Carinya (Atherton) Hostel

Performance Report

1 Mazlin St
ATHERTON QLD 4883
Phone number: 07 4091 2177

**Commission ID:** 5077

**Provider name:** Carinya Home for the Aged

**Site Audit date:** 11 May 2021 to 13 May 2021

**Date of Performance Report:** 2 July 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 15 June 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

Consumers and representatives said consumers are treated with respect and their personal privacy is respected by staff. They said consumers individual identity, culture and diversity is recognised and valued and expressed confidence that staff know what is important to consumers.

Consumers and representatives said consumers are encouraged to maintain their independence including supporting consumers to take risks and live the life they choose. They said consumers are provided with information which assists them in making decisions about their care and services, including what activities and outings they would like to be involved in, and attending meetings to provide input about care and services.

Staff demonstrated respect towards consumers and an understanding of individual consumers life journey and how these influenced the day-to-day delivery of care and services. Staff said they supported consumers to maintain relationships of importance both inside and outside of the service, including the service supporting consumers to receive visitors and go on outings with family and friends.

Staff described how they respected the personal privacy of consumers such as knocking on doors, gaining permission prior to providing cares and not interrupting when consumers had visitors. Staff also described keeping consumers personal care planning documentation private.

Care documentation included information specific to individual consumers including background, identity and cultural preferences. The Assessment Team observed individual consumer’s rooms to be decorated with personal effect items that are important to them; and the service’s social media page demonstrated the service celebrated culture in line with consumer’s preferences.

Review of documentation provided to the Assessment Team demonstrated the service supports consumer choice and independence through attendance at consumer meetings where consumer feedback is encouraged.

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 generally considered that they feel like partners in the ongoing assessment and planning of consumers care and services. Most consumers and representatives expressed satisfaction with the information that is provided to them about, and their involvement in, care planning processes.

Most consumers and representatives said they did not have a copy of, or recalled being offered a copy of the consumer’s care plan, however expressed confidence they would be able to access a copy if requested.

Care planning documentation reflected individualised consumer’s needs, goals and preferences and included others the consumer wishes to have involved in assessment and care planning. Consumer care plans had been regularly reviewed including when there were changes in consumer’s condition.

The Clinical Care Coordinator and Registered staff demonstrated an understanding of the service’s assessment, care planning and evaluation process including consideration of consumers risk. Care staff confirmed they have access to consumers’ care plans and said they are guided by consumer’s wishes when providing care. They said they are advised at shift handover of any changes in consumers’ health and well-being, including if a consumer is referred to another health professional.

Staff described their responsibility in relation to the incident reporting including the escalation of incidents and reporting any change in the consumer’s condition, needs or preferences which may prompt reassessment.

The service had policies and procedures to guide staff in the assessment and planning process, advanced care planning and assessing consumer care at the end of life. Clinical assessment tools and consumer care plans were available on the service’s computerised system.

However, while the service had processes to direct assessment and care planning, the Assessment Team identified that initial and ongoing assessments and care planning, including consideration of consumers’ risk were not always identified or completed.

The Quality Standard is assessed as Non-compliant as one 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.*

The service did not adequately demonstrate that assessment and care planning considered risks to the consumer’s health and well-being to inform safe and effective care delivery. The Assessment Team provided information that identified individual consumers risks in relation to wound assessments, risk for urinary tract infections, falls, diabetes, challenging behaviours and constipation had not been assessed and included in care planning to guide staff in care delivery.

In response to feedback from the Assessment Team at the time of the site audit, Management confirmed consumer assessments and care planning was not consistently undertaken including when there were changes in consumers’ health and well-being. Management advised the service had identified the gaps in consumer assessments and care plans in November 2020 and have taken actions to in relation to the deficiencies including, commencing a new clinical leadership team structure who are responsible for overseeing and monitoring consumer assessment and care planning processes.

The Approved Provider in its response dated 15 June 2021, stated the service is transitioning to a strengthened clinical management structure and have introduced three Clinical Care Leader roles to support the identification and management of consumer risks and care. The Approved Provider’s response included a plan for continuous improvement, with actions including the Clinical Care Leaders case management of Registered Nurses and oversight of consumers’ assessment and care planning, and Registered Nurses attendance at clinical care workshops on documentation and education in the case management role.

While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, assessment and planning processes did not identify risks to inform the delivery of safe and effective care. Therefore, I find the service Non-compliant in this requirement.

### 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 NON-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

Consumers and representatives said that consumers have access to their Medical Officer or other health professional to meet their changing personal and clinical care needs. Consumers and representatives expressed satisfaction with the service’s management of the COVID-19 pandemic and infection control practices.

Care planning documentation reflected 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.

