Blue Care Arundel Woodlands Lodge Aged Care Facility

Performance Report

29 Melbourne Road
ARUNDEL QLD 4214
Phone number: 07 5509 9200

**Commission ID:** 5226

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Site Audit date:** 15 March 2022 to 17 March 2022

**Date of Performance Report:** 08 April 2022

# Performance report prepared by

Bruce Bassett, 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-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.
* the provider’s response to the Site Audit report received 4 April 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers said they were treated with dignity and respect by staff and management. They confirmed they could make informed choices, retain their independence and communicate their decisions relating to the care and services they wished to receive. Consumers reported being encouraged to do things for themselves and said staff were aware of what was important to them.

Care planning documents included information about consumers’ backgrounds, identify and cultural practices, their relationships, interests, religious preferences, what was important to them and contact details for those the consumer wishes to have involved in their care. The service had assessed risks to consumers and documented strategies to assist them to maintain their independence and exercise choice.

Consumers and representatives confirmed they were provided accurate information in relation to their care and services. They said their personal privacy was respected and their personal information remained confidential.

Care information captured risks for individual consumers including, but not limited to, mobility, lifestyle choices, nutrition and dietary needs.

Information regarding care and services were provided to consumers through several ways including, verbal and written communication, meetings, noticeboard messages, menus displayed and newsletters.

Staff were observed interacting with consumers respectfully, greeting them by name and being discreet when discussing consumers’ needs with other staff. Staff demonstrated an understanding of consumers’ care and service preferences. Staff were familiar with consumers’ backgrounds, cultures and values and provided examples of how they could support and enable consumers lifestyle choices.

The organisation has a range of policies that guide staff practice, including on topics such as consumer respect, choice, diversity and privacy.

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 NON-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

Consumers and representatives said that they felt like partners in the ongoing assessment and planning of consumers’ care. They said they are included in the initial and ongoing assessment and planning of their care and services.

Initial assessments identified consumers’ needs, goals and preferences and included consideration of advanced care planning and end of life wishes. The service accessed external health services and allied health professionals as required to support consumer care.

There are processes to support the regular review of care and service delivery and this occurs three monthly or when circumstances change, or if incidents occur. The Assessment Team found that care planning documentation evidenced involvement of consumers and their representatives in this process.

However, assessment and care planning documentation did not provide individualised strategies to guide staff delivering care to some consumers who exhibited challenging behaviour, had diabetes or chose to smoke or consume alcohol. The outcomes of assessments and care planning were discussed with consumers and representatives during care plan reviews, but care and services plans were not consistently available to guide staff in delivering those cares and services. In several cases, it was identified that assessments had been conducted in relation to these consumers, but this information had not generated care and services plans for staff to follow in providing services to the consumer concerned.

The organisation had a suite of evidence-based policies and procedures to guide staff with the assessment and care planning process.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

Assessment and care planning documentation did not consistently inform the delivery or care and services required, specifically for consumers who have diabetes, exhibit challenging behaviours or who choose to take risks including consuming alcohol and smoking.

Examples included in the site audit recorded generic strategies to manage consumer behaviour rather than considering and recording the identified triggers and individualised strategies that could be used to provide guidance for staff for particular consumers. Staff at the Service acknowledged the sampled Behaviour Support Plans (BSP) for consumers were generic and did not meet the legislative requirements of a BSP. Management advised the Assessment Team they would ensure BSP’s were reviewed and updated in accordance with legislative requirements and additional training would be provided to staff.

For consumers with diabetes, assessments and Blood Glucose Level (BGL) monitoring charts did not provide consistent directions to staff regarding the monitoring of BGL’s. For example, an identified consumer’s diabetes care plan directed staff to monitor his BGL monthly, however, the directive within the BGL chart was for weekly monitoring. Management advised the Assessment Team they would ensure the BGL documentation was updated to ensure consistency.

An identified consumer on a fluid restriction plan chose to consume alcohol, but this was not reflected in their care and services plan. Nor were the strategies agreed regarding the provision of alcohol and monitoring of the consumer’s consumption while at the service. The consumer’s alcohol consumption patterns, being for instance that staff do not provide them alcohol on days when they attends a local tavern, were not recorded in his care and services plan. Staff were, however, aware of the arrangements and managed the consumer’s alcohol intake. Management advised the Assessment Team that the consumer’s care plan was updated when the issue was brought to their attention.

An identified consumer who chose to smoke had a risk assessment to evaluate their safety when smoking. It recorded that staff should ensure the consumer has a handbell with them to attract staff attention if required while attending the smoking area. Staff were aware that the consumer was required to carry the handbell, however, this was not reflected in the consumer’s care and services plan.

The Assessment Team identified that delivery of care and services is safe and appropriate for the sampled consumers, despite the inconsistency in recording information in care and services plans to guide staff for some consumers.

In responding to the site audit report the Approved provider provided information and supportive evidence that each of the identified deficiencies in care planning had been reviewed and the care plans updated. The Approved provider also provided further information regarding support being extended to staff on the expectations and requirements of effective assessment and care planning. The Approved provider did not dispute the recommendation in the site audit report.

