Eldercare Trowbridge House

Performance Report

9 Luhrs Road
PAYNEHAM SOUTH SA 5070
Phone number: 08 8332 3155

**Commission ID:** 6103

**Provider name:** Eldercare Inc

**Site Audit date:** 8 February 2022 to 10 February 2022

**Date of Performance Report:** 21 March 2022

# Performance report prepared by

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s acknowledgement of receiving the Site Audit report on 25 February 2022 and advising they would not be providing a response.

# 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.

The Site Audit report identified consumers considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose.

Consumers and representatives said consumers were treated with dignity and respect at all times and that staff were kind when delivering care. Consumers advised they felt safe, staff were polite and the service recognised consumers’ individual diversity. Consumers were supported to maintain independence in their lifestyle choices and preferences, and family and friends were actively involved in their care. Consumers and representatives said consumers were supported to take risks to enable them to live the best life they could. Quarterly consumer meetings provided updates on the service and enabled consumers to raise and discuss any issues. Representatives said in a variety of ways that staff and/or management were approachable, supportive, provided them with updates and consulted with them regarding the consumer’s care needs. Consumers were satisfied care and services were undertaken in a way that respected their privacy.

Staff spoke about consumers in a respectful and caring manner and demonstrated they were familiar with consumers' backgrounds. Staff described how the consumer’s culture and preferences influenced the way in which they delivered care and services day to day, including interacting with consumers in different languages and facilitating activities that were culturally important to individuals. Staff reported consumers from culturally and linguistically diverse backgrounds had access to representatives able to interpret on their behalf and who were involved in decisions regarding their care. Consumers were supported to make informed choices about their care and services, and staff were able to describe the specific preferences of consumers. Management spoke of the support provided to consumers who wished to participate in risk taking activities; this included undertaking risk assessments. Information about care and services was provided to consumers upon entry to the service, and on an ongoing daily basis. Staff described the practical ways they respected the personal privacy of consumers.

Care planning documentation demonstrated staff consultation with consumers about their personal preference for care and services, and what was important to them. Documents used to gather information to identify consumers’ needs, goals and preferences also identified risks or elements of risk that might be associated with the activities, and strategies to manage the risks. Consumers’ cultural information was recorded as well as activity preferences, within and outside the service. Care documentation included contact information for nominated representatives and other primary contacts, and demonstrated consumers were supported to exercise choice and independence.

The organisation had a diversity and inclusion policy that demonstrated the service's commitment to ensuring all stakeholders were treated fairly and equitably and could live and work free from any discrimination; the service had records of annual training provided to staff on culturally inclusive care. Staff interactions with consumers and other staff were observed to be kind and respectful; staff were observed greeting consumers and knocking on consumers’ doors before entering rooms. A poster that announced the site audit was displayed across the wings of the service, and the agenda and minutes reviewed from quarterly consumer meetings demonstrated active participation from consumers.

Based on the evidence summarised above, I find the service to be Compliant with 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 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.

The Site Audit report identified consumers and representatives considered that they felt like partners in the ongoing assessment and planning of the consumers’ care and services.

Consumers and representatives advised consumers received the care they needed, and they are involved in the care planning processes. Staff involved consumers and representatives in the assessment and planning of the care for the consumer on an ongoing basis through conversations with clinical staff and management, or at case conferences. Consumers said staff explained information about their care and services and that consumers and representatives could access a copy of the consumer's care and service plan when they wanted to. Consumers and representatives confirmed that consumers’ care and services were regularly reviewed; when the consumer’s circumstances had changed, or when incidents impacted on the needs, goals or preferences of the consumer.

Staff described how assessment and planning was used to inform the delivery of safe and effective care. Management said the needs, goals and preferences of the consumer were identified when the consumer entered the service. Initial and more comprehensive assessments were completed as needed in consultation with consumers and representatives, other health professionals, medical officers and other medical specialists. The organisation had a palliative care nurse practitioner involved in advanced care assessment and planning, and who provided support to consumers who were approaching end of life. Management and staff reported discussions regarding the outcomes of care planning were held with consumers and representatives, and changes to care plans were communicated as required. Staff were knowledgeable of their responsibility in reporting incidents, escalating incidents, and reporting any change in consumer conditions. Care plans were reviewed six-monthly or as required, and these reviews involved the consumer; their representative, clinical staff, allied health and other medical professionals as needed.

