HammondCare - Leighton Lodge

Performance Report

10 Murrua Road
NORTH TURRAMURRA NSW 2074
Phone number: 02 9488 1000

**Commission ID:** 0498

**Provider name:** HammondCare

**Site Audit date:** 7 December 2020 to 11 December 2020

**Date of Performance Report:** 9 February 2021

# Publication of report

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment conducted from 7 to 11 December 2020, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 13 January 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found that overall consumers and representatives sampled considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

A higher number of representatives were interviewed due to Leighton Lodge being a high care facility and the majority of consumers with advance stages of dementia and cognitive impairment.

All staff interviewed were aware of consumers cultural backgrounds, personal histories and things that are important to them. The Assessment Team observed care and clinical staff and members of the management team interacting with consumers with dignity and respect.

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.*

The Assessment Team found that most consumers and representatives sampled spoke highly of care staff and said staff make them feel respected and valued as individuals in the way they interact and provide personal and clinical care to them.

The Assessment Team observed care plans for sampled consumers demonstrate the diversity of consumers.

The Assessment Team observed care and clinical staff and members of the management and administration teams interacting with consumers in caring, friendly and respectful ways

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

*Care and services are culturally safe.*

The Assessment Team found that most consumers and representatives interviewed, said staff respect their culture and do things that make them feel culturally safe.

This was demonstrated by care plans which included a ‘Cultural Awareness’ page which contained; the languages spoken, information on the country and culture, music, national celebrations and cuisine, sport and cultural etiquette and consumer’s specific cultural needs. The consumers and representatives sampled also spoke of the care and respect provided to them and their family.

The approved provider demonstrated that the staff engaged positively with consumers, care plans reviewed include consumer goals for engaging the consumer’s, spiritual and emotional wellbeing and partnering with family and friends to ensure consumers’ care and services were 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.*

The Assessment Team have found that consumers and representatives sampled said they are supported to take risks to do the things they want, this includes the care staff understanding the consumer’s preferences and ensuring the consumers have access to undertake the activities of their choice. The approved provider has implemented these changes since the last site assessment.

The Assessment Team also observed care planning documents that describe areas where consumers are supported to take risks and progress notes show details of risks and incidents which have occurred.

### 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

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

The Assessment Team found that overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

This is evidenced by the Assessment Team’s interviews with consumers and their representatives who said that they were included and informed about outcomes of assessments and planning through case conferencing and receiving phone calls or emails from the service.

Consumers and representatives also said that they could access the care plans when requested and were able to understand them.

The Quality Standard is assessed as Compliant as five of the five specificrequirements 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.*

The Assessment Team observed that the service uses a paper-based care management system, with a primary folder which contains care planning documents and progress notes. A section specifically for care plans is in this folder. A secondary folder is used to retain documents for consumers who have resided at the service for a while or if the primary folder was too bulky. An electronic tracking system is also in use which tracks which consumers have had their care plan reviewed. It flags the user when a plan is due for review. The approved provider has initiated improved assessment and planning since the last site assessment.

The Assessment Team found that all consumers and representatives interviewed stated that they or their care recipient feel safe and they are happy with the care that they are receiving or right for them.

### 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.*

Consumers care plans reviewed by the Assessment Team contained up to date information and had been reviewed within the three-monthly timeframes or when there had been a change in condition.

The Assessment Team reviewed case conference documentation which included regular reviews and updates that was done in conjunction with the consumer or their representatives.

Care planning and incident recording has been acknowledged as an improvement since the last site assessment.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team found that overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Sampled representatives also felt that their families are well cared for and they are contacted if there are any issues.

The Assessment Team identified that the organisation has systems to enable appropriate assessment and planning to support best outcomes for consumers. The Assessment Team reviewed consumers personal and clinical care planning documentation, spoke with staff and management and reviewed processes for review and analysis of clinical data.

While the service refers consumers to external medical specialists and other health care providers, some consumers and representatives felt that they were not receiving adequate physiotherapy.

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 Assessment Team found that progress notes (and other documents) for the consumers sampled reflect care that is safe, effective, and mostly tailored to the specific needs and preferences of the consumer.

The Assessment Team found that staff are aware of consumers who require behaviour management techniques, wound dressings and who had current infections.

