Clover Lea Nursing Home

Performance Report

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**Commission ID:** 2104

**Provider name:** Fresh Fields Management (NSW) Pty Ltd

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 9 February 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 18 January 2022.
* other information and intelligence held by the Commission in relation to 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

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

Most sampled consumers considered that they are treated with dignity and respect. They said that they can maintain their identity, make informed choices about their care and services and live the life they choose. All consumers sampled felt that the care and services provided are culturally safe. Consumers said the chef provides culturally appropriate meals during dinner, which they enjoyed. Staff were observed having friendly interactions with consumers.

Consumers generally said they are encouraged to do things for themselves, and the staff know what is important to them. They are able to make decisions about their own care and communicate their decisions to staff. Staff described the service’s commitment to understanding consumers as individuals and respecting their identity and preferences. Staff provided examples of how consumers are supported to make their own choices about their care. The service uses tools and resources to inform staff understanding of diversity.

Consumers make connections with others and maintain relationships of choice. Partnered consumers residing at the service are supported to share a room and spend time together. Care documentation reviewed showed actions tailored to consumers’ choices, including preferred showering time, meals, cultural and spiritual needs.

Consumers interviewed said they are enabled to take risks to undertake their preferred activities. Where consumers seek to take risks, the service supports them by conducting risk assessments and referring to relevant health practitioners to obtain reviews.

Information provided to consumers was communicated in ways that are clear, easy to understand and enable them to exercise choice. Consumers are informed about the latest information verbally and through readily visible posters showing the upcoming weeks’ activities. Copies of activity programs are provided to consumers for their rooms. The menu was visible at the entrance of the dining room.

Consumers interviewed generally felt that their personal privacy was well respected. Consumers described speaking about confidential issues with staff in private. Staff said they respected privacy and confidentiality. Staff were observed greeting consumers when approaching them to provide care and speaking quietly. The service stores consumer files in a locked cabinet, with files returned by staff immediately after use to preserve confidentiality.

## 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

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

Consumers and their representatives said they are given the opportunity to participate in the assessment and planning of the consumer’s care. The service has a comprehensive and detailed care assessment and planning process. Upon entry to the service, a ‘head to toe’ assessment is completed for all consumers, that enables the service to better understand the clinical requirements of each consumer.

Care plans were specific to each consumer’s individual goals and preferences, and staff described how they regularly refer to the plans to monitor current preferences. Documents included end of life planning and advanced care directives for consumers. Staff were observed reviewing care plans before or after providing personal or clinical care to consumers.

The service uses regular reviews of each consumer’s care plans and consultation with consumer representatives to evaluate if the care plan is delivering effective and safe care. Consumers were unaware of how to access their care plans, however they said staff communicate about care and services to them in an effective manner.

Care plan reviews are conducted on a four-monthly and annual basis, with further reviews occurring if there is a change to a consumer’s condition. Care planning documents showed evidence of monitoring of consumers, and implementation of health professional recommendations.

## 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

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

Consumers sampled said they get the care they need, including for end of life care, and were satisfied with communication with staff. Care planning documents for sampled consumers largely reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Staff described using behaviour management strategies as alternatives to restrictive practices for consumers.

The organisation has documented policies for high prevalence and high risk clinical issues including falls, restrictive practices, pain management, hearing loss and skin integrity. Care planning documents reflected risks applicable to consumers based on their condition, and staff described how this informs care delivery.

Staff described how they recognise and respond to deterioration and change in consumers’ condition. This included a review of a consumer’s medication and implementation of alternative strategies to support the consumer’s well-being. Care planning documents reflect that consumers’ condition was being monitored and review occurred after trends were identified.

Care planning documents showed evidence of case conferencing and consultation with representatives where decisions about care and services need to be made. Staff were observed regularly referring to care plans and progress notes, and attending handover to communicate consumers’ care needs.

Consumers sampled said they have access to health professionals as needed and were satisfied with the referrals made. Care planning documents show referrals to other organisations and health professionals to support the consumer’s individual conditions and diagnoses.

The organisation has a policy on antimicrobial stewardship and regular training on antimicrobial stewardship, infection prevention control and hand hygiene is conducted. Staff could describe strategies they use to minimise the use of antibiotics and how they reduce the risk of infections. The service has a COVID-19 outbreak management plan, however the service did not have documented plans for other types of outbreaks such as influenza and gastroenteritis.

### 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 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team recommended Requirements 4(3)(a) and 4(3)(b) as not met, regarding services and supports for daily living that meet consumers’ needs and optimise their well-being. I have considered the information in the Site Audit Report and the Approved Provider’s response and find the service Non-compliant with Requirements 4(3)(a) and 4(3)(b) and have provided detailed reasons in the specific Requirements below.

Some sampled consumers did not consider 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. Some consumers sampled said they do not participate in activities and would like to be exercised more regularly.

Consumers said they were able to keep in contact with people who are important to them. While consumers were not able to participate in the community due to COVID-19 restrictions, they said the service supports them to have social and personal relationships. Care plans reflected important relationships. Staff described how they support consumers to maintain relationships, including through assisting consumers with technology.