Consumer care plans demonstrated consumers’ individual needs, goals and preferences were detailed to inform care and services delivery, and included the identification of risks to each consumer's health and well-being. Advance care and end of life planning was discussed with consumers and representatives when the consumer wished, and as the consumer’s care needs changed; this information was included in the care plan. Care documentation identified consumers and/or their representatives had been involved in the assessment process and care planning documentation confirmed representatives were notified following incidents. The service’s electronic care documentation system included a detailed care plan and a summary profile page; care plans were available to consumers and representatives if they wished to have a copy. Care planning documentation evidenced reviews were undertaken regularly or when circumstances changed, such as changes in the consumer’s condition or incidents occurred.

The organisation had policies and procedures to guide staff practice in relation to assessment and care planning for consumers; including for advanced care or end-of-life planning to assist with decision making and support the end-of-life journey for consumers and their families. Allied health services visited the service as required, based on a referral basis that was approved by management; directives and input from other health specialists was incorporated into consumers’ care documentation and into their daily care. Care planning documentation was observed to be readily available to staff, where care and services were provided. The service monitored and trended consumer’s clinical indicators, which included skin integrity, falls, hospitalisations, pressure injuries and infections.

Based on the evidence summarised above, I find the service to be Compliant with 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 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.

The Site Audit report identified consumers considered that they received personal and clinical care that was safe and right for them, and in accordance with their needs and preferences. Care provided was in line with best practice guidelines and was tailored to the needs of the consumer.

Consumers and representatives expressed satisfaction with the management of high impact and high prevalent risks, and advised they were confident that when the consumer needed end-of-life care, the service would support them to be as free as possible from pain and to have those important to them, with them. Consumers and representatives reported referrals were timely, appropriate and occurred when needed; consumer had access to relevant health professions such as allied health professionals and medical specialists. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices; the service was kept clean and staff were observed using personal protective equipment and practicing safe hand hygiene techniques.

Staff described the service’s policies and procedures available to guide their practice and staff received regular training on clinical matters that included restrictive practices. Care staff had a registered nurse available to raise any concerns or issues they might have. Management described the high impact and high prevalence risks for consumers; weekly multi-disciplinary meetings were held to discuss the most prevalent risks to consumers, and individual risks were reflected in the consumers care planning documentation. Staff described the way care delivery changed for consumers nearing end of life and practical ways in which consumers’ comfort was maximised. Staff were knowledgeable about the process for identifying, reporting and addressing changes and deterioration in a consumer’s condition. Information was shared when referrals were made to other providers of care and services; information was shared when changes occurred through multiple mechanisms including handover. Staff, allied health professionals and medical officers had access to consumers’ care plans to support care delivery. Management advised the service monitored infections through clinical indicator reporting; staff were supported to minimise the need for, or use, of antibiotics and to ensure they were used appropriately.

Consumer care files reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. Documentation included referrals and recommendations from allied health and medical specialist services; directives were implemented and followed. Care documentation identified high impact and high prevalence risks were effectively managed and strategies were implemented to minimise risks. Advance care planning and the needs, goals and preferences of consumers for end-of-life care was recorded. Documentation demonstrated the identification of, and response to, deterioration or changes in the consumer’s condition.

The organisation had policies, procedures, guidelines and flowcharts for key areas of care, and staff had access to this information via the organisation’s intranet and hard copy information. The service had systems and processes to ensure consumers received safe and effective personal and clinical care; including clinical audits, whole of service audits and training to support best practice. The service trended, analysed and responded to clinical indicators, consumer incidents and risks; clinical indicators were discussed at staff meetings and used to identify improvements in the delivery of consumer care. Weekly multi-disciplinary meetings involved clinical staff, management, allied health, lifestyle, and medical officers; these were used to discuss consumers high risk concerns and management directives were developed and communicated to staff through handover and memorandums.

Based on the evidence summarised above, I find the service to be Compliant with 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*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and 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 Site Audit Report identified consumers considered that they got the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do.

Consumers and representatives said consumers were supported to pursue activities of interest to them. Consumers reported staff were kind, caring and consumers were comfortable speaking to staff or management when they might feel low or if they had any concerns. Consumers were supported to keep in touch with family and friends, and were also assisted to stay in contact with people who were important to them; visits at the service were encouraged. Consumers and representatives advised in various ways how their condition, needs and preferences were effectively communicated within the service and with others responsible for their care. Overall, consumers expressed their satisfaction with the variety, quality and quantity of food provided by the service, and said they could provide feedback to staff about meals and the service was able to accommodate their requests. Consumers and representatives reported consumers had access to equipment, which included mobility aids, to assist them with their daily living activities.

Care planning documentation demonstrated assessment processes captured information about consumers' spiritual beliefs, strategies to support their emotional well-being and identified social supports that included people that were important to them. Information in consumers’ care and service plans provided staff guidance regarding the consumer’s social and lifestyle needs and preferences, and contact information for representatives and others the consumer chose to involve in their care. Dietary preferences and information about individuals and external services, who supported consumers to maintain their interests and participate in the community outside the service, were documented.

