Bolton Clarke Rowes Bay

Performance Report

9 Havana Street   
ROWES BAY QLD 4810  
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**Commission ID:** 5286

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 6 December 2021 to 9 December 2021

**Date of Performance Report:** 11 January 2022

# Performance report prepared by

Gai-Maree Cain, 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** | **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 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 29 December 2021
* other information and intelligence held by the Commission regarding 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

Overall consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, maintain relationships of importance and live the life they choose. For example, staff know consumers as individuals, treat them with respect and dignity and value their individual identities. The service supports consumers to be independent, exercise choice and make decisions about care and services provided, including supporting consumers to take risks to remain socially and physically independent. Consumers and representatives confirmed consumer’s personal privacy is respected.

Staff consistently spoke respectfully of consumers and demonstrated an understanding of individual consumers’ background, culture, values and beliefs and how these influenced day-to-day care and services. For example, staff were aware of one named consumers’ choice to participate in significant cultural, and a second named consumer who liked to engage in religious events. Staff described ways they enable and support consumers’ choices and preferences, including maintain relationships of importance to the consumer. Staff demonstrated an understanding of how the service supported consumers who choose to take risks, including how the service discusses the risks with the consumer.

Staff described various ways the service provided information to consumers about activities including through noticeboards, verbal and written communication, consumer handbook, newsletters and activity calendars. Staff demonstrated an understanding of consumer privacy and confidentiality and provided examples of this in their day to day role such as ensuring handover is undertaken in private areas and not discussing consumers’ care with other consumers.

The Site Audit report provided information which evidence consumers’ assessment and care planning documentation reflected what is important to the consumer and provided information to guide staff in delivering care tailored to the consumer’s expressed preferences. Care related documentation evidenced involvement of consumers and representatives including through telephone calls and organised meetings. Where consumers had chosen to take risks, risk assessments had been completed and strategies for managing the risk were reflected in the documentation.

Policies and procedures relevant to this standard provide guidance to staff and include dignity, choice, privacy, diversity and dignity of risk.

Staff have been provided with education about the need to treat consumers with dignity and respect with their identity, culture and diversity valued.

Observations made at the time of the Site Audit included staff interacting with consumers respectfully and with an understanding of each consumer’s preferred communication style. For those consumers who experienced communication barriers, staff took time to sit with the consumer, explained the options available and supported them to exercise choice. Staff were discreet when offering assistance to consumers and when discussing consumers’ needs with other staff.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives considered that they are partners in the initial and ongoing assessment and planning of the consumers’ care and services, including consideration of consumer’s wishes for care at end of life. The service seeks input from Medical officers and other health professionals as required; and consumers and representatives said they are informed about the outcomes of assessment and care planning, including staff explaining relevant information about changes in consumer needs and accessing the consumer’s care and services plan if they wish.

Registered Nurses demonstrated an understanding of the service’s assessment, care planning and evaluation process; including three monthly care plan reviews, referrals to other health professionals, and how they approach end of life and advanced care planning discussions with consumers and representatives. Staff described what is important to individual consumers in regard to how their personal and clinical care is delivered, including their needs, goals and preferences.

The service had clinical guidelines, policies and procedures to guide staff in the assessment and care planning process, including a suite of evidence-based assessment tools.

Review of consumers’ care and service plans reflected individualised information on the current needs, goals and preferences; and risk/s for consumers. Copies of consumers summary care plans are available in consumer’s rooms, and care staff involved in the consumers’ care had access to assessment and care planning information relevant to their role.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives considered that consumers’ receive personal care and clinical care that is safe and right for them and gave various examples of how staff ensured the care provided to consumers was right, including regularly asking them about their care and the way it is delivered, and involving consumers and representatives in discussions regarding alternative care options available.

Consumer and representatives expressed confidence that changes in the consumer’s care needs would be identified and addressed, considered the needs and preferences of consumers are effectively communicated between staff and that referrals occur promptly.

Staff could describe how they ensured consumers’ care is best practice, for example by referring to organisational policies and seeking support from management including after hours if required. Registered nurses described the high impact and high prevalence risks for individual consumers, and risks and management strategies for consumers were reflected in care documentation.

Staff demonstrated understanding of processes for identifying and reporting changes in consumers health and welling being to the Registered Nurse who can access support from the Medical Officer if required. Staff described ways care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The Site Audit report provided information in relation to restrictive practices which evidenced consumers that had been identified as subject to a restrictive practice had behaviour support plans established, including alternatives to be used prior to the implementation of the restrictive practice. Consumers had been assessed by a medical professional with day to day knowledge of the consumer, and care included the reason for the restrictive practice, consumer’s or substitute decision makers informed consent and authorisation, and regular restraint usage monitoring and evaluation by the Registered Nurses.

