Concorde Nursing Home

Performance Report

25 Anstey Street
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**Commission ID:** 7880

**Provider name:** Hamersley Nursing Home (WA) Pty Ltd

**Site Audit date:** 7 December 2021 to 9 December 2021

**Date of Performance Report:** 10 February 2022

# Performance report prepared by

Michelle Glenn, 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** | **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 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 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 consumers, representatives, staff and others
* the provider did not submit a response to the Site Audit report.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers considered that 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. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are kind and gentle and they are consulted about what is important to them, as well as matters involving their care and services;
* staff acknowledge them and treat them with respect and their privacy is respected; and
* are supported to take risks to enable them to live the best life they can.

Care files sampled included information relating to each consumer’s cultural identity, religious affiliations, personal beliefs and cultural and ethnic backgrounds. Staff spoke about consumers in a way which showed they respected and understood consumers’ circumstances and preferences and awareness consumers’ social and cultural backgrounds. An organisational diversity and inclusivity plan outlines the service’s approach to delivering care in a personalised way that considers and respects each consumer’s diverse cultural and linguistic needs and perspectives.

Information provided to consumers is current, accurate and timely and made available to consumers through newsletters, meeting forums, care conferences and noticeboards. Staff described how information is effectively communicated to consumers of various levels to ensure it is understood and enables them to make informed choices. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information is kept confidential. Consumers are informed and asked for consent to share information with relevant providers on entry and provided information relating to collection, use and disclosure of information through a Resident handbook.

Consumers sampled indicated they are supported to exercise choice and independence and encouraged to maintain relationships and make decisions about their own care. Initial assessment processes identify relationships that are important to each consumer and strategies to maintain these relationships are developed.

Consumers sampled confirmed they are supported to take risks. Where consumers choose to undertake an activity, which includes an element of risk, consultation with the consumer and/or representative occurs to enable them to understand the risk and consequences of harm, Medical officer and/or allied health input is sought where required and agreed strategies to mitigate the risk are implemented. For sampled consumers, staff described activities they choose to undertake and strategies to support them in those activities.

Based on this evidence, I find Hamersley Nursing Home (WA) Pty Ltd, in relation to Concorde Nursing Home, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

**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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found overall, consumers sampled considered that they felt like partners in the ongoing assessment and care planning process. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* are informed of outcomes of assessment and planning processes, and representatives are invited to meet with clinical staff, and other members of the multidisciplinary team as appropriate, following development of the consumer’s care plan to ensure their needs and preferences have been captured;
* are provided an opportunity to share consumers’ goals and preferences and this information is included in the care plan; and
* can discuss consumers’ specific care needs or preferences with staff at any time and changes to the care plan reflect this.

A range of assessments are completed on entry and on an ongoing basis. Information gathered, including from consultation with consumers and/or representatives and assessment processes, is used to develop detailed care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of validated assessment tools are utilised to identify risk, including for falls, depression, pressure injuries and pain. Individualised management strategies are developed to minimise impact of risks and are included in care plans. Staff were aware of routine needs and preferences for consumers and indicated they confirm consumers’ preferences for care and services with them on a daily basis.

Consumers are encouraged and supported to share their end of life and palliative care wishes and these are documented and accessible to staff. Specific care plans are developed in partnership with consumers and/or their representatives when consumers are identified as entering the palliative phase of life and an end of life pathway is developed to guide care and service delivery at this time, in line with consumers’ preferences.

Care files demonstrated assessment, planning and review processes occur in partnership with consumers and/or representatives and others on entry, annually and in response to changes. Additionally, care files included regular review by Medical officers and allied health specialists. Care plans were noted to have been updated in response to a decline in consumers’ health, incidents, discharge from hospital and change in preferences. Outcomes of assessment and care planning are communicated to consumers and/or representatives and documented in care plans which are available to consumers and guide staff in the provision of care and services.

Based on this evidence, I find Hamersley Nursing Home (WA) Pty Ltd, in relation to Concorde Nursing Home, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

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

**Requirement 2(3)(b) Compliant**

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

**Requirement 2(3)(c) Compliant**

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

**Requirement 2(3)(d) Compliant**

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

**Requirement 2(3)(e) Compliant**

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

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

* consumers are provided timely personal and clinical care that is safe and provided in the manner they have requested;
* consumers have access to appropriate clinical and other specialists to manage their complex health needs, including when there has been an incident affecting them;
* consumers see other health specialists, including a Dietitians and Podiatrists; and
* expressed satisfaction with management of specific care needs, including medications, falls and diabetes.