However, while consumers and representatives considered the consumer received personal care and clinical care that is safe and right for them, the Assessment Team identified consumers had not been provided with the personal care or clinical care which meets their individual needs. The service had not adequately demonstrated that it consistently and effectively manages the risks related to the personal and clinical care of each consumer in the areas of diabetes management, wound care and challenging behaviours. Communication in relation to the consumer’s current or changed care needs is not always occurring within the organisation, and with others where responsibility for care is shared.

The service had policies, procedures and guidelines to support the delivery of care provided including in relation to restraint, wound management and recognising and responding to consumer deterioration.

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

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

### Assessment of Standard 3 Requirements

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

The service has not demonstrated that each consumer gets safe and effective personal care, or both personal and clinical care, which is best practice, is tailored to their needs and optimises their health and well-being.

While consumers and representatives expressed satisfaction that the consumer’s personal and clinical care needs were being met, the Assessment Team provided information that identified staff were not consistently monitoring consumers with complex clinical care needs. Consumers had not received personal and clinical care that was tailored to their needs or optimised their health and well-being, specifically in relation to diabetes management, wound care and challenging behaviours. For example, Medical Officer directives for blood glucose monitoring had not been followed for two named consumers and on a number of occasions recordings were outside of prescribed parameters and the service had not taken action in response. Wound care for three named consumers’, identified staff did not consistently photograph or measure wounds to enable accurate ongoing assessment and monitoring of wounds. For one named consumer, who had acquired a pressure injury at the service, care documentation identified their wound had deteriorated however no referral was made to a wound care specialist for ongoing management. Feedback to Management at the time of the Site Audit confirmed the Clinical Care Coordinator and Medical Officer were aware of the named consumer’s wound deterioration, and an immediate referral was made to the wound care specialist.

The Approved Provider in its response has provided information evidencing that a review of the named consumers care planning documentation was completed and the service has implemented monitoring of consumers personal and clinical care by the Registered Nurse each week. The Approved Provider’s response included a plan for continuous improvement with planned actions including implementation of a monthly consumer review and updating of the service’s electronic care planning system to allow for notifications to alert staff when assessment and care plan reviews are due.

While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Site Audit, the service did not consistently demonstrate that all consumers receive individualised care that is safe, effective and tailored to specific consumer needs and preferences. Therefore, I find the service Non-compliant in this requirement.

### Requirement 3(3)(b) Non-compliant

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

The service was unable to adequately demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team identified deficiencies in the management and monitoring of risks associated with falls management, challenging behaviours, and management of consumers with diabetes.

Care planning documentation for two named consumers identified clinical staff were not ensuring consumers were reviewed or reassessed following a fall, including implementing and monitoring the effectiveness of strategies to manage and/or minimise consumers’ falls risk. The Assessment Team provided information that identified three consumers with challenging behaviours did not have current care plans in place to guide staff in care delivery, including identification of possible triggers for behaviours or strategies to support consumers when exhibiting behaviours. For two named consumers, the Assessment Team provided information that identified the consumers did not have diabetes management plans in place, including interventions to manage hypoglycaemia or hyperglycaemia events.

The Approved Provider in its response has provided information evidencing that a review of the named consumers care planning documentation was completed including relevant assessments and updating of care plans. The service has committed to a number of actions including ongoing monitoring of consumers care via a case management schedule, and the commencement of three Clinical Care Leaders who will be responsible for the oversight and monitoring of consumers’ personal and clinical care across the service.

I acknowledge the Approved Provider has implemented actions to rectify deficits in this requirement. However, at the time of the Site Audit the service did not demonstrate high impact or high prevalence risks were not being effectively managed and the Approved Provider has not yet demonstrated these improvements are sustainable. Therefore, I find the service Non-compliant in this requirement.

### 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) Non-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.*

While most consumers and representatives considered that staff are aware of their care needs and preferences, the service was not able to adequately demonstrate the consumers condition, needs and preferences are documented and communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team provided information that identified staff are not consistently documenting changes in consumers’ condition or health status. Care plans are not consistently reflective of the consumers individual care needs and preferences, and follow up actions to address or monitor changes in consumers care are not recorded.

While staff said communication of consumers care needs and preferences occurs in various ways, such as shift handover and review of progress notes, staff did not demonstrate consistent understanding of consumers’ current needs. Communication in relation to the consumer’s changed care needs has not been effective.

I note the Approved Provider in its response has provided information evidencing that a review of the named consumers care planning documentation was completed and care plans updated to support the communication of consumers current needs. The service has committed to a number of actions including a workshop for Registered and Enrolled Nurses to ensure understanding of their responsibilities when charting directives for care and communicating these to staff. The service has membership to an external research organisation, to ensure information in service guidelines and staff procedure manuals are evidenced based.

While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate that the sharing of information regarding consumers was effective.

Therefore, I find the service Non-compliant in this requirement.

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives expressed satisfaction with the services and support provided to the consumers for daily living. They said staff were aware of consumers’ individual needs and preferences to enhance their wellbeing and quality of life.