Lifestyle and care staff explained what was important to consumers in relation to the activities they wished to participate in, and their lifestyle and social preferences; this aligned with the information in the consumer’s care and service plans. The service’s lifestyle program accommodated and modified activities to cater for consumer’s needs, preferences and varying levels of functional ability. Staff described that when a change in mood or emotional need was identified in a consumer, they notified registered staff and provided additional support. Consumers' spiritual needs were supported through the service’s chaplain, and through visits and service’s provided by other community organisations and members. Lifestyle staff described how during the height of COVID-19 restrictions, consumers were assisted to stay connected to their family and friends. Staff reported they were made aware of changes to a consumer’s needs through handover processes and information available in the organisation’s electronic care system; this included consumers’ dietary needs.

A variety of brochures and resources were observed to be available to support consumer referral to external organisations; this included advocacy services, mental health organisations, spiritual support, and translation services. Activity schedules incorporated community events, and were observed to be on display in the service. Consumers were observed to be engaged in group and individual activities; with staff participating in activities and engaging with consumers throughout the visit. Lifestyle evaluation undertaken by the service reflected positive feedback by consumers regarding the lifestyle program. Observations identified the kitchen was clean and tidy, with health and safety guidelines and infection control measures displayed. Equipment to support consumers engage in activities of daily living was observed to be suitable for use, clean and well maintained. The service’s preventative maintenance schedule demonstrated regular servicing of equipment occurred and maintenance logs evidenced that issues brought forward were followed up and rectified by maintenance staff in a timely manner.

Based on the evidence summarised above, I find the service to be Compliant with 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 Site Audit report identified consumers considered that they felt they belonged in the service and felt safe and comfortable in the service environment.

Consumers said the service environment was welcoming and felt like home. Consumers and representatives reported they found the service to be safe, clean and well maintained, and that the furniture, fittings and equipment provided was suitable for their needs. Consumers and representatives advised that when they had reported any issues regarding cleaning or maintenance to staff, these were followed up promptly.

Staff described the features of the service environment that were designed to support functioning of consumers including signage, handrails and lighting. Management said staff were always available to assist, support and direct consumers around the service. Staff explained how consumers and representatives could provide feedback and offer suggestions for improvement of the service environment. Maintenance staff described processes they followed which ensured the service environment was safe and well-maintained; these included organising external contractors for major scheduled preventative maintenance tasks, undertaking internal preventative maintenance checks and providing reactive maintenance when identified or reported. Cleaning staff followed a schedule for cleaning and described infection control processes and extra cleaning requirements in relation to COVID-19. Staff confirmed there was an adequate supply of equipment available for consumers’ needs; shared equipment was cleaned and disinfected after each use, and promptly stored to ensure the safety of consumers.

Meeting minutes reflected the environment was monitored and information to be addressed or noted was communicated to staff. The service’s maintenance schedule evidenced regular maintenance was occurring and documentation confirmed fire systems and equipment were part of the preventative maintenance schedule. The maintenance logbook demonstrated that maintenance issues reported by staff and consumers were resolved in a prompt manner.

The service environment was observed to be welcoming, incorporating decorations made by consumers to reflect past and upcoming cultural events, and had several shared areas for consumers to interact both indoors and outdoors. Consumers’ rooms were personalised with photographs, decorations, and items of importance on display in their room. The outdoor courtyard had walkways and garden areas, with tables and chairs for consumers to use. The service environment was observed to enable consumers to move freely, both indoors and outdoors. The environment was clean, well maintained and cleaning staff were observed to be cleaning the environment in accordance with the cleaning schedule. Furniture, fittings and equipment were observed to be suitable for consumers, and fire safety equipment and fire evacuation diagrams were available and displayed.

Based on the evidence summarised above, I find the service to be Compliant with Standard 5; Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Site Audit report identified consumers considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken.

Consumers and representatives understood how to provide feedback or make a complaint and advised they felt comfortable doing so, especially when contacting management. Consumers described how they could provide feedback on their care and services and gave examples of how the service had responded to issues raised previously. Representatives of consumers from a cultural and linguistic diverse background said they were able to raise issues on behalf of the consumer and did so comfortably. Consumers reported they spoke directly with staff and management, or completed feedback forms if they had concerns regarding their care or services and said their concerns were promptly responded to. Consumers and their representatives advised their feedback was used to improve services.