Staff described how they are supported to deliver personal and clinical care that is best practice and meets the needs of each consumer. The organisation has documentation relating to best practice care delivery which is updated regularly and accessible to staff. Care files demonstrated regular assessment and planning of each consumer’s clinical and personal care needs. Progress notes capture daily changes in consumers’ health and appropriate follow up actions and changes to care plans were noted following incidents or changes to consumers’ health. Care files demonstrated appropriate management of specialised nursing care needs, restrictive practices, skin integrity and pain.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate management of high impact or high prevalence risks, including pressure injuries, falls and behaviours. Staff were knowledgeable about consumers’ high impact or high prevalence risks and described strategies to minimise impact of those risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. A consumer file sampled demonstrated the consumer’s representatives was provided an opportunity to complete advance care planning documentation in response to the consumer’s deteriorating condition. The care plan included specific preferences for care, in line with representative’s wishes. Clinical staff indicated they work with external service providers to provide support for the consumer and their representatives and care staff described care provided to consumers in the palliative phase of life to ensure their comfort is maximised and dignity preserved.

Care files sampled demonstrated that where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Staff were knowledgeable about their roles and responsibilities for identifying and reporting signs of deterioration.

The service has an effective infection prevention and control program in place that is in line with national guidelines. Consumers sampled stated they have received COVID-19 and influenza vaccinations, staff are very good at washing their hands and cleaners thoroughly clean their rooms. To support the antimicrobial stewardship program, an infection control register is maintained and monitored. The organisation continues to review precautions to prevent and control infection considering the COVID-19 pandemic and related requirements.

Based on this evidence, I find Hamersley Nursing Home (WA) Pty Ltd, in relation to Concorde Nursing Home, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

**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*

*practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANTServices and 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 Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* satisfied consumers are provided enough support to optimise their health, well-being, and quality of life;
* staff support consumers to do the things that are socially, spiritually, and emotionally important to them;
* consumers are supported to attend social activities within and outside the service and maintain their identity and independence; and
* consumers are assisted with activities of their choosing and to maintain relationships.

Initial and ongoing assessment processes identify each consumer’s emotional, spiritual, cultural and social needs, life story, goals, interests and supports required. Care plans are developed from the information gathered and identify consumers’ specific interests and preferences. Care plans sampled included strategies to support management of consumers’ emotional needs and information relating to how consumers like to spend their time, both within and outside of the service environment, and maintain social and personal relationships.

Activities are planned and risks assessed to ensure services and supports are safe and enjoyable for each consumer and are in line with their preferences, needs and goals. Consumer satisfaction with and effectiveness of the activities program is measured through consumer feedback, activity attendance and surveys, with changes and improvements made to the activity program in response.

Care files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Consumers are referred to other organisations and providers of care where appropriate and in a timely manner.

Consumers and representatives sampled indicated the food is good, consumers are provided choices and they can ask for alternative options if they do not like what is on the menu. Assessment processes assist to identify each consumer’s dietary needs preferences and this information is available to catering staff to guide catering processes. A seasonal menu is in place which has been developed in consultation with a Dietitian and consumers. Consumers are provided opportunities to provide feedback on the menu through meeting forums and feedback processes.

There are processes to ensure equipment provided to consumers is safe, suitable and well maintained. Policies, procedures, audits and preventative and reactive maintenance processes ensure servicing, maintenance and replacement of equipment is undertaken as required. Staff sampled indicated equipment used for consumers’ care and service provision is cleaned after use. Staff were knowledgeable on how to use equipment and described how maintenance issues and hazards relating to equipment are reported.

Based on this evidence, I find Hamersley Nursing Home (WA) Pty Ltd, in relation to Concorde Nursing Home, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

**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 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 Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* their bedrooms and common areas are clean, well maintained and comfortable;
* they can freely access indoor and outdoor areas of the service;
* the service encourages them to have personal items in their rooms which makes it feel more like home; and
* they feel safe when staff are using equipment to support them and are satisfied that equipment is well maintained and clean.

