Finncare Aged Care

Performance Report

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**Commission ID:** 5131

**Provider name:** Finncare Incorporated

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

**Date of Performance Report:** 6 April 2022

# Performance report prepared by

Susan Turner, 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.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers said staff are kind, treat them with respect and value them as individuals. Consumers and representatives provided positive feedback about the way the service supports consumers to be independent, exercise choice, make decisions and take risks in order to live the life they choose.

Information to support choice and decision making is provided to consumers and representatives through various mechanisms including informal discussions, newsletters, activity calendars, consumer meetings and meeting minutes, case conferences and via email. The Assessment Team observed that the activity calendars and signage within the home were written in both English and Finnish. Staff advised there are staff rostered on each shift who speak Finnish who can assist with communication.

Staff spoke respectfully about consumers and demonstrated an understanding of their personal circumstances and history. Staff could describe the practical ways they support the consumer’s dignity and ability to make choices. They provided examples of how they knock on doors and wait to be invited into the room, promote privacy when delivering personal care and refrain from discussing consumers in public areas or within earshot of others. Staff said if they witnessed a consumer being treated inappropriately they would intervene and report the issues to a registered nurse or to the management team.

The Assessment Team reviewed care planning documentation and identified that information relating to consumers’ cultural and spiritual needs and preferences were detailed. Contact information for nominated representatives was documented. Where consumers chose to take risks, risk assessments had been completed and a dignity of risk consent signed. Strategies to minimise or manage the risks were included in care planning documentation for staff guidance.

Organisational policies relevant to this Quality Standard guide staff practice and include dignity, respect, culture and diversity. A privacy policy is in place which includes protocols for the collection, use, disclosure and security of confidential information. Training records demonstrated staff receive education and training on these areas.

The Assessment Team observed staff greeting consumers and their visitors with familiarity and respect. Information relating to consumers’ rights and cultural diversity was displayed within the service.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers spoke positively about the assessment and care planning process. They said they were involved in the process, were informed about the outcomes of assessment and planning and had access to their care plan.

Care planning documentation reviewed by the Assessment Team demonstrated that medical officers, allied health specialists and other providers of care and services were involved in the development of the consumer’s care plan. Individual risks to the consumer’s health and well-being were documented, care and services were reviewed following a change in condition or an incident and preferences relating to end of life care were recorded.

Registered nurses and care staff understood their responsibilities relating to assessment and care planning and had access to organisational policies, procedures, flowcharts and a suite of evidence based assessment tools to support them.

The organisation has addressed deficiencies that were previously identified within this Quality Standard. Actions have included staff education, revision of relevant policies, review of consumers’ assessments and care plans, increased supervision and monitoring of assessment and care planning.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

Assessment and care planning processes, including a consideration of risk, inform the delivery of safe and effective care and services.

The service has taken action to address deficiencies that were previously identified in assessment and planning processes. These actions include, but are not limited to:

* The service has introduced an electronic quality and safety management system and educated staff in its use. Staff report this has provided them with prompt access to the service’s policies and procedures.
* A full review of the consumers’ assessment and care planning documentation occurred to ensure assessments and care plans are current and accurately reflect consumers’ needs and preferences.
* The service has reviewed policies and procedures relating to falls management with staff having received education on falls prevention strategies, documentation and associated responsibilities.
* A senior registered nurse has been appointed to supervise assessment and care planning processes, ensuring they are personalised to the consumer and completed within established timeframes. A care plan tracker was implemented to support this process.
* Improved communication processes that includes daily handover have been established to ensure prompt communication of any changes in consumers’ health and well-being.

The Assessment Team found through a review of care planning documentation that initial and ongoing assessments are completed in consultation with the consumer and allied health professionals as needed. A consideration of risk occurs and strategies were in place to minimise risks, for example, in relation to falls or skin integrity.

Consumers were satisfied with their engagement in assessment and care planning and the quality of care and services they received.

Staff demonstrated an understanding of how information about consumers is communicated including when there had been a change in the consumer’s condition.

The organisation has a suite of evidence based assessment tools, clinical guidelines, policies and procedures to guide staff in relation to assessment and care planning, and staff receive training that is relevant to their position.

I find this requirement is 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.*

Assessment and planning identified and addressed consumers’ needs, goals and preferences including in relation to end of life care, and these are documented.

