Carramar Hostel

Performance Report

23A Redgum Way
MORLEY WA 6062
Phone number: 1300 313 000

**Commission ID:** 7153

**Provider name:** City of Bayswater

**Site Audit date:** 10 March 2020 to 12 March 2020

**Date of Performance Report:** 26 May 2020

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 approved provider’s response to the Site Audit report received 2 April 2020.

# STANDARD 1 NON-COMPLIANTConsumer 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

This Quality Standard is assessed as non-compliant as two of the six specific requirements have been assessed as non-compliant.

The Assessment Team found Requirement (3)(d) in this Standard as non-compliant. Based on the Assessment Team’s report and the approved provider’s response I find the service is non-compliant with this Requirement. In addition, I find Requirement (3)(c) in this Standard to be non-compliant. In coming to my decision, I have relied on evidence presented by the Assessment Team within Requirement (3)(d) and have provided the reasons for my decision under the specific Requirements.

The Assessment Team found most consumers interviewed said they are treated with dignity and respect, can maintain their identity, make informed decisions about their care and services, and live the life they choose. All consumers and representatives interviewed confirmed staff make them feel respected and valued. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said they feel staff respect them. They can keep their identity and choose what they wish to do on a day-by-day basis.
* Consumers talked about their relationships with their families. Some reported they go out regularly with them for coffee or meals. A consumer reported they have a volunteer visitor who visits them every weekend.
* Consumers said they get adequate information to help them make choices, such as meal and activity options and requests to see the doctor.
* Consumers reported they are satisfied they have the privacy they need.

The Assessment Team found the organisation has procedures in place to guide staff in treating consumers with dignity and respect, some of which are currently under review. Staff have access to resources and information from the Centre for Cultural Diversity, via the organisation’s intranet. Consumers and their representatives are given a handbook on entry to the service which contains information about person-centred care, and how the service will maintain their privacy and dignity. Consumers can see their care plans on an iPad.

The Assessment Team interviewed staff who demonstrated a knowledge of specific consumers, one whose request to be showered by female carers is respected, and others who prefer meals in their room. Staff spoke about how information is shared with consumers to enable them to make choices about day-to-day events, such as meals and activities.

The Assessment Team observed staff communicating clearly and respectfully with consumers and knocking on consumers’ doors before entering.

Documentation reviewed confirms a consumer’s social history, including cultural background, forms part of the assessment process, and care plans generally include information about consumers to direct staff in providing care in line with their preferences and identity.

Consumers are not always supported to exercise choice, for example one consumer who wishes to drink a glass of wine with meals has not been assisted to do so. He is not permitted to have a glass of wine in the dining room but can have one in his room, and he has not been given a glass of wine in a while.

While the service has a procedure to guide staff in supporting consumers who wish to take risks, the procedure is not consistently followed, for example a consumer expressed concern they were not supported to walk independently, as they would like.

## 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) Non-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.*

The Assessment Team suggested the service’s decision to decline a consumer’s request to have a glass of wine with meals supports their recommendation of non-compliance in relation to Standard 1(3)(d). I have found the service non-compliant in relation to this Requirement as they are unable to demonstrate this consumer was supported to exercise choice to make decisions about the way services are delivered, specifically in relation to being able to drink a glass of wine, supplied by family, with his meals. The Assessment Team provided the following findings and information relevant to my decision:

* A consumer told the Assessment Team he liked to have a glass of wine with his meals before he came to the service, he is not permitted to have a glass of wine at the table now but can have one in his room. He has not been given a glass of wine in a while.
* Management confirmed this consumer cannot have a glass of wine in the dining room as this may impact negatively on other consumers. Consumers can drink alcohol in their rooms. Management provided the names of three other consumers who may be negatively impacted by this consumer drinking wine in the dining room during meal times.
* The Assessment Team reviewed clinical files of the three named consumers and found no records to suggest any had a history of alcohol abuse.
* A ‘PRN’ medication order for a glass of wine had not been signed, suggesting no wine had been provided to this consumer while this chart had been in use.

