Churches of Christ Care Rockingham Aged Care Service Cardwell

Performance Report

40 Jamieson Street
CARDWELL QLD 4849
Phone number: 07 4063 6600

**Commission ID:** 5143

**Provider name:** Churches of Christ in Queensland

**Site Audit date:** 16 February 2021 to 19 February 2021

**Date of Performance Report:** 19 April 2021

# 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** | **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** | **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 on 15 March 2021.
* the provider’s response to the Site Audit report received on 15 April 202.

# 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 staff treated consumers respectfully and they expressed satisfaction with the interactions and engagement with staff across all aspects of care and services. They said staff knowledge and practices showed staff valued consumers’ culture, values and diversity.

Consumers stated they were supported to exercise choice, maintain relationships and maintain their independence. They were supported to take risks, such as being able to smoke, and were provided with information to assist them in making choices about their care and lifestyle, including meal selections, planned activities and other aspects of daily living within the service.

Consumers and representatives said consumer’s personal privacy was respected.

Staff spoke about consumers to the Assessment Team in a way that demonstrated respect and an understanding of the consumer’s personal circumstances and their life journey. Care and lifestyle staff demonstrated they were familiar with consumers’ backgrounds.

Care planning documents reflected what was important to the consumer and included their identified spiritual, social, emotional, leisure and cultural needs and preferences. Care plans included details on significant others and nominated representatives.

The organisation’s ‘Diversity-Inclusive Care Policy’ expressed the organisation’s values and included a code of conduct and a positive well-being model of holistic and person-centred care that was respectful of a consumer’s age, disability, culture and ethnicity, gender diversity and sexual orientation. The service’s commitment to respecting consumer’s identity, culture and diversity was displayed near the entrance of the service.

Staff and consumer documentation demonstrated that the service provided culturally appropriate activities, including supporting consumers to participate in family celebrations, art and craft activities and recognition of special days such as NAIDOC celebrations, Anzac Day service and Reconciliation Day.

The Chaplain advised the service offered a multi-denomination church service each week.

The consumer handbook provided to all consumers documented the organisation’s mission, values and philosophy and informed consumers of the pastoral, cultural and spiritual care provided. The Residential Care Agreement and consumer handbook contained the Charter of Aged Care Rights.

Care staff said whilst consumer’s care plans informed them about consumer preferences, they asked consumers regularly if there was a change to their recorded preferences. For example, whilst a consumer’s care plan might indicate the consumer had second daily showers, staff would still offer a daily shower if the consumer wanted one.

Management advised all staff received mandatory education relating to Aged Care Quality Standards.

Staff described to the Assessment Team the areas in which the consumers in the service wanted to take risks, how the risk was assessed and discussed with the consumer, and how the consumer was supported to take risks. A review of care planning documentation demonstrated risks to individual consumers were assessed and strategies to minimise risk were developed and communicated to staff in care documentation and at handover meetings and case conferences.

The service’s electronic care system had a risk assessment form to record information about consumer risks.

Management and staff said information was provided to consumers verbally, on noticeboards, using the service’s Public Address system, and in written communication and newsletters. Management advised translator services were available. For consumers who were unable to communicate, there was evidence in the consumers’ progress notes that information was provided to, or discussed with, the consumer’s representative.

Management and staff said consumer information was stored in password protected computers. Staff had access only to the information they required that was specific to their role.

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

Most consumers said they were involved in the initial and ongoing planning of their care, including end of life planning, and they had been offered or received a copy of the consumer’s care plan. Consumers and representatives advised that family members, medical officers and allied health services were regularly involved in care planning. They said consumers’ care and services were regularly reviewed when the consumers’ circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The Assessment Team reviewed assessment and care planning documentation for consumers and identified that reviews and case conferences were completed regularly and with the involvement of the consumers and their representatives. Medical officers and other allied health professionals were involved where necessary. The documentation identified the consumers' needs, goals and preferences and demonstrated that risks for consumers were assessed and interventions to manage personal and clinical risks were documented. Care and service plans included strategies to manage pain, skin integrity, behaviour management, nutrition, hydration and mobility.

Registered staff completed initial assessments and had access to a suite of evidence-based assessment tools and policies and procedures which were available on the service’s electronic information system and in hard copy. The outcomes of assessments and care plan reviews were communicated to consumers and their representatives through telephone calls, face-to-face discussions and in electronic correspondence.

Consumer care documentation identified advance care planning and end of life planning information was discussed with consumers and representatives on entry to the service or later when the consumer wished to discuss such matters. The service placed a copy of the consumer’s end of life plan and Advanced Health Directive or statement of choices in the electronic documentation system. End of life wishes were communicated to staff in care plans and at handover.