The Assessment Team observed the service environment to be welcoming, warm and easy to understand, with directional signs to support navigation. Consumers were observed to be enjoying common areas of the service, interacting with visitors. The service environment was observed to be safe, clean, comfortable and well-maintained. The environment was clutter free, enabling consumers to move around the service safely. Consumers were observed moving freely around the service environment, including outdoor areas and gardens, which were well maintained. Evacuation maps were displayed around the service and all fire equipment checks were up-to-date.

There are preventative and reactive maintenance processes in place and staff described how maintenance tasks are reported, actioned and resolved. Additionally, staff were able to describe processes for reporting hazards. Cleaning processes are in place ensuring the environment is clean and well maintained.

Furniture, fittings and equipment were noted to be safe, clean and well maintained. Contracted services are utilised to maintain and inspect aspects of the service environment and equipment. There are monitoring processes to ensure a safe and comfortable service environment is maintained.

Based on this evidence, I find Hamersley Nursing Home (WA) Pty Ltd, in relation to Concorde Nursing Home, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

* are aware of how to make a complaint and feel safe to do so;
* feel confident their concerns are taken seriously;
* management work closely with them to ensure feedback is actioned promptly and are satisfied with actions taken in response to complaints; and
* improvements are identified and implemented as a result of feedback.

Consumers and representatives are provided with information relating to feedback and complaints avenues, language services and advocacy services on entry and ongoing through newsletters and meeting forums. Information in relation to feedback mechanisms and advocacy was also noted to be displayed throughout the service. Consumers are encouraged and supported to provide feedback through a range of avenues. Staff described how they support consumers to raise concerns, including through completing feedback forms on the consumer’s behalf, escalating feedback to senior staff and, where able, resolving concerns immediately. Management and staff demonstrated an awareness of open disclosure principles and practices and policy and procedure documents relating to open disclosure processes are available to guide staff practice.

A complaints register is maintained and demonstrated how management responds to complaints and provides feedback to consumers and/or representatives. Feedback and complaints data is monitored to identify trends, with the data reviewed and used to improve care and service provision.

Based on this evidence, I find Hamersley Nursing Home (WA) Pty Ltd, in relation to Concorde Nursing Home, to be Compliant with all Requirements in Standard 6 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 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

The Assessment Team found overall, consumers sampled considered that they get quality care and services from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff are kind, caring and respectful when attending to consumers;
* staff are competent and know what they are doing; and
* feel there are adequate numbers of staff with appropriate skills.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. A master roster is maintained and can be adapted in response to the changing needs and situations of consumers. Staffing requirements are also identified through call bell reports, feedback and complaints and occupancy. There are processes to manage planned and unplanned leave. Staff sampled said there are enough staff rostered each day to enable them to perform their duties and attend to consumers’ needs in a timely manner.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. Complaints and compliments documentation sampled for a three month period demonstrated there had been no complaints relating to poor workforce interactions. Consumers and representatives sampled confirmed staff treat consumers with respect and are responsive to their needs.

Recruitment and initial onboarding processes ensure staff have the relevant knowledge and qualifications to perform their roles. Position descriptions include key selection criteria, qualifications, experience required and duties and responsibilities and are available to guide staff in their roles. A training schedule is in place and includes mandatory training components. Training needs are identified through a range of avenues, including feedback and complaints, staff performance appraisals, audits and surveys. Documentation sampled demonstrated the training schedule is updated in response to identified staff training needs.

A staff performance appraisal and development process is in place, including probationary and ongoing reviews. Feedback, complaints and observations inform the performance review process.

Based on this evidence, I find Hamersley Nursing Home (WA) Pty Ltd, in relation to Concorde Nursing Home, to be Compliant with all Requirements in Standard 7 Human resources.

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

**Requirement 7(3)(b) Compliant**

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

**Requirement 7(3)(c) Compliant**

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

**Requirement 7(3)(d) Compliant**

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

**Requirement 7(3)(e) Compliant**

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

The Assessment Team found overall, consumers sampled considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including through meeting forums, surveys, care plan review processes and feedback mechanisms.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported through various meeting forums and to the Board, ensuring the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system. Additionally, the organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled stated they had been educated about the policies relating to these aspects and described how they implement these within the scope of their roles.

Based on this evidence, I find Hamersley Nursing Home (WA) Pty Ltd, in relation to Concorde Nursing Home, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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

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.