in relation to how they choose to spend their day, who to socialise with and the degree of assistance required by staff. They said staff knock on their door prior to entering, close the door when providing personal care and accommodate their personal preferences such as the gender of staff who provide personal care.

Information provided to consumers is available in various languages and consumers expressed satisfaction with this. Consumers receive information via care plans, newsletters, attendance at meetings, meeting minutes, calendar of events, verbal discussion and noticeboards.

Care plans included information specific to individual consumers including places, lived, schools attended, occupations, leisure interests and extended family relationships. Information about nominated representatives, decision makers, and enduring power of attorney was also documented.

The service is committed to empowering consumers to make choices including those choices that include an element of risk. The Assessment Team observed documents in use to support this such as client acknowledgement and client choice forms. Care planning documentation included information relating to discussions about risks and consequences and strategies in place to support the consumer.

Staff consistently spoke about consumers in a respectful way and demonstrated an understanding of their personal circumstances and their life journey. Staff could describe how the consumers’ background influenced the way they delivered care and how they adjust their communication style to accommodate communication barriers. Staff said they have access to interpreters if this is necessary.

Staff said they have completed education and training in areas including consumer dignity, diversity, choice and elder abuse. They said if they had concerns about the way staff treated consumers they would report this to registered nursing staff. Staff described the practical ways they respect consumers’ privacy and said that privacy, dignity and confidentiality was an element of their orientation and is included in mandatory training.

The Assessment Team observed staff interacting respectfully, using consumers’ preferred names and taking time with consumers. They observed information about external advocacy services and feedback and complaints forms located throughout the service.

Organisational policies and procedures guide staff in relation to dignity, choice, risk, diversity, sexual identity and gender identity. A consumer handbook identifies the organisation’s values and principles and also includes the Charter of Aged Care Rights.

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 considered that they feel like partners in the ongoing assessment and planning of the consumers’ care and services and are involved in the assessment process from the time of entry. Consumers and representatives said that they had been involved in discussions about end of life care so that their wishes and preferences could be identified.

The Assessment Team reviewed assessment and care planning documentation for consumers and identified that reviews are completed in conjunction with the consumer and representatives as appropriate. Assessments and care plans had been reviewed periodically including when there had been a change in the consumer’s condition.

Care planning documentation reflected that others are involved in consumer assessment and planning including registered nursing staff, allied health professionals, dementia advisory services, medical officers and medical specialists.

A copy of the care and services plan is provided to consumers and their representatives via email or in hard copy.

Staff demonstrated an understanding of the service’s assessment, care planning and evaluation processes, including the ‘resident of the day’ monthly review process. Registered staff described referral processes when assessments identified risk to the consumer.

Care staff could describe their understanding of consumers’ assessed needs, goals and preferences in relation to delivering safe and effective care and were able to describe how they use assessment, planning and handover information to inform how they deliver safe and effective care.

The organisation has policies and procedures specific to this Standard that guide staff in relation to assessment and care planning. An electronic care planning system supports staff in the completion of assessments and provides alerts when assessments are due.

The Assessment Team observed staff accessing care plans through the electronic care system during the visit, including care staff identifying an alert to a change in a consumer’s care needs through the electronic system. Handover notes were readily available to staff delivering care.

The service monitors and trends clinical indicators including, but not limited to, skin integrity, falls and pressure injuries. Review of documentation confirmed clinical indicators are reviewed monthly at a service level as well as at organisational level. The management team described strategies to minimise the risk of reoccurrence of incidents to individual consumers and identified improvements to practice.

An audit schedule guides auditing activities at the service and management staff advised gaps identified following the completion of audits are addressed and preventive actions are included in the plan for continuous improvement where relevant.

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 confirmed that consumers get the care they need, and that it supports the consumer’s health and well-being. They said the service supports them to understand and make informed decisions about personal and clinical care.

Consumers and representatives said there is ready access to medical officers or other health professionals when required, and that the referral occurs promptly.

Consumers and representatives spoke highly of staff and provided examples of how staff ensured the care consumers receive was right for them, this included regularly asking them about the care and the way it is delivered.

Care planning documentation included evidence of how staff had supported consumers including those with complex clinical care needs. For example, falls risks, complex wound care, diabetes management, catheter care and complex behaviours. Documentation demonstrated that referrals are made to allied health specialists such as dietitian, occupational therapist, physiotherapist and speech pathologist when a need is identified. Where there had been a change or a deterioration in the consumer’s condition, action had been taken to escalate the concern, and in some instances, where appropriate, the consumer had been transferred to hospital.

The service demonstrated consumer’s individual high impact or high prevalence risks were documented and managed effectively. Deterioration or change of a consumer’s condition is recognised and responded to in a timely manner, including timely referrals to appropriate health professionals.

