Beaumont Care Roslyn Lodge

Performance Report

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**Commission ID:** 5141

**Provider name:** Beaumont Care (Holdings) Pty Ltd

**Site Audit date:** 16 December 2021 to 18 December 2021

**Date of Performance Report:** 23 December 2021

# Performance report prepared by

Dee Kemsley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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 Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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

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

The Site audit report identified that overall, consumers considered that 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 and representatives said staff treat consumers with respect and dignity, and value their individual identities, culture, values and diversity. Consumers described what is important to them and how staff provide care and services that are physically, socially and emotionally safe for them. Consumers and representatives gave examples of how the service supports consumers to be independent, exercise choice and make decisions about the care and services provided. Consumers reported being supported by the service to make decisions about who should be involved in their care and make connections and maintain relationships of choice, including intimate relationships. Consumers provided positive feedback and advised they are encouraged to do things for themselves, that staff know what is important for them and said their personal privacy is respected.

Care planning documents reflect the diversity of consumers including information regarding consumers’ background, identity and cultural practices. Care documentation describe areas in which consumers are supported to take risks to live the life they choose and include details and contact information for the consumers’ nominated representatives and other primary contacts.

Staff described the areas in which certain consumers want to take risks. Staff explained how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers are involved in problem-solving to reduce risk where possible. While being interviewed, staff demonstrated respect towards consumers and an understanding of their individual care and service preferences. Staff were observed interacting with and providing support and services to consumers in a respectful manner.

The consumer welcome pack provides information about the services offered for the information of the consumer. Review of minutes from consumer and representative meetings identified consumers are given the opportunity to participate in decision making and are able to exercise choice and independence. The organisation’s education topics, policies and procedures outline what it means to respect consumers’ choice and diversity and to treat consumers with respect and dignity. The monthly newsletter contains information for consumers covering a range of topics including information about dates and times for a variety of activities, celebrations, consumer meetings and COVID-19 updates.

Staff were observed knocking on consumers’ doors before entering rooms and closing doors when care was being provided. Computers used by staff were observed to be password protected.

Based on the evidence documented above, Standard 1; Consumer dignity and choice, is found to be 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

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

The Site audit report identified that overall, consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives reported being involved in the initial assessment and ongoing care planning of the consumer’s care. Consumers and representatives advised they are informed about the outcomes of assessment and planning and have access to the consumer’s care and services plan if they wish. Consumers and representatives confirmed the service seeks input from other providers who are involved in the consumer’s care including their medical officer, allied health professionals and other services as required. Consumers and representatives confirmed advanced care planning and how care is to be provided, has been discussed with staff.

Consumers’ care plans contain information relative to the risks to each consumer’s health and well-being. Care documentation demonstrated assessments are completed upon entry to the service. Care plans have been developed in consultation with the consumer and their representatives, are reviewed regularly and updated when changes have been required. Care planning identify consumer’s needs, goals and preferences including advance care planning and end of life preferences.

Staff reported they are given information about new consumers, or updates to a consumer’s care needs during handover conducted at the start of each shift. Registered staff and/or clinical management inform family members when there has been a change in a consumer’s health or well-being, discuss any changes they require and ascertain if the care the consumer receives is adequate to meet their needs. Staff were aware of the incident reporting process and how incidents may generate a reassessment or review of consumer’s needs.

A suite of evidenced-based assessment tools are available and organisational policies and procedures are accessible electronically to guide staff practice regarding assessment and planning for consumers. Clinical indicators are reviewed monthly at a service level as well as an organisational level to identify strategies to minimise the risks of reoccurrence of incidents for individual consumers and aims to identify improvements which can be implemented to improve outcomes for consumers.

Summary care planning documents were observed to be readily available to staff delivering care and visiting health professionals have access to consumer’s documentation and care files on the service’s electronic clinical management system. The physiotherapist was observed assisting consumers walking around the service.

Based on the evidence documented above, Standard 2; Ongoing assessment and planning with consumers, is found to be 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

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

The Site audit report identified that overall, consumers consider they receive personal care and clinical care that is safe and right for themand in accordance to their needs and preferences.

Consumers and representatives said consumers receive the care they need which is tailored to their individual needs, and they have access to a medical officer or other health professionals when they need it. Consumers and representatives expressed confidence that when the consumer needs end of life care, the service will support them to be as free as possible from pain and to have those important to them with them. Consumers confirmed when they are unwell or experiencing a deterioration in their health, this is responded to in a timely manner, with their preferences being met. Consumers and representatives said they are confident in the organisation’s ability to manage an infectious outbreak, including an outbreak of COVID-19.

Care planning documentation described the key clinical risks to consumers and included appropriate management strategies for specific identified risks. Care documentation demonstrated effective and safe communication of the consumer’s condition, preferences, and care needs within the service. Timely referrals to allied health and other service providers were noted, including their directives and planned review dates. Case conference notes and progress notes indicate who was involved in the care planning process including the consumer, representative and clinical staff; other health professionals are involved as required.

