Bellevue Care Centre

Performance Report

53 Linkwood Drive
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Phone number: 07 3550 5999

**Commission ID:** 5369

**Provider name:** Bellevue Enterprises Pty Ltd & Laberge Pty Ltd

**Site Audit date:** 25 May 2021 to 27 May 2021

**Date of Performance Report:** 29 June 2021

# 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-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 provider’s response to the Site Audit report received 23 June 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

Consumers were treated with kindness, dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and representatives confirmed staff were respectful towards consumers, and consumers’ individual identity, culture and diversity was recognised and valued. Consumers were encouraged and supported to maintain their independence and were confident that staff knew what was important to them.

Consumers described ways their social connections were supported, both inside and outside of the service, and were satisfied that care and services were undertaken in a way that afforded them dignity and respected their personal privacy. Consumers confirmed the service supported them to exercise choice, including taking risks to enable them to live the best life they could. Consumers and representatives confirmed information provided to them was current, accurate and timely, and enabled them to make informed choices about their care and service delivery.

Interviews with staff demonstrated that staff knew what and who was important to each of the sampled consumers. Staff were able to describe how they ensured that consumers’ preferences were respected, and how their culture, values and background influenced the delivery of their care and services.

Care documentation provided guidance to staff regarding who and what was important to the consumers and their individual preferences in relation to care and services. Electronic and hard copy documentation were securely stored to ensure confidentiality of consumer information in accordance with the organisation’s policies and procedures.

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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Consumers felt like partners in the ongoing assessment and planning of their care and services and the outcomes of assessment and planning were communicated and readily available to them. Representatives advised the service kept them informed of any incidents that occurred or changes in consumers’ condition that impacted care and service delivery.

Care documentation demonstrated assessments informed the development of the care plans to guide staff practice for care and service delivery. Validated risk assessment and planning tools were used by the service to identify risk to consumers’ safety, health and well-being including in relation to consumers who experience aggressive behaviours. Care documentation identified assessment and planning for consumers reflected their goals, needs and preferences, including advanced care planning which was developed as consumers entered the service. External service provider input was sought as appropriate to provide staff with strategies when providing care and services to the consumer.

The Assessment Team brought forward concerns relating to the assessment and planning for one named consumer. I have considered this information alongside the Approved provider’s response and have concluded assessment and planning processes were effective in identifying the care needs of the consumer, staff had a shared understanding of the consumer’s needs and documentation supported care planning strategies were reviewed following incidents involving the consumer.

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.*

The Assessment Team brought forward concerns relating to the assessment and planning for one named consumer with challenging behaviours, care planning and progress notes provided to the Assessment Team did not evidence strategies to manage the consumer’s behaviours.

The Approved provider submitted information relating to the consumer which was not evidenced on site during the site audit which supports effective assessment and behavioural strategies were in place for the consumer. Specific behavioural information and strategies was contained in a folder where the consumer resides. Behavioural care planning had been regularly reviewed including after incidents when the consumer’s behaviour escalated. Progress notes demonstrated staff managed the consumer’s behaviours effectively when required.

It is my decision the service had effective assessment and planning processes which identified risks for consumers, therefore this Requirement is compliant.

### 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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

Consumers received personal care and clinical care that is safe and right for them. Consumers confirmed personal and clinical care they received supported their health and well-being, and the care was tailored to their needs, goals and preferences.

Care documentation reviewed, and interviews confirm there was regular assessment and planning of each consumer’s clinical and personal care. Progress notes captured daily changes in consumer health, and appropriate follow up was completed by the clinical team, including consumers who experienced a deterioration in their condition. Care plans were updated following consumers experiencing a decline or deterioration in health. Care documentation demonstrated, and staff confirmed the needs and preferences of consumers nearing the end of life were recognised to support their comfort and preserve their dignity.