Staff demonstrated an understanding of consumers’ assessed needs and provided examples of individual consumer risks such as falls, agitation, infection and risk of pressure injuries. They could describe the practical steps they take to minimise risks. Registered nursing staff are on site 24 hours per day to support staff and monitor care delivery.

The service has implemented improvements in relation to end of life care including providing education by outreach palliative care service, reviewing imprest medications and increasing clinical support. Staff could describe care delivery for consumers nearing end of life and provided examples of practical ways they maximised the consumer’s comfort.

Equipment to support the delivery of clinical and personal care was available and includes sensor mats, pressure relieving equipment and mobility aids.

The organisation had policies, procedures and tools in place to support the delivery of care provided including in relation to restraint management, pressure injury prevention and management, and a pain management policy that incorporates ongoing pain assessment to guide staff practice. In addition, the service used a suite of validated assessment tools.

The service implemented policies and procedures to guide staff in minimisation of infection related risks. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff have received education and training relating to COVID-19 and practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

The service monitored care delivery through regular care plan reviews, weekly clinical audits, analysis of incident data, supervision and observation of staff and through consumer feedback.

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 consumers are supported by the service to do the things they want to do and that are important for their health and well-being. They advised the service supports them to optimise the consumers’ independence, health, well-being and quality of life and that staff support them emotionally and psychologically.

Consumers provided examples of the activities that they enjoy including craft, accessing library books, reading and walks. Some consumers said they didn’t enjoy socialising and preferred to be in their room and that staff supported them with this.

Overall, consumers provided positive feedback about the food provided. They said they choose their meals from a menu and that their dietary needs and preferences are accommodated. Consumers provided examples of how they had been able to influence the menu and confirmed they received sufficient food to eat.

Care planning documentation included information about consumers’ leisure and lifestyle preferences and provided detail about the consumers’ past life. The Assessment Team found information about former occupations, cultural preferences, spiritual and religious preferences, music and art, included in consumers’ clinical documentation. Strategies to support consumers to remain connected with family and friends and the broader community are documented.

Consumers’ specific dietary requirements was reflected in care plans including allergies, preferences, texture modification and need for nutritional supplements. The Chef described the seasonal six-week rotating menu and described how consumers have input into menu planning.

Staff described what is important to the individual and how they support the consumers’ needs, goals and preferences and promote independence and quality of life. They explained how the lifestyle team engage with representatives, volunteers, entertainers and community groups to develop activities to supplement the lifestyle program offered by the service.

Lifestyle staff said they have different activity programs available at the service and a calendar of events is developed on a monthly basis with input from consumers.

Satisfaction with the lifestyle program and the service and supports for daily living, including food satisfaction is monitored through audits, surveys, review of attendance records at activities and consumer feedback.

The Assessment Team observed that consumers’ rooms were decorated with items of personal significance. Meals were appetising, and consumers were seen to eat in their room or in the dining room. Staff were observed engaging with consumers while they waited for their meals and encouraging, assisting and supporting consumers to participate in activities of their choice.

Equipment provided such as mobility aids, communal televisions, linen and other resources were safe, 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

Consumers and representatives said the service environment is welcoming and consumers are encouraged to participate in activities such as gardening and exercise sessions. Consumers described how they access activities in different areas of the service, including outside areas and can access quiet areas if they wish. They said they enjoyed sitting in the café area with family members and also attending different activity sessions in the café area.

Consumers said the service is clean and well maintained and they can move freely indoors and outdoors.

Consumers rooms were observed to be personalised with furniture, photographs and bed covers.

Staff described how they notify maintenance staff of any environmental or safety issues that need to be addressed by documenting in the maintenance register available to staff at the service. Staff said they assist consumers with mobility issues to access outside areas if they choose and this was observed by the Assessment Team.

Management staff monitor the service environment through consumer feedback, consumer meetings and daily discussions with staff. Additionally, management staff conducted monthly audits at the service, reviewed hazards and repairs which were logged into the electronic system while maintenance staff completed corrective and preventative maintenance where required. If maintenance staff were not able to repair equipment, external contractors were contacted to fix equipment or update changes to the service’s environment.

The Assessment Team observed consumers sitting or walking in the garden, having morning tea in the communal areas and attending various activities in the communal areas, café and one on one activity sessions. Shaded areas were available throughout the service. Customised, clear signage was observed to support consumers and visitors to navigate through the service and assist in the event of an emergency.

Maintenance registers were reviewed by the Assessment Team and demonstrated that maintenance issues are addressed in a timely manner.

