Communify Queensland

Performance Report

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**Commission ID:** 700403

**Provider name:** Communify Queensland Inc

**Quality Audit date:** 2 June 2021 to 3 June 2021

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# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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 Quality Audit; the Quality 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 Quality Audit report received 5 July 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall consumers and/or their representatives (consumers) said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

For example:

* Consumers said staff treat them with respectfully and expressed satisfaction with the interactions and engagement with staff across all aspects of care and services.
* Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers provided examples of matters of importance to them, acknowledged staff awareness and staff response to support their lifestyle choices and preferences.
* Consumers interviewed confirmed that their personal privacy is respected.
* Interview with staff and review of care planning documents demonstrated, relevant information is collected and shared to support the consumers’ choice, their decisions are respected and shared with relevant care and service staff. Consumers’ relationships are acknowledged and supported; consultation occurs to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

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.*

Based on the information reviewed I find this requirement compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 2 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall consumers sampled confirmed they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives interviewed said they are involved in care planning and staff talk to them about their care and services.
* Consumers and representatives said they have a copy of their care plan available to them in their home file.

The service demonstrated that assessment and planning is occurring with effective communication between the consumer, representatives and other organisations and health professionals that are involved in the care of the consumer. Generally the service seeks clinical information or communicates effectively with consumers, representatives, health professionals and other organisations to identify consumers’ current and ongoing medical and health needs including consumers’ end of life wishes. The service could demonstrate that 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. However, the service does not have an effective assessment and planning process which includes the consideration of risks to the consumer’s health and well-being or informs the delivery of safe and effective care and services.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

The Assessment Team found that assessment and planning, including the consideration of risks to the consumer’s health and well-being does not consistently inform the delivery of safe and effective care and services. Not all consumers receiving home care package services have a comprehensive baseline assessment from commencement, to identify risks to inform safe and effective care delivery. The service does not ensure validated assessments are consistently used when risks are identified. The Assessment Team identified examples of consumers whose care assessment and planning does not contain relevant information to guide staff in appropriate care.

The approved provider submitted a response that includes several improvements that have since been implemented since the performance review. The approved provider has disputed the level of detail required for assessment and planning, between service levels for consumers. The approved provider further stated that consumers with increased needs, receive increased services to reflect those needs, and they reflect consumer choice and capacity. Consumers with mobility and continence needs are identified and these concerns are included in assessment and planning. The approved provider submitted information which it stated provided additional detail not examined by the Assessment Team when reviewing the relevant care plans.

I have reviewed the Assessment Team’s report and the approved provider’s response. While the approved provider has disputed the level of detail required for assessment and planning, between service levels for consumers, in its response it stated consumers on lower level packages did not have specialised assessments currently and that could decrease chances of identifying clinical risk*.* It stated it would implement a baseline assessment. Further, the approved provider has not provided evidence of care planning and assessment or additional information as it relates to the consumers mentioned in the report.

While I acknowledge the improvements, I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

The Assessment Team found that the service does not have effective assessment and planning to identify and address the consumer’s current needs, goals and preferences including advance care planning and end of life planning if the consumer wishes. The Assessment Team identified the assessment and planning for the all sampled consumers does not include advance care planning and end of life planning and that there was limited information included in all consumers’ care planning documentation relating to their individual needs and preferences.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider also disputed the Assessment Teams findings and referenced other information with the report. It also included checklists it utilises that identifies consumers choices. The service also includes advanced care planning and end of life options in the initial documentation provided, and this is discussed with the consumer when the consumer wishes.

I have reviewed this additional material and the Assessment Teams report, and find that the approved provider has effective assessment and planning that identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning.

I find this requirement compliant.

### 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.*

The Assessment Team found that assessment and planning was based on ongoing partnership with the consumer and others that the consumer wishes to involve. However, it found that the service does not consistently seek medical information from each consumer or their representative, the consumers’ health professionals and others involved in the consumer’s care. While the service does seek consent to share information between the service and other parties, the service does not consistently access this information to inform decision making with consumers and representatives.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider also disputes the Assessment Teams findings and described their methods of communication and described when they feel it is appropriate.