The service has taken action to address deficiencies that were previously identified in assessment and planning processes. These actions include but are not limited to:

* A full review of the consumers’ assessment and care planning documentation occurred to ensure assessments and care plans are current and accurately reflect consumers’ needs and preferences.
* Staff advised they have received education and training on advance care planning and end of life care planning. Staff were able to describe the wishes of the consumers they cared for.
* The service has reviewed policies and procedures relating to falls management with staff having received education on falls prevention strategies, documentation and associated responsibilities.

The Assessment Team found through a review of care planning documentation that consumers were involved in planning their care, and that specific individualised care interventions were documented. Care plans included strategies that related to pain management, end of life care, specialised nursing care and skin care.

Consumers said they felt comfortable approaching staff about their care needs and that this included their preferences in relation to end of life care.

Registered nursing staff were familiar with assessment and care planning processes including the associated documentation. Registered nursing staff described how they approach end of life conversations with consumers and communicate this to staff through the care plan and during handover. Care staff were familiar with consumers’ needs and preferences and said they referred to a registered nurse for guidance if this was required.

I find this requirement is 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.*

### 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.*

Care and services were reviewed regularly, including following a change or incident that impacted the consumers’ needs, goals and preferences.

The service has taken action to address deficiencies that were previously identified in assessment and planning processes. These actions include but are not limited to:

* A full review of the consumers’ assessment and care planning documentation occurred to ensure assessments and care plans are current and accurately reflect consumers’ needs and preferences.
* Staff have been provided with education that included assessment, care planning and review processes.
* A senior registered nurse undertakes daily clinical reviews and analyses clinical data on a monthly basis and shares this information with staff.

Registered staff demonstrated an understanding of their responsibilities in relation to care plan review processes with staff stating that handover is used to communicate changes in the consumers’ health and/or care needs. Staff were aware of incident reporting mechanisms and how incidents can generate a reassessment or review of the consumer’s care needs, for example following a fall.

Policies and procedures relevant to this Quality Standard were available to guide staff and included care planning and review processes.

The Assessment Team reviewed assessment and care planning documentation for 10 consumers and identified that they had been reviewed regularly and following a change in health status. Consumers confirmed that care and services are reviewed on a regular basis and when circumstances change or when incidents have impacted on their needs.

I find this requirement is Compliant.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers were generally satisfied with the personal and clinical care they received saying it was safe and right for them. Consumers provided examples of how staff ensure the care provided was meeting their needs by regularly asking them about their care and the way it was delivered and engaging them in discussions about alternative care options that are available.

Consumers said they are referred to their medical officer or other health professionals as required and that referrals occur promptly. They said that they are pleased with the care delivered by those to whom they have been referred.

Staff described the opportunities they have for engaging in education to support their ongoing professional development. They were familiar with their responsibilities in relation to infection control and the steps they needed to take to minimise the need for antibiotics. Staff could describe high prevalence risks for consumers and how incident analysis was used to inform improvements in practice.

Care planning documentation demonstrated the delivery of safe and effective care and the involvement of other health professionals.

The organisation has addressed deficiencies that were previously identified within this Quality Standard. Actions have included a review of assessment and care planning, a revision of processes such as wound care and falls management and additional staff education. Management and staff stated care delivery is monitored through care plan reviews, clinical audits, analysis of clinical indicators and the involvement of senior clinical staff in care review processes such as wound care.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The service demonstrated that consumers receive safe and effective personal care and clinical care that is tailored to the individual’s needs and optimises their well-being.

Consumers provided positive feedback about the personal care and clinical care they receive and provided the Assessment Team with examples of how they were cared for.

The service has taken action to address deficiencies that were previously identified in the delivery of personal and clinical care. These actions include but are not limited to:

* A full review of consumers’ assessment and care planning documentation occurred to ensure assessments and care plans are current and accurately reflect consumers’ needs and preferences; this included behaviour support plans. The Assessment Team found care planning documentation was current and reflective of consumer’s needs. Where restrictive practices were applied, consent and authorisation had occurred. Behaviour support plans were in place and included non-pharmacological strategies for staff to use prior to using restrictive practice and staff said these interventions were effective.
* The service has revised documentation relating to wound management to improve the process and all registered nurses have completed wound care education. Weekly wound care reviews are being completed by senior clinical staff.
* Staff have completed additional education and training including in relation to restrictive practices and pain assessment and planning.

The Assessment Team reviewed care planning documentation and identified that care had been tailored to the individual and was aligned with their needs and preferences and this included consumers with complex pain and chronic wounds.