Consumers had access to and were observed using a range of equipment including walkers, wheelchairs and comfort chairs. Seating options available to consumers were clean and fit for purpose. There was a range of comfort chairs and wheelchairs to support those consumers no longer able to ambulate independently. Lifting equipment was maintained and cleaned between use. Bathrooms contained equipment to support personal care and most equipment and furnishings were observed to be safe and well maintained

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives generally considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to their concerns.

Consumers said they were provided with information about complaints processes and felt comfortable raising concerns and providing feedback at consumer meetings, through feedback forms or directly to management and staff. They said management staff were approachable and responsive.

The Assessment Team confirmed consumers have a variety of forums through which to provide feedback or make a complaint including feedback forms, monthly consumer and representative meetings, focus group meetings, surveys and a suggestion box. Posters and brochures about advocacy services, external complaints agencies and interpreter services were displayed within the service.

Management and staff were able to describe advocacy, external agencies and language services available for consumers and were aware they can access interpreters if requested or identified. Staff explained how consumers at the service from a culturally and linguistically diverse background have access to language services and advocacy documents in their language of choice.

Staff demonstrated an understanding of open disclosure and had received training in this. A review of complaints documentation confirmed that when things go wrong for the consumers, the service investigates the incident and apologises.

Review of the service’s quality improvement system, feedback and complaints management system, meeting minutes and consumer and staff interviews identified the service is responsive to feedback and implements change as appropriate. Consumers provided examples of changes made in response to their feedback including improvements made to menu items, consumer choice and preferences and personal staff allocation.

Management advised all feedback, suggestions, and complaints are recorded in an electronic register system and the organisation’s quality team reviews, analyses, and identifies trends from the service’s feedback and complaints register which are discussed at the service’s monthly governance meeting.

The Assessment Team reviewed complaints documentation and the service’s improvement log and noted the complaints and feedback process included investigation and follow-up actions as required and review of the process once the issue is resolved. The Assessment Team confirmed that feedback and complaints are standing agenda items at staff and management meetings. Regular reports outlining feedback and complaints were provided to the Board through the organisation’s care governance reports.

The Assessment Team observed consumer feedback forms located in areas throughout the service and a locked suggestion box to enable them to provide their feedback anonymously.

The Quality Standard is assessed as Compliant as four of 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 and representatives spoke highly of staff and said that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. They confirmed they can access staff assistance when required and that when staff attend to them they provide care in a kind and respectful manner.

Consumers and representatives said staff know what they are doing and were confident staff were adequately trained and were competent and skilled in their roles.

Most consumers and representatives said there were sufficient staff to deliver care and services promptly. Management and staff explained rostering arrangements and said that in the event of unplanned leave, staff are either replaced or shifts are extended to ensure consumers’ needs are met.

Care staff stated they generally have enough time to provide consumers with the assistance and care to meet their individual needs and preferences without rushing. Staff stated, “some days can be busy”, however they also confirmed that registered staff are usually available to provide support when needed to meet consumer needs.

Care and registered staff were able to describe the training, support, professional development and supervision they receive during orientation and on an ongoing basis.

The Assessment Team observed staff assisting consumers in a way which was respectful and did not rush consumers through the process.

Management described how they determine whether staff are competent and capable in their role, which includes the requirement for minimum certification III qualification in Aged Care for care staff, annual performance reviews, mandatory training programs and orientation on commencement of employment.

The organisation had policies relating to human resource management which set out processes to be implemented by the service to ensure staff employed are equipped to meet the needs and preferences of consumers across all areas of service delivery. For example, there were defined role descriptions for all positions at the service and requirements for staff to approach service delivery via a person-centred approach.

Human resources and staffing are monitored through analysis of call bell response times, review of clinical indicator data, consumer feedback and observation of staff practices.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and representatives indicated that the organisation is well run and that they are involved in the development, delivery and evaluation of services. For example, consumers confirmed they are encouraged to make suggestions to enable the service to support them to live the best life they can.

Management and staff described ways in which consumers are encouraged to be engaged and involved in decisions about their care and the service generally. Feedback is sought from consumers about the living environment, delivery of clinical care, lifestyle activities, meal service and staffing via the following mechanisms: consumer and representative meetings, feedback forms, direct discussions, surveys, case conferencing and compliments and complaints mechanisms. Management, staff and consumers provided examples of where they had been actively engaged in planning, and care and service delivery. This included refurbishment projects, the purchasing of new furnishings and television as well as personal and clinical care.

The governing body meets regularly, sets clear expectations and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, continuous improvement, risk management, the workforce, compliance with regulation and clinical care.

Organisational policies guide staff practice including in relation to antimicrobial stewardship, restraint minimisation, dignity of risk and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

The Quality Standard is assessed as Compliant as five of 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.