Care planning documentation included evidence of how staff had supported consumers including those with complex clinical are needs, for example, consumers requiring wound care and pain management. Documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The service has policies, procedures and guidelines to support the delivery of care provided including restrictive practices, skin integrity, pain management, end of life care and recognising and responding to consumer deterioration.

The service has implemented policies and procedures to guide staff in minimisation of infection related risks. Staff confirmed they have received training in COVID-19, and infection control principles. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak, including the appointment of two Infection prevention control leads.

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 are supported to do the things they like to do and that optimise their independence, wellbeing and quality of life. Consumers and representatives described ways that staff at the service provide emotional, psychological and spiritual support to consumers. For example, support through one on one conversation with staff, referral to their MO or an external services and connections with people important to the consumer. Consumers and representatives expressed satisfaction regarding the meals offered at the service, they advised that the quality and quantity of meals cater for individual consumers needs and advised that the service seeks feedback from consumers to identify areas for improvement.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff are informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through handover, diary notes, and consumers care planning documentation.

Lifestyle staff advised the consumers are engaged to understand what activities they like to do and this informs the service’s activity calendar which includes outings, live entertainment, arts and craft and other external activities. The service had a volunteer program to assist with the activities program and engages with external organisations and individuals for additional support if required.

The service demonstrated timely and appropriate referrals to external providers for lifestyle supports, and consumer care planning documentation reflected the involvement of other lifestyle providers and allied health professionals.

During the Site Audit, the Assessment Team observed consumers and participating in activities if they choose; and copies of the activities calendar in consumer’s rooms and other areas of the service.

Staff said they had access to the equipment they needed, and the equipment was maintained, and review of maintenance documentation identified scheduled preventative and reactive maintenance, which includes equipment maintenance, had been completed.

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-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 and representatives considered that consumers felt they belong, safe and comfortable in the service environment. Consumers are supported to decorate their rooms with personal belongings including furnishings. Consumers and representatives advised furniture, fittings and equipment are well maintained, clean, safe and suitable for their use.

Consumers were observed to be having meals together, spending time together socialising and participating in activities.

Staff described design features of the service environment that supported the functioning of consumers such as wide corridors, handrails, garden areas indoors and outdoors, and signage identifying consumer’s rooms and the shared areas at the service.

The service had a maintenance schedule including planned and preventative maintenance, review of documentation confirmed regular maintenance was conducted of the service environment.

However, the service was not consistently providing a safe, clean, comfortable and well-maintained environment for consumers. Consumers expressed dissatisfaction with the comfort of the service’s living environment due to cigarette smoke drifting into their room; consumers were unable to move freely between the indoor and outdoor courtyard and balcony areas; and some areas of the service environment were visibly unclean.

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 Site Audit report provided information that the service was unable to demonstrate the environment was safe and clean or enabled consumers to move freely outdoors. Including:

* The service’s designated smoking areas were located within 5 metres of the service’s boundaries.
* Some doors within the service requiring keycodes to exit were not accessible for all consumers. At the time of the Site Audit, some consumers advised they had to request assistance from staff to gain access to the courtyard area, which is not their preference.
* Consumers were not satisfied with the comfort of the service’s living environment. For example, one named consumer advised they liked to leave their room window open however this is hard to do as cigarette smoke travels into the room and the smell of smoke can at times be very prominent.

The Site Audit report provided information in relation to observations made across the Site Audit including:

* Locked or faulty doors to the service’s main courtyard; and automatic doors which did not provide entry to consumers back into the service from the courtyard. A keypad gate located in the courtyard provide access to the service’s grounds, however no keycode was displayed to enable this gate to be unlocked.
* In relation to cigarette smoking, observations included cigarette smoke in a communal hallway; the designated smoking area of the service and outdoor garden beds surrounding this area were littered with cigarette butts. Designated smoking areas (used by consumers and staff) were observed to be within 5 metres of the service boundaries.
* A storeroom containing cleaning chemicals located outside of the service’s secure living environment had signage identifying the rooms was to be locked, however the storeroom was found to be unlocked on a number of occasions across the Site Audit.
* A number of area’s in the service were visibly unclean, including kitchenette’s, stainless steel lift doors, balconies and consumer equipment.
* Potential hazards observed included a trolley obstructing than emergency exit and thereby not allowing egress in an emergency event; and a garden hose extended across a footpath and a possible trip hazards for consumers.

In response to the deficiencies identified at the time of the Site Audit, Management advised:

* the faulty doors were reported to maintenance for action;
* the automatic doors in the courtyard had not been unlocked by staff and Management had followed up to ensure these were unlocked daily, however the Site Audit report identified the doors remained locked throughout the Site Audit.
* a directive to staff would be communicated to ensure internal doors remained opened, storage rooms locked, and the service environment identified as visibly unclean would be cleaned immediately.