Consumers’ care plans identified staff completed progress notes, incident management forms, risk assessment and other forms as appropriate to provide information about care and service delivery for consumers. Referrals had been made to the relevant health professionals when staff identified changes in the consumers’ condition and the referrals were actioned in a timely manner

The service had policies and procedures implemented to reduce the risks of infection through an embedded antimicrobial stewardship policy, regular review of antibiotic prescription and monitoring of staff practice in relation to minimisation of infection related risks.

The Assessment Team brought forward concerns regarding the management of a named consumer who had challenging behaviours. I have considered the Assessment Team’s information alongside the Approved provider response and have concluded the high-impact care needs of the consumer were managed effectively. Incidents were completed following behavioural episodes and the consumer was reviewed regularly by their Medical officer. Staff implemented appropriate care strategies to minimise behaviours exhibited by the consumer and regular contact was made with the consumer’s representative.

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.*

Consumers received safe and effective personal care and clinical care that was best practice, tailored to the consumer’s needs and which optimised the consumer’s health and wellbeing. Consumer and representatives described how consumers received personal and clinical care that was in line with their preferences and needs and was delivered in a way to optimise their health and well-being. Observations of consumers demonstrated consumers received personal care tailored to their needs, including personal grooming, clean and moisturised skin, appropriate oral and teeth care, access to mobility aids, ensuring calls bells and mobility equipment were in reach, and appropriate assistance with meals.

Staff described individual consumer’s needs and preferences and provided examples of how they managed consumers’ personal and clinical care needs in line with best practice, including skin and wound care, pain management, assistance with mobility and responding to incidents including falls. All assessments were completed by a Registered nurse and/or allied health team and documented in the electronic care management system in line with the organisation’s policies and procedures.

The service implemented a number of improvement actions in response to Non-compliance identified at the Assessment Contact 19 January 2021, and these processes have further been embedded into everyday practice at the service. Improvements included the implementation of a restraint assessment tool to identify which consumers required physical restraint in the form of environmental restraint. Consent was obtained from consumers or representatives for all consumers who were identified as being environmentally restrained. The restraint policy was updated to reflect environmental restraint considerations. The service maintained a file with all environmental restraint authorisations, a log of all consumers who are environmentally restrained and the date the restraint authorisation was signed by the consumer or representative. Training was provided to staff in February 2021 regarding the use of restraints, including physical, chemical and environmental restraints. The January 2021 staff newsletter informed staff of the review of the environmental restraint policy and consent form. A consumer and representative meeting was held on February 2021 where the changes to the environmental restraint authorisation process were discussed.

Based on the information contained above, it is my decision this Requirement is now compliant.

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

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

The Assessment Team brought forward concerns relating to the management of risk for one named consumer who exhibited challenging behaviours. Information obtained by the Assessment Team did not support the effective management when the named consumer sought to leave the service or displayed physical aggression towards staff. While I conclude the consumer continues to exhibit challenging behaviours, information provided in the Approved provider’s response satisfies me the management of the named consumer’s behaviour was effectively managed.

I have reviewed care planning directives, incident reports, family conferences and Medical officer correspondence which satisfies my decision this Requirement is Compliant.

The Assessment Team did not have access to all information relating to the consumer at the completion of the site audit. This information was provided as part of the Approved provider’s response which I have considered when making my compliance decision. While I noted the consumer was regularly reviewed by their Medical officer who is satisfied with the care delivered to the consumer including the management of their behaviours, I note the Medical officer was not consistently informed of each episode of aggression or other challenging behaviours. It would be reasonable to expect the service informs the Medical officer of each incident of challenging behaviour to ascertain if alternative treatment options are required. I also note there is no record of a referral to a behaviour management specialist for the consumer, which may also provide the service with further strategies to manage the consumer.

Further to making my decision, I considered that registered staff described how they identified, assessed and managed high impact and high prevalent risks for consumers, including falls, skin integrity, weight loss and pain management. Staff described incident reporting processes and would report incidents to the registered staff on duty in a timely manner. Registered staff provided information consistent with care planning documentation when asked how they managed specific risks for consumers

Based on the information contained above, it is my decision this Requirement is Compliant.

### 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 COMPLIANTServices 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

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

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers were supported by the service to engage in activities they were interested in, both inside and outside of the service, and to remain in contact with people who were important to them.