While I acknowledge the actions the Approved provider has undertaken in addressing the deficiencies in this requirement, considering the number and nature of deficiencies in assessment and care planning, I find that this requirement is Non-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) Non-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.*

The Service did not demonstrate that, for some sampled consumers, the outcomes of assessments are consistently documented in a care and services plan that is readily available where the care and services are provided.

The care and services plans for some consumers did not consistently document their care needs and preferences to guide staff in care delivery. For example, an identified consumer had assessments conducted in relation to personal hygiene, skin care and sleep regime, but their care documentation did not have associated care and services plans generated to guide staff in providing these cares.

Another identified consumer had completed assessments for communication, dietary needs, elimination and complex care, however, the associated care and services plans had not been generated to guide staff.

An identified consumer’s communication plan identified their preferred language as Arabic, however, this was contradicted by their lifestyle care plan that identified their preferred language as Persian. When informed of this by the Assessment Team, management confirmed the communication plan was incorrect in identifying the consumer’s preferred language as Arabic.

Staff advised the Service’s Electronic care management system (ECMS) could be unreliable when uploading the completed electronic assessments that generate the associated care and services plans.

Management advised they would review the sampled consumers’ care and services plans and updated copies of these were provided to the Assessment Team while they were still on site.

While care and registered staff demonstrated knowledge of the care required by the sampled consumers, the service did not demonstrate that staff practices and monitoring processes ensure the outcomes of assessments are consistently being documented in each consumer’s care and services plan.

In its response to the Assessment Team’s report the Approved provider provided information and supportive evidence that each of the identified deficiencies in care planning had been reassessed and actions arising from the assessment undertaken. The Approved provider advised that additional training for staff and action to address the contributing network connectivity issues involving the ECMS had been undertaken. The Approved provider did not dispute the recommendation in the site audit report.

While I acknowledge the actions the Approved provider has undertaken in addressing the deficiencies in this requirement, considering the number and nature of the deficiencies identified in documenting of care and services plans, I find that this requirement is Non-compliant.

### 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 considered that consumers receive care and services that are safe and right for them. They said consumers had access to medical officers and other health professionals as required and consumers with high-impact or high-prevalence risks related to their care were effectively managed

Consumers and representatives provided the Assessment Team with examples of how staff supported consumers with complex care needs, assisted them when they were unwell and discussed risks associated with the use of restrictive practice if this was being considered.

Registered staff described how they monitor consumers’ health and well-being and identify any emerging concerns. Registered nursing staff and care staff described how they support consumers who are approaching end of life and said they strive to maximise the consumer’s comfort and dignity through the provision of oral care, repositioning and pain management.

Care planning documentation evidenced care that was safe and appropriate to the consumers’ needs and this included those consumers who were nearing end of life. The Assessment Team brought forward examples of care that had been provided to consumers with chronic or complex wounds that demonstrated their skin care needs were being managed effectively, even though wound measurements and photographs were not consistently available in the ECMS.

The Assessment Team found that care planning documentation included appropriate consents and authorisations where restrictive practices were applied and that there had been involvement dementia specialists as necessary. The use of psychotropic medications was monitored via reports provided by a clinical pharmacist.

Processes were in place to ensure that consumers’ care needs were identified, actioned and communicated. This included electronic messages, handover, the ECMS, daily workbook and incident reporting mechanisms.

Referral processes were effective and where appropriate, information was documented and communicated with others where consumer care was shared. Allied health specialists provided feedback that their care directives were implemented as planned.

The service had processes in place to minimise infection related risks including a qualified Infection Prevention and Control Lead and an outbreak management plan. The service monitored and maintained vaccination records for staff and consumers in relation to influenza and COVID-19.

The organisation had a suite of evidence-based policies and procedures relevant to this standard to guide and support staff in the delivery of care and services to consumers. Policies included restraint minimisation, wound care, pain management and end of life care.

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 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

Consumers and representatives considered that consumers receive 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 felt supported to engage in a range of activities of interest to them both inside and outside the service. They said the service supports consumers to remain socially connected with people of importance to them and that their emotional and spiritual needs are met by staff, the Chaplain and volunteer workers. Overall, consumers were satisfied with the meals and said that portion size was appropriate and that they enjoyed sufficient variety.

Staff were able to describe the types of activities that individual consumers liked to participate in. Lifestyle staff advised that activities are planned on a monthly schedule and a variety of activities are offered including crafts, exercise classes, bus outings and cultural events. Staff described how activities are adjusted to meet consumers’ individual needs and capabilities.

Staff described how the activity program is tailored to the needs of the consumers through feedback during activities, discussions at consumer meetings and through the feedback and complaints mechanisms. The Assessment Team was able to confirm through a review of meeting minutes that consumers have opportunities to contribute to activity planning.

Staff were familiar with how to recognise a change in a consumer’s emotional or psychological well-being and said they would escalate this to the registered nurse who can then undertake an assessment, make a referral to a counselling service or enlist the support of the Chaplain.