The approved provider submitted a response to the Assessment Team’s report, disagreeing with their recommendation of non-compliance. The approved provider’s response did not specifically address the Assessment Team’s comments in relation to this consumer’s preference to be given a glass of wine with meals. Documentation submitted with the approved provider’s response is contradictory in relation to this consumer’s preference. The consumer’s care plan includes information about them enjoying a glass of wine in the evening, and the occasional beer. It directs staff to offer the consumer a glass of wine in the evening in his room and states the consumer can access their wine and beer independently in their room. It also directs staff to pour all fluids.

Based on the Assessment Team’s report and the approved provider’s response, I find at the commencement of the site audit, the service was not supporting a consumer to exercise choice and make decisions about the way their services were delivered, specifically in relation to a preference to have a glass of wine with meals. The documentation submitted by the approved provider clearly shows this preference exists but does not sufficiently demonstrate why it cannot be fully supported; and the instructions to staff about how to meet this preference are inconsistent.

For the reasons detailed above, I find the City of Bayswater, in relation to Carramar Hostel, is non-compliant in relation to Requirement 1(3)(c).

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

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

The Assessment Team found the service was unable to demonstrate a consumer was supported to take risks to enable them to live the best life they can, specifically in relation to being supported to walk independently. The Assessment Team provided the following findings and information relevant to my decision:

* The consumer reported they do not walk with their Zimmer frame often, and when they practice staff swarm all over them which puts them off balance and they are more likely to fall. They feel angry because they would like to walk more. The consumer said staff have not spoken with them about the opportunity for them to take risks.
* Physiotherapy records relating to this consumer confirm they have been identified as being at high risk of falling when mobilising, can be impulsive, and they have reduced insight into how safely they can mobilise on their own. They also confirm the consumer previously sustained a severe head injury, and their wish to mobilise independently has not been approved because of ongoing risk.
* Records from a recent case conference meeting involving the consumer and an immediate family member confirm the consumer expressed a wish to walk daily, and the physiotherapist said this would promote independence and balance. There was no evidence of follow-up action being taken after this request was made.
* In interviews with the Assessment Team, staff and management acknowledged the consumer does walk without assistance, they are wobbly when they do so, and they are too high risk to walk.

The approved provider submitted a response to the Assessment Team’s report, disagreeing with the recommendation of non-compliance in this Requirement. The approved provider maintains the view they have a robust framework in place that demonstrates consumers are supported to take risks to enable them to live the best life they can, and submitted their Dignity, Choice and Decision-Making Procedure in support of this position. The approved provider described the consumer’s improved mobility since admission, their ongoing high risk of falling, and the impact of other pre-existing medical conditions that will likely further increase their risk of falling.

The approved provider’s response shows the service has a system in place to assess, consult and support consumers in taking risks. Based on the Assessment Team’s report and the approved provider’s response, I find at the commencement of the site audit, the service had not fully implemented their Dignity, Choice and Decision-Making Procedure as there was no Risk Acknowledgement Form completed in relation to this consumer and their wish to walk independently. The evidence submitted by the approved provider clearly shows why walking independently could result in harm, and the strategies in place to minimise this, but does not demonstrate consumer involvement in generating alternative strategies to support their wish to walk independently, while minimising the risk of harm.

For the reasons detailed above, I find the City of Bayswater, in relation to Carramar Hostel, is non-compliant in relation to Requirement 1(3)(d).

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

This Quality Standard is assessed as compliant as all five of the specific requirements have been assessed as compliant.

The Assessment Team found consumers and representatives interviewed confirmed they felt like partners in the ongoing assessment and planning process to enable them to get the care and services they need. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers reported they are satisfied with the assessment process and their involvement in it. They reported they can make choices on the day regarding care, and staff are respectful of their wishes.
* Consumers reported they believe they could access their care plan if they wished to do so. A consumer said they would speak to management if they wanted to make changes to their care.