On interview, management reported that there were no consumers with chemical restraints, however there were a high number of consumers receiving psychotropic medications. Upon review of the psychotropic medication tracking tool the Assessment Team found a number of consumers who were chemically restrained. The Assessment Team sighted signed consent forms for each psychotropic medication and some consents for restrictive practices for consumers.

There appears to be some misunderstanding as to what constitutes chemical restraint, I accept that consents had been signed for use of psychotropic medication, however a supporting diagnosis was not always included.

The Assessment Team also reviewed the drugs of addiction registers for both wings. Multiple errors, incorrect balances and missing information were seen in both registers which was fed back to management who said they would follow up and review the registers.

The Assessment Team also spoke with two consumers who felt that there were insufficient physiotherapy resources available for the three co-located sites, as the one physiotherapist works across the three sites three days a week. The physiotherapist advised that they previously had an additional aide who recently retired. The physiotherapist added that they see a lot of consumers for mobility assessments however are only supposed to provide heat packs and massage for pain management and said they are not replaced when they go on leave.

Based on the information from the consumer and the representative, it appears that the service could not provide the additional inhouse physiotherapy that the consumer had requested, other than massage and heat packs. The approved provider submitted documentation with extracts of discharge instructions. The approved provider stated that although the consumer stated that she required daily physiotherapy, this was not documented as a medical directive and the consumer had initially agreed to attending an external rehabilitation service, however later declined due to the status of the pandemic. The consumer then chose private physiotherapy to support her rehabilitation along with inhouse massages and heat packs.

It is acknowledged that the approved provider has implemented some improvements since the last site assessment however I feel that there is still some work to be done to ensure that the staff have a better understanding on what defines chemical restraint. I believe that the approved provider has demonstrated that they have an effective process to ensure each consumer gets safe and effective clinical care that is best practice and 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.*

The Assessment Team identified that all consumers sampled had care planning documents and/or progress notes that reflected the identification of, and response to, deterioration or changes in function/capacity/condition.

When interviewed the Assessment Team found that consumers generally provided positive feedback regarding the service’s response if their condition deteriorates or changes. Most consumer representatives interviewed said the service is very responsive if their consumer is unwell and notifies them of any changes as they occur.

The approved provider was able to demonstrate that they recognised decline in the condition of consumers and responded 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.*

The Assessment Team found that for the consumers sampled, care documents such as progress notes, care plans and handover documents provided adequate information about the consumer’s condition, needs and preferences within and between organisations responsible for the consumer’s care.

Information from specialist services, medical officers and allied health professionals was reviewed throughout the performance assessment and observed to be integrated within the consumers file and accessible to staff and other health professionals. The level of record keeping for the consumer’s needs and preferences and the communication between organisations is demonstrated since the last site assessment.

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

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

The Assessment Team found that although the service demonstrated that they referred consumers to external services and other health care providers, consumers felt that they did not receive adequate physiotherapy.

The Assessment Team reviewed files which contained information relating to mobility, pain management and the risk of falls, however no information relating to exercise programs or regimes was observed.

For the consumers sampled, care planning documents evidence the input of doctors and allied health providers and referrals where needed

Two consumers felt that there were insufficient physiotherapy resources available for the three co-located sites, as the one physiotherapist works across the three sites three days a week.

Based on the documentation submitted by the approved provider and the Assessment Team report which noted appropriate referrals to dieticians, dementia services and physiotherapy services external to the inhouse services, I find that the service does meet this requirement and I am not in agreement with the Assessment Team’s evaluation of this requirement.

I find the approved provider is compliant with this requirement as the organisation did demonstrate 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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found that overall consumers and representatives sampled said they are supported to optimise their independence, health, wellbeing and quality of life to do the things they enjoy.

The Assessment Team also interviewed consumers and representatives who said they are supported to keep in touch with the people who are important to them.

Feedback from consumers and representatives sampled included meals were of a suitable quality, variety, and quantity.

The service demonstrated they are providing spiritual and emotional care for consumers through the pastoral care team and staff members.

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.*

The Assessment Team found that most consumers and representatives felt the service provides a good variety of activities and staff support consumers to do things they want to do.

The Assessment Team reviewed care plans which demonstrated individual care needs, goals and preferences are well documented under ‘care domain’ categories with information showing consumers ‘identified needs’ and ‘enabling actions’ for staff to provide safe and effective support and optimise consumers independence, health, well-being and quality of life.