Staff described clinical policies and procedures which guide their practice; these are available electronically to all staff and paper copy is available, which are reviewed on a regular basis. Staff explained the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised. Registered staff said they notify the consumer’s medical officer and representatives if they identify a change in a consumer’s condition, there is a clinical incident and if there is a change in medication. Care staff were aware of how to report and document consumer incidents; registered staff described how incidents are reviewed, and how outcomes of any actions that required follow up are initiated. Staff reported on processes for sharing information, including when consumers move between the hospital and the service.

The service has a documented infection control process and guidelines, including an outbreak management plan, education and training for staff and a dedicated infection prevention and control lead at the service. The organisation has documented policies and procedures relating to antimicrobial stewardship and staff have been provided with training on antimicrobial stewardship. Hand hygiene facilities were observed throughout the service together. The availability of personal protective equipment was observed at entry points to each area and additional supplies were stored in the workstations.

Based on the evidence documented above, Standard 3; Personal care and clinical care, is found to be 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 supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

The Site audit report identified that overall, consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers said staff have an awareness of their individual needs and preferences and staff assist them to be as independent and as safe as possible in activities of daily living. Consumers advised they can talk to staff, pastoral carers or their family if they are feeling sad or low, and religious services are available. Consumers expressed satisfaction with the meals provided by the service and reported their meals have enough variety and are of a sufficient quality and quantity for their needs. Consumers said they are supported to keep in touch with the people who are important to them, and visitors are welcomed to the service. Consumers further stated they are supported to do the things they like to do, both inside and outside the service.

Care planning documentation includes information about consumer’s spiritual beliefs, strategies to support their emotional well-being and identifies social supports, such as people that are important to them. Care documentation identifies consumers’ hobbies, social interests and with whom consumers wish to maintain relationships. Consumer care planning documentation identifies the involvement of other organisations and providers of care in order to promote the consumer’s well-being, such as exercise support and psychological services from external counselling services.

Lifestyle staff discussed how activities are tailored to the needs and interests of the consumers. Lifestyle staff collate information through discussion with family and consumers and tailor the activities programs to suit accordingly. Lifestyle staff monitor the appropriateness of activities through surveys and discussion at consumer meetings about what consumers are currently interested in. Care staff advised they are provided with information about changes to consumer’s needs by registered or other staff during shift handover and at staff meetings. The Chef said changes to a consumer’s dietary requirements or preferences are communicated to the kitchen by registered staff updating the consumer dietary portal, which details the dietary information of all consumers.

Monthly activity schedules were observed to be on display within the service and reflected in the monthly newsletter; these demonstrated a variety of activities are made available. Minutes of consumer meetings demonstrated consumers have input into the lifestyle program. Equipment which supports consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained, and readily available; the service’s preventative maintenance schedule reflected regular servicing of this equipment. Staff were observed talking to consumers, participating in activities and engaging with consumers in a supportive and caring way throughout the visit. Church services which takes place every Thursday, were observed being conducted.

Based on the evidence documented above, Standard 4; Services and supports for daily living, is found to be 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

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

The Site audit report identified that overall, consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers and representatives said they feel at home, and the service optimises their sense of belonging and independence. Consumers and representatives were able to provide examples of elements of the environment that make it a nice place to live; consumers advised they feel safe; the service is easy to navigate and is well maintained. Consumers and representatives reported the furniture, fittings and equipment at the service are safe, clean, well maintained and suitable for their needs.

The service environment was observed to be welcoming as well as safe, comfortable and well maintained. The service’s customised signage was observed that enables consumers and visitors to the service, to navigate through the service and in the event of an emergency. The service environment has natural lighting and the grounds are well kept and maintained. Staff were observed attending to duties including cleaning and maintenance duties within the service.

Management described how the pastoral and lifestyle staff, and managers, welcome new consumers to the service. Management reported on the features of the service environment that are designed to support functioning of consumer including signage, level pathways, lighting, keeping areas free from clutter and creating more private areas for consumers to share with their families. Staff reported on the systems and process in place to ensure the environment is kept clean and is well maintained; staff advised they have the equipment, supplies and training required to undertake cleaning of the service environment. Staff were able to describe how they would raise any concerns about the environment or safety including hazards, were aware of the maintenance request systems in place, and were able to identify avenues for escalation if they required additional resources or if equipment were to break down.

Reviewed maintenance logs, audits, hazard reports and monitoring systems evidence regular maintenance of equipment, furnishings, and fittings. Both the service’s preventative and reactive maintenance logs identified issues reported on and the response/resolution times. Meeting minutes, completed audits and hazard reports further demonstrated the service environment is monitored and actions are taken to ensure a safe and comfortable environment.

Call bells were observed to be available for consumers in their rooms, and consumers were observed using furniture in communal lounge and dining areas. Consumers were observed accessing outdoor areas, socialising and exercising within the grounds.

Based on the evidence documented above, Standard 5; Organisation’s service environment, is found to be 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

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

The Site audit report identified that consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers and representatives said they feel encouraged, safe and supported to provide feedback and make complaints, and they are able to do so anonymously or with the assistance of staff. Consumers who had submitted a complaint were satisfied with actions taken in response to their complaints and said changes had been made at the service in response to their complaints; most changes were individual changes and others were organisational changes.