Most consumers considered the quantity and quality of meals provided was acceptable. Consumers said they would like choice, as there was typically only one choice provided for a hot meal at lunch and dinner. The service had recently introduced a food focus group to support consumers to contribute to menu planning. Specific dietary requirements are recorded and printed in the kitchen for reference for the chef. The kitchen was observed to be clean and tidy, with appropriate storage. Kitchen staff were observed to be complying with safety protocols, and the kitchen had recently received a fully compliant food safety audit.

Equipment used to support lifestyle services and personal equipment such as walkers was observed as safe, clean and well maintained. Consumers did not express any safety or cleanliness concerns, and staff said there was sufficient equipment.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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 Site Audit Report brought forward accounts from consumers who considered the service’s lifestyle program did not meet their needs, interests and goals, or optimise well-being and quality of life. Some consumers sampled said they were supported to do the things they wanted to do. However, most consumers expressed desire to participate in alternative activities and they considered the service was not supporting them in this. The consumer feedback ranged from them lacking interest in the planned activities, to not having the opportunity to participate in activities that would be of interest, either within or outside the service environment.

The Site Audit Report reflected staff comments that the lifestyle program is reviewed and updated monthly and consumer consultation occurs. Consumers with individual interests or with impairments would be offered tailored alternatives. Staff also stated that exercise options are in place for consumers each day.

The Assessment Team observed that consumers were not being offered activities consistent with the consumers’ lifestyle programs, and a named consumer said activities that were charted had not taken place. Other information in consumers’ lifestyle programs appeared generic. The Assessment Team’s observations and consumer feedback did not support that all consumers are offered suitable daily exercise.

The Approved Provider responded on 18 January 2022. They acknowledged the deficits identified by the Assessment Team during the Site Audit and provided their Plan for Continuous Improvement to address the deficits.

The Approved Provider’s plan includes the following to be addressed within the quarter:

* Conducting an audit on all consumers’ lifestyle assessments and care plans to ensure they capture consumer’s specific needs, goals and interests (on entry and ongoing).
* Conducting a consumer survey on the lifestyle program and reviewing the lifestyle program to ensure it meets the needs of consumers.
* Implementing individualised lifestyle care plans and reviewing the consumer’s plans in consultation with consumers and their representatives.
* Reviewing the group exercise program and individual exercise program to meet consumer’s current needs.

While the Approved Provider has stated their plans to address the deficits brought forward in the Site Audit Report, these have not been implemented. Sufficient time has not passed to demonstrate the sustainability and effectiveness of the Approved Provider’s changes.

I find at the time of Site Audit the service did not demonstrate each consumer received safe and effective services and supports for daily living that were meeting their needs and preferences, and did not optimise the consumers’ well-being, independence and health.

Therefore, I find this Requirement is Non-complaint.

### Requirement 4(3)(b) Non-compliant

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

The Site Audit Report brought forward mixed feedback from consumers regarding their emotional, spiritual and psychological well-being needs being met. Most consumers sampled said they were happy and rarely felt sad or lonely. Other consumers said staff could provide further support to enhance emotional and spiritual well-being.

The Assessment Team observed that staff comments were not consistent with consumers’ feedback. For example, for a named consumer staff described an activity they engage with this consumer, however the consumer said staff were too busy to support the consumer’s ongoing emotional support needs. Other consumers said their well-being would be enhanced through staff facilitating more cultural celebrations.

The Approved Provider responded on 18 January 2022. They acknowledged the deficits identified by the Assessment Team during the Site Audit and provided their Plan for Continuous Improvement to address the deficits.

The Approved Provider’s plan includes the following to be addressed within the quarter:

* Staff education and training to enhance consumers’ well-being.
* Conducting an audit on consumers’ care plans and lifestyle assessments to capture emotional, spiritual and psychological well-being goals and preferences.
* Reviewing the lifestyle program in line with the above.

While the Approved Provider has stated their plans to address the deficits brought forward in the Site Audit Report, these have not been implemented. Sufficient time has not passed to demonstrate the sustainability and effectiveness of the Approved Provider’s changes.

I find at the time of Site Audit the service did not demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Therefore, I find this Requirement is Non-complaint.

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-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

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

The non-compliance is in relation to Requirement 5(3)(b) as the service had not demonstrated the environment is safe, well-maintained and enables consumers to move freely. I have provided reasons for the finding of non-compliance in the relevant Requirement below.

Consumers and their representatives said they felt comfortable and at home at the service. Consumers are provided with some furniture and each room has an air conditioner to enable consumers to control room temperature.

The environment was observed to be welcoming, with areas for consumers and visitors to meet and some navigational aids. The Assessment Team observed the secure living environment was not designed in accordance with dementia enabling principles, and management responded to say renovations are being planned to address this deficiency.

Consumers and their representatives said the furniture, fittings and equipment were safe, clean, well-maintained, and suitable, which was consistent with the Assessment Team’s observations. Staff described completing safety checks before using equipment and said each consumer has their own lifting sling which is washed after each use. The preventative and scheduled maintenance records were up to date.