Consumers and representatives said consumers are supported by the service to do the things they want to do and that are important for their health and well-being, such as activities of choice and visiting family in the community. They confirmed that they are supported by the service to maintain social and emotional connections with those that are important to them.

Consumers provided positive feedback in relation to food and confirmed that it was of adequate quantity, quality and variety. Consumers said the service accommodated individual needs and preferences including a choice between a sandwich and another meal.

Care planning documentation included information about consumer’s lifestyle and activities preferences, supports required to participate in activities within and outside the service, and about personal relationships important to the consumer.

Management the service regularly updates its social media pages which supports to keep families in touch with life at the service.

Staff described how they support consumers to socialise, participate in the community or maintain personal relationships for example by ensuring consumers are ready in time for the arrival of taxi’s and visitors.

Staff said they have access to equipment used to provide and support lifestyle services and equipment to assist consumers and confirmed equipment is well mainted at the service.

A review of maintenance documentation demonstrated the service conducted regular planned maintenance of equipment.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers and representatives considered the service environment was comfortable, well maintained and easy to navigate. Consumers and representatives expressed consumers felt safe, and the service environment supports consumers independence and interactions.

The service environment was observed to be welcoming, and consumers rooms were decorated with personal items such as photographs, furniture and other personal belongings. Communal areas included outdoor gardens and a chapel, and signage was in place to guide consumers and visitors to various areas of the service. Consumers were observed sitting or walking in communal areas and attending activities and other events.

The Maintenance Manager described the process for staff reporting and documenting maintenance requests via the service’s electronic management system. The service had a preventive maintenance schedule, and review of documentation provided to the Assessment Team identified maintenance has been completed and is up to date at the service.

Staff confirmed the service maintenance reporting processes and expressed satisfaction that maintenance requests are actioned in a timely manner.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives said they were aware of the service’s process for providing feedback or making a complaint. They confirmed various ways for raising and resolving complaints, most said they would speak directly to senior staff or to management if there were any problems. Consumers and representatives who had provided feedback or made a complaint expressed satisfaction with the response from the service.

Management described the service’s processes for recording, acknowledging, investigating and resolving complaints, including the service providing a formal response with fifteen working days of receiving the complaint. Management provided examples of improvements actioned from consumer feedback, such as tea and coffee is being made available for families and visitors to enjoy when they visit the service’s memory support unit. Management described the processes that supported consumers to access advocacy and language services, including consumers who have communication difficulties being supported through the use of representatives and family members.

Review of the information provided to the Assessment Team confirmed that complaints had been managed in accordance with the organisation’s policies, and feedback from consumers and representatives informs continuous improvements at the service.

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 receive quality care and services from staff that are knowledgeable, capable and caring. They said staff were kind and had the knowledge and skills to provide quality and safe care.

Consumers and representatives expressed satisfaction with the number of staff and the availability of clinical and care staff to meet their care and service needs. Consumers said when they used their call bell staff generally respond promptly.

The service utilises an electronic rostering system in determining the number of staff and the skills mix required to meet consumers’ care and service needs. In addition, the Director of Care reviews staffing, and the organisation has the capacity to increase staff hours as required to support increased consumer needs. The service rosters Registered staff for all shifts and support from clinical management is available 24 hours a day, seven days per week. Staff said there were enough staff rostered and they had adequate time to meet consumers’ care and service needs.

Management described how they determine whether staff are competent and capable in their role, which includes orientation on commencement of employment, and mandatory training programs. Staff expressed satisfaction with training provided and review of training records confirmed staff have completed mandatory training and competency assessments in a range of areas such as medication management, food safety and hand hygiene.

The organisation has a performance framework supported by policies to guide in human resource management.

A review of call bell data identified timely response by staff to consumer requests. Response times outside of the service’s benchmark of ten minutes are reviewed by the Director of Care to determine reasons for delayed response and action improvements to prevent recurrence. Staff were observed assisting consumers in a way which was respectful and did not rush consumers through the process.

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 that the organisation was well run and that they can partner in improving the delivery of care and services. For example, consumers provide feedback through meetings, surveys, audits and general discussions and this information is reported to the Board.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The governing body included the Board and an established Clinical Care Governance team that provides information and advice to the Board. The governing body meets regularly, sets clear expectations and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation had risk management systems, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can.

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

The Quality Standard is assessed as Compliant as five of 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.

* Requirement 2(3)(a) – Ensure the service conducts assessments and planning, including consideration of risks to the consumer’s health and well-being, that informs the delivery of safe and effective care and services.
* Requirement 3(3)(a) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.
* Requirement 3(3)(b) – Ensure the service effectively manages high impact or high prevalence risks associated with the care of each consumer.
* Requirement 3(3)(e) – Ensure the service effectively communicates information about consumers’ condition, needs and preferences where responsibility for care is shared.