The service had procedures detailing the process for referral to relevant health professionals. Staff said changes in a consumer’s condition may lead to a referral and reassessment by a medical officer or allied health professionals, and any input from an external health professional was noted in the consumer’s file. Directives were incorporated into care plans. Progress notes were accessible to staff and visiting health professionals in the electronic documentation system.

The service demonstrated staff regularly reviewed the care and services provided to consumers and care and services plans were up-to-date and met the consumers’ current needs. Care plans were reviewed three-monthly or when circumstances changed or incidents occurred.

Staff advised they were aware of their responsibility in relation to incident reporting, including escalating and reporting any change in the consumer’s condition, needs or preferences which may prompt a reassessment. Documentation confirmed representatives were contacted following incidents.

The service monitored and analysed trends in clinical incidents including, but not limited to, skin integrity, behaviours, falls and pressure injuries.

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 said consumers received the care and support they needed and they felt safe. They said staff regularly asked them about their care and they were confident that when the consumer needed end of life care, the service would support them to be as free as possible from pain and to have those important to them with them.

Consumers and representatives said timely and appropriate referrals were made to medical officers or other health professionals to meet consumers’ changing personal or clinical care needs.

Consumer files reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer.

Registered and care staff could describe consumers’ individual needs and preferences and how clinical and personal care risks were monitored and managed.

Staff said they had access to policies, procedures, care pathways and clinical information to assist them in providing safe and effective care and they were able to refer to other health professionals and senior clinical staff when necessary.

Management said they reviewed clinical documentation, discussed consumers’ conditions daily with registered staff and conducted monthly clinical audits and whole of service audits in order to monitor the care provided.

The service had policies, procedures and tools in place to support the delivery of care provided, relating to, for example, restraint, pressure injury prevention and pain management.

The service’s wound management and skin integrity procedure referred to appropriate risk assessment tools, such as the Waterlow Pressure Area Risk Assessment. The service used repositioning, hygiene care, moisturisers, pressure relieving equipment and limb protectors to manage consumers’ skin integrity.

The service used pain assessments and management plans, including the ‘Painchek’ system, to assess consumers who had pain. The Assessment Team identified pain-related care was safe, effective and tailored to the needs and preferences of consumers.

The service had a restrictive practice procedure process that referenced the decision-making tool ‘Supporting a Restraint Free Environment in Residential Aged Care’. The service had no consumers prescribed psychotropic medication for the purposes of chemical restraint at the time of the Audit. All consumers prescribed psychotropic medications had a diagnosis supporting the use of psychotropic medication.

Management advised consumers residing within the secure environment were physically restrained by a keypad entry and exit. The Assessment Team identified that assessments, authorisations and consent documentation relating to physical restraint had been completed.

The service was able to demonstrate risks for each consumer were effectively managed, including falls, swallowing, smoking and pain. Care planning documents detailed the keys risks, and registered staff described how they identified, assessed and managed high impact and high prevalent risks for consumers.

The service had a risk management policy and procedures that provided guidance on how risk was identified, managed and documented. Staff interviewed said they had received ongoing training on dementia care and managing specific behaviours.

Clinical incidents were recorded and reported in monthly clinical indicator reports. Clinical indicator data was used to inform improvements in the delivery of care and services.

The Assessment Team reviewed the care documentation of a consumer who was receiving palliative care and established that an end of life pathway had been documented, including completed assessments and documented interventions reflecting the consumer’s wishes. The documentation evidenced the involvement of the consumer’s representative, a medical officer, a chaplain and staff in end of life discussions.

Registered staff were available 24 hours a day and senior clinical staff were available on call to support and monitor care delivered to consumers nearing the end of their life.

The service demonstrated changes in consumer’s capacity or condition was recognised and responded to in a timely manner. Management stated staff had access to clinical pathways to guide them in recognising and responding to a deterioration or change in a consumer’s condition. Care documentation confirmed referrals were made when needed.

The Assessment Team reviewed clinical observation charts and records, such as vital signs and neurological charts and identified consumers were regularly monitored by registered staff and they responded to a deterioration or change in a consumer’s mental, cognitive or physical function, capacity or condition.

Information about the consumer’s condition, needs and preferences was documented and communicated within the organisation, and with others where responsibility for care is shared. Staff said they used a hospital transfer form to communicate information about the consumer when transferring the consumer to hospital for further treatment and review. They said they received information on consumers changed health care needs at handover each shift.

Registered staff said they notified the consumer’s medical officer and representatives if they identified a change in a consumer’s condition or when there was a clinical incident.

A review of care documentation demonstrated progress notes, care plans and handover reports provided adequate information to support effective and safe sharing of consumer information. Information was specific to individual consumers and included, for example, wound care, pain charting, mobility aids required and hygiene preferences.

Staff, medical officers and allied health providers had access to electronic consumer files and staff demonstrated they could access consumer information in the electronic care system.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship.