I have reviewed this additional material and the Assessment Team’s report and find that the approved provider has demonstrated that assessment and planning is based on ongoing partnership with the consumer and others, including other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

I find this requirement compliant.

### 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.*

The Assessment Team found that the service did not demonstrate that outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available to the consumer, and where care and services are provided. It further found that there is inconsistent evidence that outcomes of assessments by the RN and other health professionals are documented in care plans.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider also disputed the Assessment Teams findings and described their method of communicating schedules for visits.

I have reviewed this additional material and the Assessment Teams report and find that the approved provider has demonstrated that consumers are aware of the care and services agreed to and when they can expect those services. I also note that consumers interviewed have understood their care planning, where care and services are provided.

I find this requirement compliant.

### 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.*

The Assessment Team found that care and services are not consistently reviewed regularly for effectiveness and when circumstances change, or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team identified that reviews have not consistently occurred for three sampled consumers, where circumstances have changed, or incidents have impacted on their needs, goals and or preferences.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider has also disputed some of the Assessment Teams findings. The response includes several improvements that have since been implemented since the performance review, including review of existing home risk assessment form, fortnightly clinical and leadership meetings, staff training on incident reporting, and access through mobile device to incident system.

I have reviewed the Assessment Team’s report and the approved providers response and acknowledge that there is annual review of care planning, and there is evidence of service levels increasing and decreasing for consumers. While the approved provider is encouraged to continue its focus on review of care and services when circumstances change, or when incidents impact on the needs, goals or preferences of the consumer, I consider that the approved provider could demonstrate adequate review in these circumstances.

I find this requirement Compliant.

# STANDARD 3 NON-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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of documents.

Overall sampled consumers consider they get personal and clinical care that is safe and right for them, and generally the service could demonstrate that each consumer gets safe and effective personal care, clinical care that is best practice, that is tailored to their needs and optimises their health and well-being.

However, the service was unable to demonstrate the effective management of high impact risks associated with care of each consumer. The service does not have an effective risk management system to identify risks associated with the clinical care of consumers to inform choice and decision making.

Generally the service demonstrated that deterioration or change in a consumer’s mental health, cognitive or physical function is recognised and responded to in a timely manner, and timely and appropriate referrals made.

The needs, goals and preferences of consumers nearing the end of their life are recognised and addressed, information about the consumers’ needs and preferences is available within the service and where responsibility is shared, and the service demonstrated that their processes for minimising infection related risks.

The Quality Standard is assessed as Non-compliant as one (1) of the seven specific requirements has been assessed as Non-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.*

The Assessment Team found that care planning documentation for consumers indicated that the service has not accessed or incorporated best practice guidance on falls prevention, pain management and/or skin care management to inform care delivery of care. Care planning does not include directives, strategies or information to inform and guide staff practice regarding best practice delivery of clinical and personal care.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider also disputed the Assessment Teams findings and indicated some information in the report was incorrect.

I have reviewed this additional material and the Assessment Teams report and find that the approved provider has demonstrated that generally consumers receive safe and effective personal and clinical care. I note that while documentation related to wound care required improvement, photos and regular review by a registered nurse ensured a positive outcome for the consumers.

I find this requirement compliant.

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

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

The Assessment Team found that the service does not effectively manage high impact or high prevalence risks associated with the care of each consumer. Information is not reflected in care planning documentation, including the identification of risks, strategies or guidance for staff who regularly provide services to consumers.

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider has also disputed some of the Assessment Teams findings. The response includes several improvements that have since been implemented since the performance review, including review of existing care and assessment planning tools for consumers receiving lower levels care packages, fortnightly clinical and leadership meetings, staff training on incident reporting, and access through mobile device to incident system.

I have reviewed the Assessment Team’s report and the approved provider’s response, and acknowledge its statement that some consumers have not always consented to further review. However, I am not satisfied that the service has always identified and created strategies to manage high impact or high prevalence risks. In its response it noted that an Assessment Form has been developed for consumers receiving lower levels care packages to have baseline needs documented.