Consumers confirmed the activity calendar was varied, and adequate to meet their needs and preferences, and other individuals and external organisations were involved to supplement the activity schedule as required or when beneficial to the consumer. Care documentation identified information regarding the emotional, spiritual and psychological needs of the individual consumers, and strategies to increase their well-being. Several consumers received additional emotional and social support through visiting volunteers, a counsellor, and multicultural social support service. Care documentation, inclusive of progress notes and assessments, identified information was documented and communicated to support the delivery of effective and safe care with respect to services and supports for daily living. Registered staff and clinical management described the process for making referrals to individuals and other providers outside of the service to support the needs of consumers.

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

A review of the monthly activity calendar, and the observations made by the Assessment Team, demonstrated consumers participate in a variety of activities which were designed to meet their needs, goals and preferences, and promote their health, well-being and quality of life. Equipment used to support consumers with their independence and to engage in lifestyle activities was observed to be safe, clean, well-maintained, and suitable for consumers’ needs.

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 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

Consumers felt they belonged in the service and felt safe and comfortable in the service environment. Consumers residing outside of the Memory support unit confirmed they were able to easily navigate the service and could access the service’s facilities, including patios, communal areas, onsite coffee shop and salon. Consumers who resided in the non-secure areas of the service were able to freely access outdoor areas and leave the service when they chose, either by using the keypad or with the assistance of staff or a nominated person. Consumers and representatives confirmed the service environment was cleaned and maintained to their satisfaction, and that equipment and furniture was safe, clean and suitable for their needs.

The Assessment Team observed most furniture, fittings and equipment to be clean, well maintained, stored safely and without causing obstruction, and suitable for the needs of the consumers. For the equipment that was observed to be worn and of an aged appearance, management described the improvement actions intended to be taken by the service to replace this equipment.

The Assessment Team observed most areas of the service environment to be clean, well maintained, and designed to enable free and safe movement throughout the service. However, the Assessment Team identified that the environment in the Memory support unit did not promote consumers’ independence nor enable consumers to move freely outdoors, and the outdoor area was not comfortable, safe or well-maintained.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-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) Non-compliant

*The service environment:*

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

The environment in the Memory support unit was not safe or well maintained, nor did it enable all consumers to move freely both indoors and outdoors. Consumers who reside in the Memory support unit were restricted from accessing the adjoining outdoor area as the doors were locked. The outdoor area was poorly maintained, and consumers would not be safe or comfortable had they been able to access the outdoor area of the Memory support unit.

The Assessment Team observed locked doors to the outdoor areas in the Memory support unit. Information regarding the reason for the doors to be locked was inconsistent and included temporarily locking the doors for scheduled maintenance and preventing consumers from absconding or damaging the perimeter fence. Management had not considered this practice was restricting consumer movement as consumers from the Memory support unit were invited to participate in walks and activities outside the memory support unit. Management advised the doors will remain locked until the service has redeveloped the outdoor area, in conjunction with an environmental consultant, to ensure the safety and comfortability of consumers who use the area.

The outdoor area adjacent to the Memory support unit was observed to be small in size, comprised of dense foliage and did not contain seating or shaded areas. A semi-circular pathway was observed to be overgrown with grass and foliage and was uneven and damaged in places. The perimeter fence was observed to be secured by cable ties and large removable rocks lined the perimeter fence. A consumer representative expressed their wish for their consumer to be able to access the outdoor area.

The Approved provider in its response has acknowledged there were safety issues present in the outdoor area of the Memory support unit which necessitated the doors to this area to be locked. The Approved provider also noted staff could unlock these doors and accompany consumers in this area, this does not appear to be consistent with the Approved provider noting there were safety issues in this area. The Approved provider noted that consumers frequently move from the Memory support unit to other areas of the service for walks. While I acknowledge this statement, I have also considered consumers in Memory support units benefit from access to outdoor areas for exercise and this is not readily available for consumers residing in the Memory support unit at the service, unless they are accompanied by staff to other areas of the service.