The approved provider has demonstrated that care plans reviewed include goals for each domain or enabling actions.

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

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

The Assessment Team found that all consumers and representatives sampled said staff provide them with emotional and psychological support and the pastoral care team provide regular spiritual and emotional support to consumers when the consumer is feeling down. The care staff provided examples to the team of how they identify when a consumer is feeling down and what individualised methods they offer to the consumers to provide them with emotional support.

The Assessment Team also noted that the care plans contained detailed information about consumers 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.*

The Assessment Team interviewed consumers and representatives who said they feel their needs and preferences are effectively communicated within and between external service providers.

The Assessment Team found that care staff demonstrated a clear understanding of information sharing and different types of risk assessments and consent requirements. They described how information is shared through daily handover meetings and how they update the condition, needs and preferences of consumers and communicate significant changes and incidents.

The approved provider has demonstrated that they have contemporaneous and accurate documentation of consumers daily living support needs and preferences, and this is communicated 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

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

The Assessment Team interviewed consumers and representatives who considered they feel a sense of belonging in the service and feel safe and comfortable in the service environment.

Most consumers and representatives said they feel at home at the service and stated the outdoor areas and variety of activities make them feel welcome, the service is clean and well maintained and a nice place to live.

Some general refurbishment activities were observed at Leighton Lodge by the Assessment Team.

The Quality Standard is assessed as Compliant as three of the three specificrequirements 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.*

### 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

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

The Assessment Team found that most sampled consumers and their representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives also advised they are offered the opportunity to raise concerns at family care conferences or meetings.

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

## Assessment of Standard 6 Requirements

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

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

### 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.*

The Assessment Team found that the service demonstrated that appropriate action is generally taken in response to complaints and open disclosure process is used to address concerns or issues raised by the consumers or their representatives.

### The Assessment Team interviewed staff and found that the majority of staff were able to explain what open disclosure meant. This included the importance of not hiding any information from consumers or the representatives when an error had been made. The staff interviewed have demonstrated that they have a practical understanding of what open disclosure is and how to respond to complaints.

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

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

The Assessment Team found that the service is utilising feedback and complaints to undertake improvements to care and services being provided, this has included the presentation of food and when a representative was unhappy with how her mother was seated, a physiotherapy assessment was undertaken, and a new chair was introduced to prevent the consumer sliding.

The Assessment Team also identified that the organisation has an electronic system to record complaints. This system enables management, to review the action being taken and resolve concerns being raised. Documentation includes how the complaints have been identified, who was affected, how they are investigated to find out what happened (including open disclosure), assessment and follow up (including apologies) and outcomes. The current electronic system has improved the recording and review of complaints since the last assessment.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found that overall sampled consumers and their representatives considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Positive feedback was received from consumers regarding staff members knowledge and competency to effectively perform their roles. Consumers said they generally felt confident that staff knew what they needed to do and felt that they were not waiting too long if they needed assistance from staff.

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.*

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

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

The Assessment Team observed interactions between consumers and staff throughout the performance assessment. Staff were observed undertaking activities with consumers including assisting them to mobilise and helping with their meals if required. Staff were also observed to speak respectfully with consumers.

The Assessment Team also received feedback from the consumers and representatives which indicated they felt staff are kind, caring and gentle when providing care or other assistance. This included being respectful of their identity and culture.

The provider has demonstrated that staff understand the background identity and culture of consumers and this is shown in their interactions with consumers.

### 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services, as assessed through other Standards.

The Assessment Team found that consumers and representatives generally reported that they felt the service was well run.

The National Operations Manager for residential care advised the Assessment Team that informal consultation is undertaken with consumers and representatives through their involvement in surveys and in discussion surrounding their care and the introduction of the activities and menu committee.

The service also advised that they provide information to senior management across a range of clinical indicators to enable management to monitor any trends. This in turn enables management to develop and implement strategies to minimise risks to consumers.

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.*

### 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.*

### 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.

# Other relevant matters

Review the drugs of addiction registers for both wings, to ensure that the information contained in these registers is accurate and reviewed regularly for irregularities.

Ensure all staff have training and understand the use of chemical restraint.

Provide consumers with effective care tailored to their needs including where physiotherapy is warranted.