Management advised the smoking areas of the service had previously been identified as an issue for the service and into the future the organisation would become a smoke free service. At the time of the Site Audit a Plan for Continuous Improvement identified actions planned by the service to ensure the designated smoking areas met legislative requirements.

The Approved Provider in their response provided information which evidenced actions had been taken and planned by the service to address the deficiencies identified at the time of the Site Audit. Including review of the designated outdoor smoking area to ensure this area meets the requirements of the Tobacco and Other Smoking Products Act 1998; the service will become a non-smoking site on 1 April 2022; actioning of maintenance to faulty doors; communication with staff regarding monitoring of doors to ensure doors are unlocked to support free movement of consumers throughout the service; immediate cleaning of areas of the service environment identified and the ongoing monitoring of the cleanliness of the service environment via cleaning checklists and monthly auditing.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report and the Approved Providers written response. While I acknowledge the actions taken and planned by the service in response to the deficiencies identified in the Site Audit report, improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision 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

Consumers and representatives confirmed that they were aware of avenues available for providing feedback and raising complaints, including through advocacy services. They advised they felt comfortable providing feedback and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management described how the service actively seeks feedback and input from consumers and staff demonstrated an understanding of the services complaint’s management processes. This included how they would support a consumer to provide feedback or make a complaint; resolution of the complaint in consultation with the consumer and/or representative; open disclosure processes; recording of complaints and reporting of consumer feedback to the governing body.

The service demonstrated the applying of open disclosure in the event consumers raise concerns or make a complaint, including the maintaining records with information identifying who submitted the complaint, when the complaint was submitted, what follow up actions were taken and the outcome of the feedback. Management provided examples of actions taken by the service in response to consumer feedback including the presentation of the meal service and lost laundry.

The organisation has an open disclosure policy which included providing relevant information and offering an apology to the consumer.

Review of the services plan for continuous improvement identifies improvement actions taken by the service following consumer and representative complaints and 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 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

Overall, consumers and representatives considered that consumers received the care and services they need them and from people who are knowledgeable, capable and caring. Consumers and representatives said there were adequate clinical, care and service staff rostered at the service and expressed satisfaction with staff’s response to consumer’s requests for assistance.

The service demonstrated the workforce is planned to enable the allocation of the number and mix of staff to manageand deliver safe and quality care and services, including a Registered Nurse rostered on all shifts, and the extension of shifts and use of agency staff. Management advised the service is undertaking ongoing recruitment for care and registered staff roles, with the service recently employing an additional eight care staff and two Registered Nurses. Interactions between consumers and staff were kind, caring and respectful; and consumer care documentation reflected kind and respectful language.

Workforce members are competent and have the qualifications and knowledge to effectively perform their role. They are recruited, trained, equipped and supported to deliver safe and quality care and services that meets the quality standards through orientation, mandatory and ongoing training and identification of learning opportunities from incidents, consumer complaints or regulatory changes. Training records confirmed staff have received training in areas relevant to their role, including but not limited to, the Serious Incident Response Scheme, minimising restraint and antimicrobial stewardship. Staff demonstrated an appropriate knowledge in relation to these training topics relevant to their roles.

Performance of the workforce is monitored through observations of staff practice, audits and through consumer feedback and complaints. Review of personnel files demonstrated the service has completed performance appraisals and staff performance matters are managed by the service.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they were involved in the development and evaluation of services. Consumers and representatives confirmed they had opportunities to provide feedback and be involved in the development of care and services through consumer and representative meetings, focus groups and feedback forms.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. For example, the organisation had a quality governance framework that establishes accountability from the service management through to the Board, including monthly indicator reports in relation to clinical indicators, incidents, Serious Incident Reporting Scheme, consumer complaints and quality indicators.

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 were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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.*

The service had implemented effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints.

However, the Site Audit report provided information that identified the service’s designated smoking area was within 5 metres of the service’s boundaries and did not meet legislative requirements implemented 1 September 2021, under the Tobacco and Other Smoking Products Act 1998. While at the time of the Site Audit the service did not demonstration compliance with the legislative requirements in relation to designated smoking areas, I have considered this information under Requirement 5(3)(b). The Site Audit report provide information that the service tracks changes to legislation and communicates these through the service and organisation; and demonstrated effective organisational processes in response to legislative and regulatory changes such as the Serious Incident Response Scheme and mandatory COVID-19 vaccination for residential aged care workers.

The Approved Provider in its written response provided information which evidenced actions taken by the service in response to the deficiencies identified in relation to the location of the designated smoking area within 5 metres of the service’s boundaries. I have considered this information under Requirement 5(3)(b). I am satisfied that the service has effective organisational governance systems in place, therefore, I find the service Compliant in this requirement.

### 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.

* Requirement 5(3)(b) - Ensure the service environment is safe and comfortable for all consumers.