While I acknowledge the improvements, I consider that the approved provider will require time to embed these improvements and demonstrate their sustainability. I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

The Assessment Team found that the service does not adequately ensure that deterioration or change in a consumer’s mental health, cognitive or physical function is recognised and responded to in a timely manner.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response includes several improvements that have since been implemented since the performance review, including review of existing care and assessment planning tools for consumers receiving lower levels care packages, fortnightly clinical and leadership meetings, staff training on incident reporting, and access through mobile device to incident system.

I have reviewed the Assessment Team’s report and the approved provider’s response and find that generally, staff and management have demonstrated they are able to identify and respond to deterioration or change of consumers capacity and function.

I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

The Assessment Team found that the service does not consistently recognise the need for referrals to individuals, other organisations and providers of other care and services in a timely manner. The Assessment Team identified relevant staff did not consistently identify the need for referral by health professionals. As a result, referrals did not occur to ensure reassessment of identified consumer issues were actioned in a timely manner.

The approved provider did not address this requirement in their response, however on balance and upon review of other information in its response I consider that the approved provider could demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I find this requirement Compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

# 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 did confirm that they 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.

For example:

* Consumers interviewed confirmed they are supported by the service to undertake a range of lifestyle activities of interest to them, participate in the broader community as well as maintain contact with people who are important to them.
* Consumers interviewed advised that the food offered by the service through their respite centres was of good quality and quantity.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made at the respite centre. Consumers and representatives were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

* Consumers and representatives interviewed advised that the service supports them to do the things that are important to them.

Services and supports for daily living provided by the service cover a wide range of options for consumers, should they choose, to support them to live as independently as possible, enjoy life and remain connected to their local community.

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.*

Based on the information reviewed 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the respite centre service environment, spoke with consumers and representatives over the phone about their experience of the respite centre environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* Overall sampled consumers indicated that they feel they feel safe and comfortable in the service environment.
* Consumers confirmed they can freely and safely access indoor areas and feel safe attending social support services at the respite centres.
* Consumers confirmed the environment at the day centre is easy to access by ramps and they are made to feel welcome. Consumers said they enjoy the activities, meals and social experience at the respite centre.
* The Assessment Team observed the environment is welcoming and well-maintained pathways with wide doors to access the centre.
* The respite centre opens for five days a week and lunch is provided to consumers.

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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the Feedback Register and tested staff understanding and application of the requirements under this Standard.

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

* Consumers and representatives interviewed could explain the process to follow when raising a concern and or a complaint. Consumers and representatives felt key personnel and management are approachable with any concerns that they may have and were able to give examples of times they had raised issues that were resolved for them in a timely manner.
* Consumers have complaint information in their personal folder located at their home and receive a consumer information pack on commencement of services which contain the complaints policy. Complaint information is also provided in other languages specific to the consumer. They receive a copy of the aged care charter of rights and have phone contact numbers and forms to fill out if they wish. Staff have had training in being able to assist in the complaints process, including applying an open disclosure approach based on their open disclosure policy. Complaints are monitored through meetings and addressed through case notes and identified improvements are discussed at management meetings.
* The Assessment team reviewed the Feedback Register which detailed complaints from consumers. All issues have a planned action, persons responsible and evaluation of the consumer’s satisfaction of the response following the complaint which are detailed in case notes. Complaints are discussed at management and Board meetings.

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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Based on the information reviewed I find this requirement compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Based on the information reviewed I find this requirement compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of documents.

The service demonstrated how it ensured that the workforce is competent and has the knowledge to effectively perform their roles.

The service has recruitment processes to ensure sufficient staff are available to deliver scheduled care and services:

* Interviews with staff confirmed that where a shift is not filled, they negotiate with the consumer to find a solution to the consumers satisfaction.
* Consumers and representatives considered that consumers get quality care and services when they need them and from people who are kind, capable and caring.
* Consumers and representatives interviewed confirmed that they think there are adequate staff and reported consistent staff members are allocated to deliver care and services.