Staff advised they had received education and training in relation to infection control and COVID-19, including handwashing, sneeze and cough etiquette and the correct use of personal protective equipment (PPE). They advised they had received the influenza vaccination.

Registered staff advised they monitor staff practice in relation to hand hygiene, social distancing, coughing and sneezing etiquette and use of PPE.

The organisation had policies and procedures relating to antimicrobial stewardship and staff have been provided with education on antimicrobial stewardship.

The Assessment Team observed hand hygiene facilities and PPE available throughout the service.

The service was supported by the Public Health Unit (PHU) at the Hospital and Health Service in relation to infection control and the management of infection outbreaks.

As part of the service’s preparedness for an outbreak of COVID-19, the service developed a lanyard for each consumer containing personal information on each consumer.

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 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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers interviewed expressed their satisfaction with the services and support provided to consumers for daily living. They indicated their satisfaction with staff awareness of their individual needs, as well as their preferences to enhance their wellbeing and quality of life.

Consumers advised they are supported to access the wider community for outings and/or medical and non-medical appointments, and to maintain social and personal relationships.

All consumers sampled advised they were satisfied with the meals provided, there was enough variety and a sufficient quantity of food available for their needs.

Consumers were observed to be engaged in a variety of activities during the site audit. These included morning exercises, indoor floor and word games, a consumer meeting and staff reading of the newspaper. Consumers were observed to enjoy morning and afternoon tea/coffee and meals, with staff available to assist as required.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

Sampled consumers/representatives generally reported in various ways they feel at home and the service is comfortable. Overall, consumers/representatives expressed their satisfaction with the cleanliness of the environment and the cleaning of the consumer’s individual rooms. Consumers also spoke highly of the laundry service provided. Consumers/representatives sampled generally reported in various ways their satisfaction furniture, fittings and equipment are kept clean, well maintained and suitable for them.

Staff are aware of how to report maintenance issues or requests and are satisfied with the timeliness of response.

The Service has a two dedicated smoking areas, with strategies to support consumers to smoke safely.

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.*

The Assessment Team provided information that the service was not able to adequately demonstrate the service environment is safe. Consumers who smoke are non-compliant in using the designated smoking area of the service and are smoking outside their rooms. Assessments to identify risks to individual consumer safety, or the safety of the environment, have not consistently been completed and/or reflective of the individual consumer’s safety considerations. Where safety site inspections have been completed, follow up actions to address identified issues are not always recorded. Maintenance issues that may be considered a hazard have not been identified, documented as a hazard and risk assessed.

The Approved Provider provided two responses that outlined clarifying information as well as actions taken at the time of the audit and following the audit. This included increased monitoring of consumers who are non-compliant with the accessing the designated smoking areas, enhanced risk assessments and improved safety provisions around the Banksia wing.

I acknowledge that at the time of the audit, whilst risk assessments for consumers who smoke had been completed, I accept that the risk assessments could have included additional areas of risk, and that these have since been completed by the Approved Provider. I acknowledge the additional safety measures established by the Approved Provider following feedback from the Assessment Team.

I acknowledge that some consumers are not always compliant with the smoking arrangements at the service, however accept that the service has increased monitoring of consumers for their safety and the general safety of all consumers.

I find this requirement is 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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Overall consumers/representatives sampled said they felt comfortable providing feedback, raising concerns or making a complaint if required. While consumers were not always aware of formal complaint mechanisms they advised they feel they can raise concerns with directly with staff or management and said management is approachable and responsive.

Staff could describe the processes available to consumers if they wished to lodge a suggestion or raise a complaint. Care staff said they would attempt to address the concern in the first instance, but should they require assistance they would escalate the matter to the registered staff.

The service demonstrates performing open disclosure and expressing regret related to the concerns raised.

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 sampled consumers considered that they get quality care and services when they need them from people who are knowledgeable, capable and caring.

Consumers/representatives confirmed staff are well trained, know what they are doing and are competent in their duties. Consumers/representatives confirmed there are sufficient staff to provide them with the care they need including being prompt in responding to calls for assistance. Consumers/representatives also expressed staff are kind, gentle and respectful.

The service has a base roster which is adjusted when the acuity or needs of the consumers change. Staff have access to a range of training programs through online, face to face and mobile applications, with staff completing annual mandatory training modules.

Staff performance reviews are conducted routinely or are triggered when incidents occur, or complaints have been received.

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/representatives confirmed they are consulted by management to inform the delivery and evaluation of care and services through feedback to management and by daily pulse surveys.

Consumers interviewed said the service was well run and they felt safe living at the service.

The service has organisational wide governance systems that support effective information management, financial, workforce, regulatory compliance and clinical care and it regularly reviews the effectiveness of its processes in maintaining a culture of quality and safety for consumers, their representatives, staff and volunteers.

The clinical care governance framework supports antimicrobial stewardship, open disclosure and minimising the use of restraint.

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.*

### 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.