Staff said they are guided by organisational policies and procedures to direct the delivery of personal and clinical care. They said they are supported by management personnel including after hours if they require additional advice or information.

Registered staff described how they monitor the consumer’s condition and liaise with senior clinical staff, medical officers and allied health professionals if there is a concern about a consumer’s health and well-being.

Staff had a shared understanding that restrictive practices were a last resort and could describe alternative strategies they used to settle consumers who were agitated or distressed.

The organisation uses a variety of monitoring mechanisms to support the delivery of safe and effective care. These include clinical audits, whole of service audits and the analysis of clinical indicators.

Policies and procedures relevant to this Quality Standard and requirement guide staff and guidelines are in place in relation to areas such as pressure injury prevention, pain management and restrictive practices.

I find this requirement is Compliant.

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

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

The service had processes in place to manage and monitor risks associated with the care of the consumers and consumers reported they were satisfied with the management of their personal and clinical care.

The service has taken action to address deficiencies that were previously identified in the delivery of personal and clinical care and the management of high impact and high prevalence risks. These actions include but are not limited to:

* The service has undertaken a review of the falls management policy and associated procedures.
* Staff have received education on the falls management process which included falls prevention strategies and documentation responsibilities. A falls management flowchart has been placed in each nurse’s station for staff to follow.
* A fall’s management committee has commenced that meets each week to undertake a review of the previous week’s falls.
* A process to monitor and track specialised nursing care has been implemented to readily identify consumers’ needs.

The Assessment Team reviewed care planning documentation and identified that the service had identified risks associated with the care of the consumer, including for example risks associated with falls and choking, and that strategies to eliminate or minimise those risks were included in the care planning documentation.

Staff were familiar with strategies to minimise risks to consumers. For example, staff said they use sensor mats, sensor beams and increased visual monitoring to minimise falls. With respect to pressure injury prevention staff reported using pressure relieving equipment, frequent repositioning and moisturising of the skin.

Care staff were familiar with their responsibilities in relation to the reporting and documentation of consumer incidents and registered staff described how they review incidents and explained how follow up actions are initiated.

Registered staff could describe high impact and high prevalence risks for consumers including falls and demonstrated how these are identified and addressed through incident documentation, risk assessments and care planning documentation.

Staff said there are processes in place to support the communication of consumers’ care needs and that this includes handover at the commencement of each shift. They provided examples of the types of information that is discussed at handover and said this included falls risks, escalations of behaviour, skin integrity concerns, pain management and dietary changes.

I find this requirement is 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.*

### 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 brought forward information demonstrating that a deterioration or change in a consumer’s health was recognised by staff and responded to in a timely manner.

The service has taken action to address deficiencies that were previously identified in the delivery of personal and clinical care and the way in which the service responded to a change in the consumer’s health. These actions have included the revision of assessment and care planning processes and clinical review processes, the review of some policies and procedures, and the provision of additional staff education and training.

The Assessment Team reviewed care planning documentation and noted that staff had identified a change or deterioration in consumers’ health and cognitive function. Where appropriate the representative was contacted and referrals made to the medical officer and allied health specialists for further assessment and review.

Staff could describe escalation processes which included notifying the registered nurse when they observed a deterioration in the consumer. They could describe the actions they take in a number of different situations, for example, when a consumer falls or when there is a change in the consumer’s behaviour.

Registered staff said they are able to refer to clinical guidelines to support their practice when a consumer deteriorates and that they have access to senior clinicians for additional support including after hours.

I find this requirement is 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.*

Information relating to the consumers’ needs and preferences is documented and communicated to staff including through processes such as shift handover and regular ‘huddles’.

The service has taken action to address deficiencies that were previously identified in the delivery of personal and clinical care and the way in which information about the consumers’ needs and preferences was documented and shared. Actions included the commencement of daily handover and regular ‘huddles’ for sharing information in a timely manner. A seven day handover sheet has been commenced and provides a quick reference for staff. Assessments and care plans have been reviewed to ensure they accurately reflect consumers’ current care needs. Staff reported satisfaction with the improvements made to information systems and said that better communication had resulted from the actions.

Consumers advised the Assessment Team that they were satisfied with the way their information is shared and that staff were familiar with their needs and preferences.

The Assessment Team reviewed care related documentation and identified that it provided information, including consumers’ preferences to support effective and safe delivery of care. Consumers’ care plans had been reviewed and updated, and where appropriate included information from allied health professionals and medical officers.