The Assessment Team found the service has processes in place to ensure there is comprehensive assessment and planning of care in partnership with consumers, and/or their representative as appropriate. The assessment and care planning process is guided by overarching policies and procedures. Electronic care records are available to staff on desk top computers and iPads. Assessment and care planning includes consideration of information gathered from a variety of sources including external services, the multidisciplinary team and other parties that may have been involved in caring for the consumer. Assessments and planning also includes consideration of the consumers’ goals and preferred services.

Consumers are supported to undertake advanced care planning and are referred to external services to support their care as required. Outcomes of assessments are effectively communicated to staff to guide care provision and there is a process in place to enable consumers and/or their appointed representatives to review care plans on request.

The Assessment Team reviewed consumers’ files. Care plans and assessments sampled showed care is provided for each consumer that is individualised, safe and effective. Care plans are developed from information that is gathered on admission from a range of sources including discharge summaries, aged care assessments and information from the consumer and/or their appointed representative. Care needs are reviewed every six months, and all consumers are formally re-assessed every 12 months. Care plans are updated when there is a decline in health, when incidents have occurred, following discharge from hospital, when there are changes in personal preferences, and following the required reviews at six and 12 months. Care staff were seen using iPads to enter details about care provided.

Staff interviewed by the Assessment Team confirmed assessment and planning is commenced on admission and continues according to a schedule, and when a consumer’s condition changes. Care staff said they complete charting daily, which is followed up by registered nursing staff. Care staff reported they understand consumers’ needs and demonstrated their awareness of this, describing how they help consumers meet their preferences on a day-to-day basis.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 2 to ensure they undertake initial and ongoing assessment and planning for care and services in partnership with the consumer, and that 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 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 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

This Quality Standard is assessed as compliant as all seven of the specific requirements have been assessed as compliant.

The Assessment Team found consumers and representatives stated they receive personal care and clinical care that is safe and right for them. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers reported they are provided with the care they need. A number of consumers reported they do not need a lot of care, while others said staff assist them in personal care and wound care.
* Consumers reported they have access to a doctor on a regular basis and when they are unwell. They said they see other health professionals, such as the physiotherapist, after they have fallen.
* A consumer said an external hospital service visits to give them antibiotic therapy.

The service has policies and procedures based on best practice guidelines, to guide the provision of personal and clinical care. Consumers are regularly assessed by registered and allied health staff. External health professionals, such as dietician, speech pathologist, and older adult mental health services are accessed for further assessment of consumers’ needs when required. Care plans are based on assessments, including those completed by external services, to guide staff in the provision of appropriate care.

Documentation reviewed shows high impact and high prevalence clinical and personal risks for consumers recorded in their assessments, care plans and progress notes. The service collects, collates and analyses clinical indicator data on a regular basis and reports these to the client care governance committee.

Documentation reviewed confirms consumers’ end of life wishes are documented on admission, or when the consumer or representative wishes. Review of consumers’ case records confirm the involvement of an external palliative care service, and the implementation of their recommendations.

In interviews with the Assessment Team staff reported they can access information about a consumer’s changing care needs through the iPad, and they are provided with updates about consumers’ changing care needs at handover, or directly by nursing staff during their shift. Staff reported their awareness of end of life care needs and were seen using iPads to enter details about the care they provided.

The service has access to an infection control consultant. Clinical staff described the use of pathology testing to guide the prescriptions of antibiotics, with the exception of antibiotics prescribed for cellulitis and eye infections. Infections are reported and analysed each month and tracked by the governance team. Staff interviewed described the importance of hand hygiene and reported they have enough personal protective equipment to use when required. The service has an annual influenza vaccination program and has additional precautions in place in relation to the COVID-19 pandemic.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure they deliver safe and effective personal care, clinical care, or both personal and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### 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 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

This Quality Standard is assessed as compliant as all seven of the specific requirements have been assessed as compliant.