The Approved provider has engaged specialist services to assess the outdoor area and have commenced planning, developed and action group and engaged an environmental design consultant to improve the outdoor area. The gardens have been tidied and staff are encouraged to support consumers to utilise this area under supervision. While work is undertaken in the outdoor are of the Memory support unit, staff will be encouraged to assist consumers to access other outdoor areas of the service.

While I acknowledge the planned actions described by the Approved provider to rectify the deficits in the outdoor area supporting the Memory support unit, I also acknowledge these actions are yet to be completed or evaluated for their effectiveness. It is my decision, at the time of the site audit consumers residing in the Memory support unit could not move freely between the indoor and outdoor areas of the service, therefore, this Requirement is Non-compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers were encouraged and supported to provide feedback and make complaints, and that appropriate and timely action was taken by the service in response to their feedback and complaints. Consumers received information on how to make complaints and provide feedback, and felt safe and comfortable in doing so, either anonymously or with the assistance of management and staff. Consumers who had recently made a complaint were able to describe the improvements and changes to their care and services that had been implemented as a result. Consumers/representatives confirmed they were aware of other avenues for raising a complaint including advocacy services.

Processes were in place to promote and support consumers and representatives to provide feedback and make a complaint, and feedback and complaints were used to continually improve the care and services provided to consumers. Processes were also in place to ensure that consumers and representatives were involved in the implementation and evaluation of improvement actions. An open disclosure process was applied following an adverse event occurring.

A review of complaints related documentation confirmed that staff consistently reported verbal feedback or complaints to their supervisor and management and utilise the electronic feedback system to raise issues or concerns. Information regarding complaints and feedback processes, and advocacy services, was displayed on noticeboards throughout the service, and on posters and brochures available in each care unit.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

Consumers received quality care and services when they need them and from people who are knowledgeable, kind, capable and caring. Consumers confirmed staff were respectful of their identity, culture and diversity, including in relation to being able to participate in events of cultural significance. Most consumers confirmed there were sufficient staff to support care and services and had confidence staff knew what they were doing.

Interactions between management, staff, and consumers and representatives were observed to demonstrate a kind, caring and respectful approach. Staff rosters and allocation records were reviewed to ensure there were sufficient staff to meet the care and service needs of consumers. A review of the rosters confirmed staff on leave were replaced. Staff confirmed they had adequate time to deliver care and services that met consumers’ care and service needs and preferences.

Recruitment procedures and position descriptions were available to staff and assisted management to recruit appropriately skilled staff. Systems were in place to identify staff training needs, provide education to staff and monitor staff performance. Training records demonstrated staff have been trained in restraint requirements, infection prevention and control, including COVID-19, and the introduction of the Serious Incident Response Scheme on 1 April 2021.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers considered the organisation was well run and they could partner in improving the delivery, development and evaluation of care and services. Consumers and representatives confirmed they were involved in the review of the new menu, and on a day to day basis they were encouraged to make suggestions to enable the service to support them to live the best life they can. Consumers and representatives confirmed they engaged with management and staff day to day and had meetings with clinical staff and other health professionals regarding care and service provision. Consumers and representatives said the organisation asked for their opinions about the delivery of care and services, listened to them and made changes when something went wrong to prevent it happening again.

The governing body set the strategic priorities for the organisation and met regularly, to identify and review risks from an organisational and consumer perspective. The governing body monitored and evaluated how the organisation performed against the Quality Standards through meetings and reporting processes. The organisation has a Strategic Plan and Diversity and Inclusion Plan which establishes mechanisms used by the organisation to promote a culture of safe, inclusive of quality care and services.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures that are available to all staff and guidelines and resources are available to support effective risk management systems and practices. The clinical governance framework included reporting processes, monitoring systems, benchmarking of clinical indicators through an external benchmarking provider and training provided to staff. An open disclosure process was used in dealing with any complaints and or incidents that occurred.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

* The service environment inclusive of the Memory support unit must enable consumers to move freely, both indoors and outdoors.