Hospitality staff were familiar with consumers’ specific dietary needs and said meals are prepared fresh on site. Menus were generally changed seasonally and were reviewed by a dietitian and speech pathologist. Communication processes were established to ensure that information relating to consumers’ dietary needs is current and communicated appropriately. Consumer satisfaction with the meals was monitored through consumer meetings, food focus groups, verbal feedback and compliments and complaints.

Care planning documentation included details about what is important to consumers and identified the supports needed to help consumers to do the things they want to do. The Assessment Team found that information included in care plans was consistent with the information provided by consumers and representatives.

The Assessment Team observed meal services and meal delivery to consumers’ rooms. The Assessment Team noted staff were cognisant of consumers’ preferences and confirmed meal choices with the consumer. Kitchen and serving areas were observed to be clean and tidy with kitchen staff observing food safety protocols.

The Assessment Team observed lifestyle and leisure supports and equipment to be clean, well-maintained, safe and suitable to the needs of the consumers.

The organisation had a suite of policies and procedures in place relevant to this standard that addressed referral processes and supported the lifestyle needs of consumers.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall consumers confirmed they felt safe and comfortable and were satisfied with the organisation’s service environment. Consumers said they could access indoor and outdoor areas, that their visitors were made to feel welcome and that the Service had various areas for visitors and consumers to spend time together.

Staff demonstrated an awareness of how to report maintenance issues and documentation reviewed identified reactive maintenance is attended to in a timely manner and preventative maintenance is undertaken as scheduled. There were processes to support equipment replacement and risk assessments were completed as appropriate.

Management said they monitored consumer satisfaction with the service environment through encouraging verbal feedback from consumers, and through comments received through the compliments and complaints mechanisms.

The Assessment Team observed the service’s living environment including consumers’ rooms, communal internal areas and garden areas and found the service was secure, clean and well-maintained. Consumers were observed moving freely within the environment and accessing equipment that was appropriate to their needs. Consumers’ rooms were personalised with pictures, decorations, and personal items.

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

Overall, consumers and representatives sampled considered they were encouraged and supported to provide feedback, suggestions and make complaints, and that appropriate action was taken in response.

The service was able to demonstrate that consumers and representatives were made aware of and had access to advocates, language services and other methods for raising complaints. Consumers and representatives confirmed they had been provided with information about complaints processes and consumers and representatives said they were aware of external complaints mechanisms and advocacy services.

Information brought forward under other standards demonstrated that consumers felt they received sufficient information to exercise choice and were involved in decisions about the care and services they received.

During the site audit management provided examples of instances where complaints had been managed and where an open disclosure process was applied. Consumers and representatives were aware of the avenues for raising complaints, including accessing external complaints bodies. Staff were able to describe how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

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 COMPLIANTHuman 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

Overall consumers and representatives said the care and services consumers received was in line with their needs and preferences. They said staff were kind, caring and respectful and their requests for assistance were generally responded to in a timely manner. Consumers and representatives felt staff were appropriately qualified and knew how to perform their roles. They provided positive feedback in relation to staff’s capabilities and how their care and services were delivered.

Staff generally said they had enough time to complete their job and management generally replaced unplanned leave. Registered and care staff were guided by their position descriptions, workflow documents and duty statements. They confirmed they had received training relevant to their roles.

The organisation has policies and processes to ensure staff are recruited, trained, supported and have the qualifications and knowledge to meet the needs and preferences of consumers across all areas of service delivery. Registered staff qualifications were monitored by the organisation to ensure they remain current.

The service has a suite of documented policies and procedures to guide staff practice and which outlines that care and services are to be delivered in a person-centred manner. Management undertake reviews of staff performance on a regular basis.

Training records indicated staff had been provided with additional education opportunities and mandatory education online and face to face. The organisation had policies and procedures in relation to rosters, recruitment, personnel management and dignity and respect.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall consumers and representatives said the service was well run and felt that they could partner in the delivery and evaluation of care and services. Consumers and representatives said they participated in the development and evaluation of services and consumers were able to make informed decisions about the types of activities they chose to participate in.

The organisation has strategic quality and clinical governance frameworks that promote a person-centred care experience for consumers. The clinical governance framework, in conjunction with clinical policies and procedures, outline the safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. It includes policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure.

Staff and consumers receive information regarding the Aged Care Quality Standards and the organisation’s goals, expectations and values related to consumer care and service delivery. Consumers are also provided a copy of the Charter of Aged Care Rights.

Effective risk management systems and processes ensured that the organisation identifies and responds to risks that may impact consumers’ health, safety and well-being. The organisations risk management frameworks describe how high impact and high prevalence risks associated with the care of consumers are managed, and processes to identify, report, prevent and manage risks to the health, safety and well-being of consumers and incidents, including incidents that must be reported in accordance with legislation and the serious incident reporting scheme (SIRS).

Governance systems are in place to support the management of information, regulatory compliance and financial governance. Governance systems relating to the management of the workforce and feedback and complaints were effective. Complaints data was consistently used to improve care and service delivery or to inform continuous improvement.

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.

* 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 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.