The Assessment Team found most sampled consumers confirmed they are getting 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. Specifically, consumer feedback includes:

* Consumers advised the service is generally proactive in ensuring consumers are supported in an independent lifestyle and demonstrates responsiveness to their preferences.
* Consumers generally gave examples of taking part in community and social activities of interest to them, and that the service encourages social and personal relationships. Consumers reported they can celebrate days that are meaningful to their culture or religion.
* Consumers said they generally have a trusting relationship with members of the staff supporting them, and the relationship is respectful and caring. They spoke about a ‘buddy’ program and pointed to the photo of their staff buddy in their room.
* The majority of consumers interviewed reported satisfaction with the food choices available, how they provide feedback to staff about what they do and do not like, and what happens if they are hungry between meals.
* Consumers and representatives interviewed said consumers feel safe when staff are using equipment with them, including mobility aids and hoists.

The Assessment Team reviewed consumer records which showed information about consumers’ needs, goals and preferences is recorded in a social profile at the time of entry to the service and transferred to care plans to help direct care. Records of care reviewed confirm consumers do participate in the community, maintain their relationships and do things of interest to them.

Information about the consumer’s condition, needs and preferences is centralised, stored electronically and in hard copy, and is communicated to all staff, and volunteers as appropriate. The service’s electronic care management system issues care alerts when a consumer’s condition, needs or preferences change. Clinical and therapy meetings further communicate and monitor any changes to consumers’ conditions, need and preferences.

Care staff interviewed could explain what is important to the sampled consumers and what these consumers like to do. Activity staff could explain how they work with external organisations and volunteers to help supplement the lifestyle activities offered within the service. Staff were able to describe the various ways information about a consumer’s changing condition, needs or preferences is communicated to them. Catering staff provided information about how dietary needs and preferences are recorded to ensure they are met. All staffed interviewed reported they have access to suitable, well-maintained equipment to assist them in delivering care and services.

The Assessment Team have recommended Requirement 4(3)(a) non-compliant as two consumers reported they were not supported to maintain their independence, well-being or quality of life, and the service was not able to show how feedback from assessments was used to provide additional support to these consumers. I find this Requirement compliant as the service had acted prior to the unannounced site audit to attempt to provide services and supports for daily living that are important for these consumers’ health and well-being. See this Requirement below for reasons for my decision.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure they provide 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 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.*

The Assessment Team found the service completed assessments to establish what two consumers’ wishes were regarding their daily living preferences but did not use the information obtained in the assessment process to help generate appropriate activity options to enhance their quality of life. The Assessment Team based their recommendation on records of care, interviews, and both consumers’ responses to a recent survey.

The approved provider submitted a response to the Assessment Team’s report, disputing their recommendations. The approved provider has submitted the following evidence to support their view:

* Multiple records relating to a consumer confirming involvement of multiple external agencies from 2019 onwards, all either mentioning or relating to arranging activities to meet their preferences, the most recent contact being the day prior to the unannounced site audit commencing.
* Records relating to a consumer, including a care plan developed prior to the site audit containing details of specific activities to meet their individual preferences. As above, the most recent intervention to attempt to meet this consumer’s preferences occurred the day before the unannounced site audit.

Based on the Assessment Team’s report, and the approved provider’s response, I find the approved provider has taken reasonable steps to ensure consumers get 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. For the above reasons I find this Requirement compliant.

### 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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

This Quality Standard is assessed as compliant as all three of the specific requirements have been assessed as compliant.

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives interviewed said the service environment is clean and comfortable and is welcoming to them and their visitors.
* Consumers reported the design of furniture and fittings helps them to be independent and adds to the comfort of the environment.
* Consumers and representatives interviewed said they find the environment safe and well maintained.

The Assessment Team observed the four houses of the service and found the environment safe, clean and well-maintained. Consumers were observed moving freely inside, with access to outdoor areas of their houses. The service has a range of navigational aids to help consumers find their way around.

The Assessment Team interviewed staff who described the process for reporting maintenance issues and hazards. A scheduled maintenance program is adhered to by the maintenance officer and approved professionals and monitored via a work order process. Review of maintenance records confirmed all was completed as scheduled.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## 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 COMPLIANTFeedback 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

This Quality Standard is assessed as compliant as all four of the specific requirements have been assessed as compliant.

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said they can provide feedback and make complaints through feedback forms, at meetings or talk directly to staff.
* Consumers and representatives said feedback and complaints are discussed with them and followed up by management.
* Consumers who experience communication difficulties can make complaints through their representative, or at care conferences.