Staff were able to describe how information is shared when changes occur and how changes are documented, including in handover information. Staff could describe how information is shared when a consumer is transferred to or returns from hospital. Staff said medical officers and allied health specialists have access to the consumers’ file.

The organisation has a clinical governance framework and policies and procedures that include information sharing; this guided staff practice.

The Assessment Team observed shift handover and how consumer information was shared amongst the staff. Additionally, electronic alerts were an element of the electronic care management system and notified staff when there was a change in the consumers’ condition or their needs and preferences.

I find this requirement is Compliant.

### 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

Consumers expressed satisfaction with the services and supports for daily living that they received. They said that the services they received were safe and effective and that staff understood their individual needs as well as their preferences to optimise their independence and well-being. Consumers said staff were kind and caring. They said they could talk to staff, pastoral care staff and their family if they were feeling sad or low and that in addition to this there were religious services available to them.

Consumers were satisfied with the quality, variety and quantity of the meals they were provided.

Care planning documentation demonstrated that assessment and care planning processes capture important details about the consumer’s life including those people of importance to them. Leisure care plans had been developed for each consumer and included details to guide staff about the services and supports required by the consumer. Information included significant life events, spiritual preferences, cultural values, activity preferences and their social and emotional needs.

Care planning documentation reflected consumers’ dietary preferences including for example the following diets; high energy and high protein, lactose free, gluten free and diabetic diets. Allergies were documented for staff awareness.

Staff could describe what was important to consumers and this was aligned with care planning documentation. Staff could describe the strong cultural connections many consumers had with Finland and how the consumers liked to celebrate their ancestry including for example through observing Finnish Independence Day, having regular saunas or watching and celebrating the Olympic Games when Finland is participating. Staff could also describe how they support consumers to undertake individual activities such as watching Finnish news services or gardening.

Consumers were provided with opportunities to have input into the activities schedule and this occurs at the regular consumers’ meetings. The monthly schedule is displayed throughout the service and is printed in both English and Finnish.

Staff practice is guided by organisational policies relating to social support, well-being and the provision of culturally safe care.

The Assessment Team observed staff talking with consumers, participating in activities and engaging with consumers in a supportive and caring manner throughout the Site Audit. Consumers were observed to be participating in group and individual activities, sharing meals together and receiving visitors. Consumers were utilising different areas within and outside the service. The Assessment Team observed equipment that was available to consumers to support their lifestyle activities to be suitable, clean, well maintained and readily available.

The Assessment Team found the kitchen and dining areas were clean and that safe food practices were occurring; food safety audits occurred. Nutritional care documentation was available for staff reference.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers said they felt safe and comfortable in the service environment. They described the service as ‘home-like’ and said staff were very supportive. Consumers said they had everything they needed and were happy with cleaning and maintenance.

The Assessment Team observed the service environment was clean, free from trip hazards, was well maintained, promoted consumer’s independent movement, and included suitable furnishings and equipment, and areas where consumers could relax and engage in activities.

Signage to guide consumers was available in English and Finnish. The service had wide corridors and handrails. An on site hair salon and café were available to consumers and there were several gardens and outdoor areas that were sheltered with interconnecting pathways for consumer to safely mobilise through different areas of the home.

The organisation has addressed deficiencies that were previously identified within this Quality Standard. An environmental audit has been completed, additional furnishings and equipment have been purchased, additional signage is in place and a review of the reactive and preventative maintenance programs is occurring.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team observed the service environment including walls, flooring, ceilings and outdoor areas were safe, clean and well-maintained. The wide corridors and handrails promoted free movement. Pathways and sheltered outdoor areas supported consumers to mobilise safely outside the building. The Assessment Team noted there was an absence of clutter and trip hazards. Fire safety equipment and illuminated exit signage was in place and fire evacuation diagrams were displayed.

Consumers said they had everything they needed and were pleased with the cleaning and maintenance. They said they were free to move both within and outside the service.

The service had taken action to address the deficiencies that had been previously identified in the service environment. These actions include:

* The service was in the process of reviewing the scheduled and reactive maintenance program.
* A full environmental audit had been completed.
* A new nurse call bell system had been installed.
* Additional handwashing basins had been installed.
* The kitchen flooring had been replaced.
* New signage had been erected to support consumers’ independence.
* New furnishings and equipment have been purchased.

Maintenance staff described how the service’s preventative and reactive maintenance program ensures the environment is safe and well maintained. Staff reported that maintenance issues are responded to promptly. This was confirmed by the Assessment Team who reviewed maintenance requests.