The consumer handbook outlines the internal and external complaints avenues available to consumers, including information about advocacy services and language services if these are required. Monthly consumer meetings are a forum for consumers to provide feedback or raise concerns, and minutes of these meetings are made available. Management of the service keep records of complaints; information maintained includes who submitted the complaint, when the complaint was submitted and the outcomes following any investigation. Relevant outcome information is used to make service improvements.

Staff were able to describe the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers. Management confirmed complaint resolution involves consumers’ meeting with the management team, and in some cases the organisation’s management team, includes consultation with the consumer and/or the complainant and consultation includes an open disclosure of information and making an apology.

Review of the service’s complaints register demonstrated the service documents feedback and suggestions received from consumers and representatives, appropriate and timely action is consistently taken, and an open disclosure process is applied. Education records demonstrated staff were provided education on the Quality Standards, which included education on feedback, complaints, and open disclosure. The service’s plan for continuous improvement documented improvement initiatives prompted by consumer feedback or complaints.

Information regarding internal and external complaints and feedback processes and advocacy services was observed to be displayed on noticeboards and in brochures made available in communal areas of the service. Feedback forms and locked suggestion boxes were observed to be available in communal areas of the service.

Based on the evidence documented above, Standard 6; Feedback and complaints, is found to be 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

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

The Site audit report identified that overall, consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives advised the service has adequate numbers of clinical staff, care staff and service staff rostered. Consumers, some who had experienced occasional call bell delays, said they were satisfied with the response of care staff to call bells. Consumers and representatives advised they feel confident staff are suitably skilled and competent to meet their care needs. Consumers reported that staff are kind and caring and know what they are doing.

The organisation has recruitment and selection procedures to provide a structured approach that ensures staff have the required qualifications and credentials. Position descriptions are documented and set out the qualifications and skills required and responsibilities of each role. The organisation has a staff performance framework that includes probationary performance reviews, annual performance appraisals and mandatory education.

Clinical and care staff advised while they are busy, enough staff and time is allocated for them to meet consumers’ care and service needs. Care staff said they are supported by registered staff and management, at the commencement of their employment and on an ongoing basis; care staff expressed satisfaction with the level of training they receive. Staff described the orientation and training processes that are in place, including mandatory training, competency assessments and role specific training. Staff demonstrated a shared understanding of their various roles and responsibilities. Staff said they have had regular ‘check-ins’ with management and staff demonstrated awareness of the service’s performance development processes, including performance appraisals.

Management advised registered nurses are rostered on most shifts and/or they are available on call. Vacant shifts are replaced by casual (agency) staff and weekly management reports of agency usage are maintained. Management reported on an orientation and onboarding process for new staff that included a buddying system with experienced care staff that is overseen by registered staff. An annual performance development discussion is used to identify and address any skill shortages identified by supervisors or by the staff member themselves. Consumer satisfaction, including satisfaction with care delivery and call bell response times are monitored monthly. Call bell response times are further reviewed in clinical indicator reporting.

Training records reflect the service consistently orientates, trains and monitors staff training, including mandatory training and competencies, to ensure the workforce has the skills to perform their roles effectively. Relevant documentation demonstrates staff performance appraisals, mandatory training and competency assessments are conducted annually.

Interactions by management, clinical, care and support staff with consumers was observed to be to be kind and caring. Staff were observed to be assisting consumers in a way which did not rush consumers, and staff and management were observed engaging with consumers in a respectful manner and addressing consumers by their preferred name.

Based on the evidence documented above, Standard 7; Human resources, is found to be 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

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

The Site audit report identified that consumers considered the organisation is well run and they can partner in improving the delivery of care and services.

The service demonstrated how consumers and representatives are engaged with the organisation in the development, delivery and evaluation of care and services. The service has regular consumer meetings and actions arising are recorded on quality action plans. Processes such as surveys are in place to seek information from consumers and their representatives; this information is relayed to the organisation’s governing body (Board). Consumer representatives have met with the organisation’s governance committees to discuss their issues and concerns and the Board has acted in response.

The service showed how the Board promotes and is accountable for the delivery of quality care and services and a culture of safe and inclusive care. The organisation has a quality governance framework that establishes tiered accountability from the service manager through to the Board; this process includes the escalation of critical incidents. Regular reports which include clinical indicators, critical incidents, Serious Incident Response Scheme reports, complaints and quality indicators are submitted by the service to the Board.

The service demonstrated the organisation has effective governance systems which include information management, continuous improvement, financial governance, workforce governance regulatory compliance and feedback and complaints. The organisation has policies to guide management and staff in risk management. This includes a documented risk management framework and a service’s governance framework. These frameworks cover consumer safety, risk management, person centred care, clinical safety and the escalation of critical incidents. Training is also provided to staff to minimise risk.

The organisation demonstrated it has a clinical governance framework that supports clinical care practice within the service and the organisation. The service demonstrated how clinical care practice is governed by organisational policies pertaining to antimicrobial stewardship, restrictive practices and open disclosure.

Based on the evidence documented above, Standard 8; Organisational governance, is found to be Compliant.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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.