The Assessment Team found consumers have opportunities to provide feedback to the service regarding the care and services they receive. Management discusses feedback with the person who lodges the complaint and addresses the complaint appropriately. Feedback is logged on a register for monitoring by the organisation. Policies and procedures guide management to ensure feedback and complaints are comprehensively addressed. A consumer focus group meets monthly to provide feedback to management.

Staff interviewed confirmed they are aware of the feedback process, including complaints, surveys and audits. Clinical staff spoke of support services they have engaged, such as advocacy and interpreters, to support consumers to provide feedback. Management provided an example of open disclosure when a concern was raised. The concern was investigated, acknowledged and an apology was given.

The Assessment Team observed feedback forms and brochures at the entry to the service. These provided information about how to lodge a complaint and contact details for external services consumers can use should they need assistance to do so. The Assessment Team confirmed complaints were documented and trends analysed and discussed at an organisation level, through the care and clinical governance committee.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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

This Quality Standard is assessed as compliant as all five specific requirements have been assessed as compliant.

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers confirmed staff are kind, caring and gentle when providing care.
* Consumers confirmed staff know what they are doing.
* Consumers confirmed they think there are adequate staff.

The Assessment Team found the service demonstrated they have a system in place to determine appropriate workforce numbers and the range of skills needed to meet consumers’ needs and to deliver safe, quality care and services at all times. The service ensures its workforce has the skills, qualifications and knowledge they need for their role to provide care and services.

Staff are provided with appropriate training on a regular basis. Training records and information reviewed by the Assessment Team showed staff receive orientation on the organisation’s values, culture of care and customer service excellence. Staff are also provided with training on dignity and personalised care. During interviews staff confirmed they receive a lot of training, they can use the online training system and also receive training through toolbox sessions. Staff confirmed they participate in performance appraisals on a regular basis. Staff assess their own progress then meet with management to discuss performance and any additional training requests or requirements. Additional training is organised when required. One staff member confirmed the probationary performance appraisal process.

The Assessment Team observed staff interactions to be kind, caring and respectful. Staff members were observed to approach consumers in their rooms asking for permission to enter the rooms and explaining to consumers why they were there. Staff interactions were further observed during meal times where consumers’ individual needs were observed to be respected.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

## 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 COMPLIANTOrganisational 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

This Quality Standard is assessed as compliant as all five of the specific requirements have been assessed as compliant.

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* All consumers confirmed the service is well run.
* A consumer commented positively on being part of the interview panel for a staff selection process. They have questions of their own or can use suggested questions to ask candidates during the interview and can make recommendations.

The Assessment Team reviewed a range of records confirming consumers are encouraged to become engaged in the development, delivery and evaluation of the care and services provided to them, through a number of different forums. The service’s complaints management system follows the principles of transparency, procedural fairness and natural justice in line with best practice guidelines. The service’s continuous improvement plan includes details of completed and ongoing improvement activities.

The organisation promotes the delivery of care according to the Quality Standards. Information about the Quality Standards is communicated to staff and consumers through newsletters and magazines, and training, and is displayed throughout the service.

The Assessment team found the organisation has a governance structure to support information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. There are organisation-wide systems to support their governance structure, and their policies and procedures are reviewed and updated regularly to reflect current legislation and best practice.

Staff interviewed by the Assessment Team confirmed they can readily access the information they need. The electronic care planning system is available to staff at the point of care to review individual consumer’s details, preferences and goals. They have access to notifications in the electronic care planning system, and policies and procedures on the intranet.

The Assessment Team reviewed the organisation’s risk management framework, including policies relating to management of risk to consumers, response to abuse and neglect, and supporting consumers to live the best life they can. Staff interviewed by the Assessment Team were familiar with these policies and provided relevant examples of how they related to their work. Staff also reported they had received education about antimicrobial stewardship, open disclosure and the appropriate use of restraint, and gave appropriate examples of applying these concepts to their day-to-day work.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services.

## 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.*

### 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:

* Standard 1 Requirements (3)(c) and (3)(d).