Cleaning staff advised that consumers’ rooms are cleaned weekly although this can be adjusted for a more frequent clean if a need is identified.

I find this requirement is Compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers were satisfied with feedback and complaints processes and said they were encouraged and supported to access these feedback mechanisms and that when they did so, appropriate action was taken.

Consumers said they can provide feedback or make a complaint by speaking directly to staff or management, by completing a feedback form or by accessing a representative or advocacy service. Consumers and representatives could explain the internal and external complaints mechanisms that were available to them.

Consumers provided examples of recent feedback that they had provided and said that management had acknowledged the issue and included the consumer in the resolution process in order to achieve an outcome that was satisfactory to the consumer.

Staff were able to describe how they support consumers who wish to make a complaint and the process they follow if a consumer raises a concern directly with them including escalating the issue to a registered nurse. Staff were familiar with internal and external complaints mechanisms and advocacy services that are available to consumers. Staff advised that there are Finnish speaking staff available to communicate with consumers in their preferred language.

Management staff said that consumers are encouraged to provide feedback directly to staff or management, or to use the feedback forms which are available in both English and Finnish. Management said that the care plan review process and the consumer meetings are also available to discuss consumers’ concerns or to raise complaints.

Information about complaints mechanisms and advocacy services is displayed within the service and the Assessment Team reviewed the service’s written materials that are provided to consumers and found it includes detailed information to support their ability to access internal and external complaints mechanisms.

Organisational policies and procedures relevant to this Quality Standard are in place to guide staff in the management of complaints and compliments and dispute resolution.

The service was able to demonstrate that feedback and complaints are used to improve care and service delivery and examples of this were provided. Processes are in place to ensure that consumers and representatives are involved in the implementation and evaluation of improvement actions and that the principles of open disclosure are applied in accordance with organisational policies.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers said staff are kind, caring and respectful of their identity and culture. Consumers felt staff had the appropriate knowledge and skills to deliver safe, quality care and services.

The Assessment Team observed staff interactions with consumers throughout the Site Audit and noted that staff were kind, caring and respectful.

Rosters were managed to ensure there are sufficient staff in place to meet consumers’ needs. There were systems and processes for identifying staff training needs, providing staff with education and monitoring staff performance.

Management staff said they have an ongoing recruitment process in place and are interviewing prospective staff on a regular basis. The service is implementing strategies to improve staff retention.

Staff reported having access to a range of education and training programs via the service’s online learning platform, and face to face training sessions, with staff completing annual mandatory training modules as a requirement of their role.

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.*

The service was able to demonstrate the workforce is planned to ensure the number and mix of staff enables the delivery and management of safe and quality care and services.

The service had taken action to address the previous deficiencies identified at the service in relation to staffing. Management staff advised actions include:

* Ongoing recruitment processes with interviews of prospective staff occurring on a weekly basis.
* Periodic pay increases are occurring to demonstrate the value of staff and the work that they do.
* Forums to discuss staffing including consumer meetings and seeking feedback from consumers and staff. The Assessment Team reviewed meeting minutes and found consumers were satisfied with staffing levels.
* The establishment of an initiative to gauge staff satisfaction with working at the service and the implementation of improvements to enhance staff retention. The ‘People and Culture Working Group’ is a consultative forum comprised of staff from across the service. Feedback from this forum is provided directly to the Board.
* A member of the Board has attended the service to engage directly with staff and seek their feedback.

Most consumers and representatives said there are sufficient staff to meet their personal and clinical care needs. A small number of consumers reported there were not enough staff at the service but were not able to describe any negative impact that had resulted from this.

Management staff said the workforce is planned and a roster developed that takes into consideration the layout of the service, the number of consumers and their care needs. There is a process to replace staff when they are on leave including unplanned leave. The service accesses agency nursing staff where a need is identified and aims to utilise the same staff to assist with continuity of care.

Staff felt there could be more staff however said there are enough staff to be able to meet consumers’ needs and preferences and to undertake their allocated tasks and responsibilities.

The Assessment Team reviewed rosters and staff allocation sheets and identified registered nurses are on site 24 hours per day.

Complaints information reviewed by the Assessment Team did not include complaints about insufficient staff.

The Assessment Team observed:

* Staff responding to requests for assistance in a timely manner.
* Meal services being delivered on time.
* Scheduled services and activities occurring at designated times.