The service undertakes regular assessment and review of each member of the workforce.

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.*

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

### 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.*

The Assessment Team found that the service did not demonstrate how they ensure that the workforce is competent and has the knowledge to effectively perform their roles.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response includes several improvements that have since been implemented since the performance review, including review of existing care and assessment planning tools for Level 1 and Level 2 consumers, fortnightly clinical and leadership meetings, staff training on incident reporting, and access through mobile device to incident system.

I have reviewed the Assessment Team’s report and the approved providers response and find that staff and management have the qualifications and knowledge to effectively perform their roles, as detailed in the report and consumer feedback. I have considered any information under this requirement which is relevant to Standard 2 requirement 2(3)(a) and Standard 3 requirement 3(3)(b) under those requirements.

I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

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

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

Based on the information reviewed I find this requirement compliant.

# STANDARD 8 NON-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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of documents.

Overall sampled consumers indicated that the service is well run and that they can partner in improving the delivery of care and services, and the organisation was able to demonstrate it has a clinical governance frame work in place.

Consumers and representatives interviewed confirmed that they are asked to provide feedback on the services they receive and provided avenues by the service. In this way they felt that they are part of how things are done and can influence improvements to their services.

However, the organisation was not able to demonstrate it has effective risk management systems and practices in relation to managing high-impact or high prevalence risks associated with the care of consumers.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### 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.*

Based on the information reviewed I find this requirement compliant.

### Requirement 8(3)(d) Non-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*

The Assessment Team found that the service’s system to identify, minimise and manage risks for the safety and wellbeing of consumers is not effective. The service was not able to demonstrate it has effective risk management systems and practices or that high impact/high prevalence risks associated with the care of consumers are identified or managed. No concerns have been identified in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can

The approved provider submitted a response that provided further detail and clarified some information in the report. The approved provider has also disputed some of the Assessment Teams findings, submitting that the feedback in the Assessment Team’s report relates to operational risk management whereas Standard 8 requirements relate to Organisational Governance. It also indicated that some information was not considered by the Assessment Team. I also note that in relation to other requirements the response also includes several improvements that have since been implemented since the performance review, including review of existing care and assessment planning tools for Level 1 and Level 2 consumers, fortnightly clinical and leadership meetings, and staff training on incident reporting.

I have reviewed the Assessment Team’s report and the approved providers response. I find that the approved provider could not demonstrate that’s its organisational systems adequately identified and managed high impact or high prevalence risks associated with the care of consumers, and that information is not reflected in care planning documentation, including the identification of risks, strategies or guidance for staff who regularly provide services to consumers. The information I have reviewed in relation to Standard 3 requirement 3(3)(b) in particular indicates that its risk management systems and practices were not effective in this regard.

I find that at the time of the Quality Audit the provider was Non-Compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

The Assessment Team found that the service was not able to demonstrate that where clinical care is provided clinical governance policies and procedures support the service to monitor the provision of clinical care. It also found that policies and procedures are not reviewed to demonstrate best practice and to guide staff in providing personal and clinical care to consumers.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response includes several improvements that have since been implemented since the performance review, including review of existing care and assessment planning tools for Level 1 and Level 2 consumers, fortnightly clinical and leadership meetings, staff training on incident reporting, and access through mobile device to incident system.

I have reviewed the Assessment Team’s report and the approved providers response and find that the service does have a clinical framework.

I find this requirement compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 2(3)(a)

*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.*

* Demonstrate that appropriate assessment and planning occurs for each consumer, including that relevant risks to a consumer’s safety, health and well-being needs are assessed, discussed with the consumer and included in planning a consumer’s care.

### Requirement 3(3)(b)

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

* Demonstrate high impact or high prevalence risks are managed and measures are applied to ensure risk is as low as possible, whilst supporting a consumer’s independence and self-determination to make their own choices.

### Requirement 8(3)(d)

*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.*

* Ensure risk management systems and practices enable staff to manage high impact or high prevalence risks associated with the care of consumers by identifying such risks and responding appropriately.