Staff described how they encouraged and supported consumers to provide feedback and make complaints, and staff were aware of and understood the operation of the organisation’s complaint handling system. Staff received training on the process for engaging interpreter services in the event consumers with diverse backgrounds required this, and staff described how they helped advocate for these consumers at the service. Management said open disclosure was embedded in the complaint process; adverse events always resulted in notification to the consumer's representative and an explanation and apology was provided to both the consumer and the representative. Clinical staff reported on how feedback and complaints were used to improve the service for consumers, which had recently included the meal experience for an individual consumer, and laundry services.

Information provided to consumers on entry to the service included information about advocacy services, details and contact information to raise complaints directly with the service, and through the Commission’s complaints mechanisms. Observations identified feedback forms and confidential mailboxes were maintained in the service's lobby. Consumer meetings included feedback as an agenda item; minutes of meetings demonstrated that the feedback process was discussed, and consumers provided feedback on a variety of topics. The service’s complaints register evidenced that all complaints filed were actioned with an appropriate response. Where service improvement opportunities were identified, these were added to the service’s continuous improvement plan for monitoring and action.

Based on the evidence summarised above, I find the service to be Compliant with 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 specific requirements have been assessed as Compliant.

The Site Audit report identified consumers considered that they got quality care and services when they needed them and from people who were knowledgeable, capable and caring.

Consumers and representatives advised in a variety of ways that staff had enough time to attend to consumers’ needs, staff were quick to respond to their requests for assistance and consumers’ needs were always attended to. Consumers said staff were kind, caring and gentle when providing care. Consumers and representatives reported managers and staff at the service had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services to consumers.

Staff advised while they experience busy days, staff had sufficient time to complete their daily tasks comfortably. Care staff reported they were able to attend to consumers’ daily care and service needs and when they needed additional time or resources, this was provided by management. Staff said the service effectively managed unplanned absences, including the impacts from the COVID-19 pandemic; this included a restructure of the team or engaging agency staff as necessary. Care staff reported on the buddy system for new staff where they were paired with a more experienced staff member; staff were confident that training provided by the service had equipped them with the required knowledge to carry out care and services for consumers. Registered nursing staff were scheduled on-site 24 hours per day, seven days per week.

Management described how they determined staff were competent and capable in their role; this included position descriptions, online recruiting process, an induction and orientation program and annual mandatory refresher training. Management advised of training and support provided to new staff, including an induction and site orientation program and a probation period in which employees’ performance is evaluated. Performance appraisals for all staff occurred after their first year and bi-annually thereafter, and staff were provided with professional development support.

Staff were observed interacting with consumers and each other in a kind, caring and respectful manner; staff were observed maintaining consumers’ privacy by knocking on consumers' doors before entering. The service had a suite of documented policies and procedures to guide staff practice, which outlined that care and services were to be delivered in a person-centred approach. Reviewed performance appraisals and bi-annual staff surveys demonstrated the service captured deficiencies in staff knowledge, which resulted in requests for additional training as required. The service’s learning and development induction and training program was observed to be up to date, including differentiation in orientation trainings relative to the roles and responsibilities of staff. The service’s monitoring processes, such as call bell response monitoring, identified improvement opportunities were considered to ensure timely responses occurred in the future.

Based on the evidence summarised above, I find the service to be Compliant with 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 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.

The Site Audit report identified consumers and their representatives considered that the organisation was well run and said that they could partner in improving the delivery of care and services.

The service had established processes that supported consumers to engage in the development, delivery and evaluation of care and services. These included quarterly consumer and/or representative meetings, six-monthly reviews of consumer care plans with consumers and/or their representatives actively engaged in the development and review of their care and services plan, organisational surveys being conducted and regular, weekly 'coffee and chats' with consumers in relation to every aspect of their care. Management advised of central policies and procedures to guide staff practice that promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. These incorporated clinical and management committees, which ultimately reported to the organisation’s Board of Directors.

The service demonstrated it had implemented an effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Assessment processes identified high impact and high prevalence risks that affected consumers, and care planning processes, assisted staff in developing risk minimisation strategies. Management evidenced a clinical governance framework had been implemented that was understood by the service’s staff. The framework included policies relating specifically to antimicrobial stewardship, minimising the use of restraint and an open disclosure. Staff confirmed they had been educated about the policies and were able to provide examples of their relevance to their work. The organisation maintained a service specific continuous improvement plan, which was monitored by the management team.

Consumers and representatives advised they were engaged in the development and delivery of services. Staff confirmed they received training in risk management procedures and demonstrated an understanding of how to apply the procedures when providing care. Staff received training in elder abuse and its reporting processes, and staff were guided by a risk management framework which outlined roles and responsibilities of staff in the event of critical incidents, and the use of a risk assessment table to identify consumer risk.

Based on the evidence summarised above, I find the service to be Compliant with 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.