I find this requirement is Compliant

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

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

### Requirement 7(3)(c) Compliant

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers generally felt the service was well run and that they were able to participate in evaluating and improving care and service delivery. Consumers said they engage with management and staff on a daily basis and meet with clinical staff and other health professionals regarding their care. Consumers said the service actively seeks their feedback, listens to them and then, when something goes wrong, the service makes changes to minimise the potential for it to happen again.

The governing body sets the strategic priorities for the organisation and monitors and evaluates the organisation’s performance against the Quality Standards and the Assessment Team brought forward information demonstrating the service meets all 42 requirements.

The organisation has implemented effective, organisation-wide governance and risk management systems and processes to prevent and manage incidents and to identify and respond to allegations of abuse and neglect of consumers, including serious incident reporting.

A number of initiatives that impact organisational governance have been introduced. These include the implementation of the ‘People and Culture Working Group’ which provides information to the Board about workforce ability and the ‘Clinical Advisory Working Group’. The structure of the Board has changed and now includes subject matter experts such as a medical officer and a nursing practitioner to ensure appropriate oversight in relation to the provision of care.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The service demonstrated effective organisation wide governance systems including in relation to information management, continuous improvement, financial management, workforce management, regulatory compliance and feedback and complaints. Previous deficiencies in this requirement that had related to information management and workforce governance have been addressed.

Staff and management reported satisfaction with information systems and said that organisation wide communication systems are in place. Staff have access to the service’s intranet which includes a suite of policies and procedures and this supports them in their ability to undertake their role. Consumers’ care needs are communicated through processes including handover and the electronic care management system which provides staff with access to care plans and associated documentation.

Consumers were satisfied with the information they were provided by the service and knew they could request a copy of their care plan. Consumers said they receive regular information about COVID-19.

A continuous improvement framework is in place at the service and information such as clinical indicators, incident data and consumer feedback inform continuous improvement activities.

Management stated there is an annual budget which includes funding for staffing, recruitment, equipment and consumables and the Assessment Team found the consumers have access to the resources they need.

The service was able to demonstrate the workforce is competent and that training has been provided to ensure they have the knowledge to perform their roles. Ongoing recruitment has been occurring with staff interviews occurring on a weekly basis. At the time of the site audit the number and mix of staff was sufficient to enable to timely delivery of safe, quality care and services and consumers were satisfied with the responsiveness of staff.

The service monitors changes to legislative requirements through membership with a peak body and through communications from organisations including the Aged Care Quality and Safety Commission, Queensland Health and other government bodies. Legislative updates are communicated to the Board, staff, consumers and representatives. Legislative updates are discussed in the service’s Quality Meeting and the Finance, Quality and Risk Meeting. Management and staff demonstrated an understanding of their responsibilities in relation to regulatory compliance.

The service has established mechanisms to support consumers and representatives to make a complaint or to provide feedback. Complaints and feedback are recorded and included in monthly reports to the governing body. Action is taken by management to resolve any concerns or complaints and to use this feedback to inform continuous improvement activities.

I find this requirement is Compliant

### 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.*

The organisation has a risk management framework that addresses:

* high impact and high prevalence risks to consumers,
* abuse and neglect of consumers, and mandatory reporting requirements,
* supporting consumers to live the best life they can, and
* the management and prevention of incidents.

Previous deficiencies identified in this requirement have been addressed and the service has implemented improvements to enhance its risk management processes. An electronic quality and safety management system is in place which provides staff with easy access to policies and procedures. Clinical indicator data and incident data is being monitored and is a standing agenda item at clinical meetings. Staff have received training on the quality and safety system, care planning processes, falls management and incident management more broadly.

The Assessment Team interviewed staff and reviewed clinical documentation and identified the workforce could describe the systems for delivering safe, quality care including incident reporting mechanisms. Clinical documentation demonstrated that risks are identified and actioned and that reportable incidents are managed appropriately.

I find this requirement is 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 service demonstrated that it operates under a clinical governance framework that includes but is not restricted to antimicrobial stewardship, minimising the use of restraint and open disclosure.

Previous deficiencies identified under this requirement have been addressed by the service and a clinical governance policy has been introduced that includes antimicrobial stewardship and restrictive practices.

Organisational policies and procedures relating to this requirement were in place and staff could provide examples of how these policies were relevant to their work. Management staff described the clinical governance framework in place to ensure safe, quality care to consumers including reporting processes, monitoring systems, analysis of clinical indicator data and the provision of staff training. Management staff explained the open disclosure process and provided examples of how this had been applied when managing complaints.

I find this requirement is Compliant.

# 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.