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

Consumers and their representatives said the environment was clean, well maintained and comfortable. The Site Audit Report reflected that the interior areas of the service appeared safe, clean and well-maintained and supported consumers to move freely. However, the Assessment Team brought forward concerns in relation to outdoor safety, cleanliness and ability for consumers to move freely to outdoor areas.

The Assessment Team observed exterior finishes of the building as deteriorated, though no risks to consumers were identified as a result. The outdoor garden is accessed through the secure living unit, and consumers said they would need assistance to access this area as the door was locked and they did not know the code. The Assessment Team observed that consumers were rarely able to access this area during the Site Audit.

The Assessment Team also observed the clinical waste bin and cytotoxic waste bins left unlocked and unattended in the car park of the service, posing a safety risk. In response, management stated that these bins would be locked.

The Approved Provider responded on 18 January 2022. They acknowledged the deficits identified by the Assessment Team during the Site Audit and provided their Plan for Continuous Improvement to address the deficits.

The Approved Provider’s plan includes the following to be addressed by the end of April 2022:

* Reviewing facility outdoor areas to seek opportunity for developing of further outdoor space for consumers.
* Fixing deteriorated exterior finishes of the building.
* Discussing with staff how to assist and prompt consumers to access outdoor areas.
* Reviewing current lifestyle program for amount of scheduled activities prompting use of outdoor areas.
* Reviewing the storage location for clinical waste and cytotoxic waste bins and ensure they are safely located and secured.

While the Approved Provider has stated their plans to address the deficits brought forward in the Site Audit Report, these have not been implemented. Sufficient time has not passed to demonstrate the sustainability and effectiveness of the Approved Provider’s changes.

I find at the time of Site Audit the service did not demonstrate the service environment was consistently well maintained and safe, and that the environment did not support consumers to move freely to outdoor areas.

Therefore, I find this Requirement is Non-complaint.

### 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

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

Consumers and their representatives said they have made complaints and given feedback, they felt safe to do so and they felt confident that action would be taken. Consumers requiring support due to communication or language needs said staff assist them. Staff described how they respond supportively to consumers when concerns are raised and could describe available language and advocacy services. The service has information about its complaint process in the resident handbook, which also includes information on advocacy and language support.

The service has a complaints register, which records consumers’ complaints and suggestions and how items were addressed. Examples of action taken in response to consumer feedback include meal options, care changes, activity options and furniture placement. Staff described how they apply open disclosure in line with the service’s policy. The service has a Continuous Improvements Register to evidence how care and services are improved following feedback and complaints.

## 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

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

Consumers and their representatives said are kind and caring, know what they are doing and call bells are responded to promptly. Staff were observed interacting in a caring and respectful manner with consumers, supporting consumers to take time with meals and providing assistance in a patient manner. The service has processes to maintain sufficient staffing levels, and all staffing shifts were filled in the fortnight preceding the Site Audit.

Staff role descriptions include core competencies and capabilities. The organisation has a staff training program. Staff training records reflected all staff have completed mandatory training modules, and management stated staff are not rostered if they have not completed required training.

The service has a staff performance framework and periodically monitors and reviews the performance of staff. Staff said they found performance reviews useful and described additional training they undertook to support their development.

## 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

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

Consumers and their representatives said they can partner in improving care and services and felt supported to do so, and described examples of how the service has incorporated their feedback. A survey undertaken by the service in October-November 2021 reflected high consumer satisfaction.

The organisation’s Board is responsible for the oversight of the service’s operations. The Board promotes a culture of safe, inclusive, quality care and services through the monthly Home Management Meetings which are attended by senior staff. The Board satisfies itself that the quality standards are being met through consumer/representative meetings, management meetings, consumer focus meetings and consumer/representative satisfaction surveys. Changes were made to address concerns around Covid-19 and infection control to promote safe care.

There are organisation wide governance systems to support effective complaints handling, continuous improvement, financial governance, regulatory compliance and information management.

The organisation has a documented risk management framework. Staff were educated about the policies and provided examples of their relevance to their work, such as incident reporting and managing safety risks to consumers.

The organisation has a clinical governance framework, including an antimicrobial stewardship policy. The organisation also has policies relating to open disclosure and minimising the use of restraint, and staff described how they apply open disclosure and apply restrictive practices appropriately.

## 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 4(3)(a) – the Approved Provider ensures each consumer receives safe and effective services and supports for daily living that meet the consumer’s needs and goals, and optimise their independence, well-being and quality of life. This includes that consumers have tailored lifestyle care plans, developed in consultation with the consumer, and suitable care and services are provided to meet consumers’ preferences and health goals.
* Requirement 4(3)(b) – the Approved Provider ensures services and supports are in place to promote each consumer’s emotional, spiritual and psychological well-being. This includes that planning and review is undertaken in consultation with consumers.
* Requirement 5(3)(b) – the Approved Provider must ensure the outdoor areas of the service environment are safe and well maintained, and that consumers are encouraged and supported to access the outdoor areas of the service environment freely.