HammondCare - Princess Juliana Lodge

Performance Report

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

**Commission ID:** 0426

**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** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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, 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.

The Assessment Team found that all consumers and representatives sampled spoke highly of the care provided by staff and the management team.

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 members and said staff make them feel respected and valued as individuals in the way they interact with consumers and provide personal and clinical care and that their identity, culture and diversity is valued.

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

The Assessment Team noted that the service’s policy documentation included relevant diversity plans and outlined what it means to treat consumers with respect and dignity.

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.

This requirement was found to be non-compliant in a previous site assessment as consumer goals not been discussed with consumers, they did not include individualised details of consumers’ identity, and the consumers or their representatives did not know that the consumers had a care plan. The provider has demonstrated improvements to the service for this requirement to be compliant.

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

*Care and services are culturally safe.*

Most consumers and representatives sampled said staff respect their culture and do things that make them feel culturally safe.

The Assessment Team observed care planning documents demonstrated consumer’s specific cultural needs. Care plans 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.

The Assessment Team observed the service’s ‘Cultural Life’ policy and staff underwent culturally safe care training as part of their orientation training.

The observations demonstrate that the staff understand the culture and background for the consumers of the service.

### 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 found that consumers and representatives said they feel supported to take risks and staff understand what is important to them.

The Assessment Team observed risk assessments for consumers and care plans, which demonstrate how staff support consumers to take risks to live the life they wish. Progress notes show details of risks and incidents which have occurred.

The Assessment Team observed the service’s ‘Risk Management Policy’. The policy contains the risk management definition and approach. The policy demonstrates how consumers are involved and supported and staff trained in risk management.

### 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.*

The Assessment Team found that all consumers and representatives said care staff and management regularly provide updates and information via email and direct phone calls which enables them to make informed choices.

All staff members sampled were able to describe in practical ways how they provide information to consumers in line with their communication needs and preferences.

The Assessment Team identified that the service makes use of several communication options including; an interpretation service when required, family and representatives of consumers, digital translation applications and communications and sign language to communicate in a clear, easy to understand and effective manner which allows the consumer 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 was confirmed by consumers and representatives who advised they are involved with outcomes of assessments and planning through case conferencing and receiving phone calls from the service.

The Assessment Team found care planning and assessments were adequately reflective of the consumers personal and clinical needs. They showed consumer choice, goals and assessed risks.

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.*

### The Assessment Team found that the service delivers safe and effective care services. Relevant risks to consumers safety, health and well-being have been assessed and included in the planning for consumers’ care. By doing this, the service demonstrates how it supports the consumers to get the best possible care.

### Requirement 2(3)(b) Compliant

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

The service understands what is important to their consumers. The Assessment Team identified that the assessments and care plans reflect consumer needs, goals and their personal preference.

The Assessment Team found that the consumers and representatives sampled described what was important to them in terms of how their care is delivered and have spoken to staff about advanced care and end of life planning.

Whilst most consumers/representatives had discussions around advanced care planning, this is not always attended until the consumers condition has deteriorated or changed.

### 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.*

The Assessment Team found that outcomes for assessment and planning are effectively communicated to the consumers/representatives through case conferencing. The care plans are readily available to the consumers/representatives upon request and available for staff involved in their care.

The care plans reviewed have a suite of domains and include anything that is applicable to the specific consumer. Hand over folders are maintained for each care area within the service. Hand over is carried out verbally by the registered nurses and information is provided to care staff.

### The service was able to demonstrate the outcomes of assessment and planning were effectively communicated to consumers and that the care plans are readily available to consumers.

### Requirement 2(3)(e) Compliant

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

The Assessment Team found that consumers’ care and services are regularly reviewed to ensure their effectiveness, especially when circumstances change or incidents such as falls impact on consumers’ needs, goals and preferences.

Of the consumers care plans sampled, the Assessment Team found evidence of review by staff with relevant skills and qualifications, on both a regular basis and when circumstances or incidents occur.

The Assessment Team found that reviews and reassessments were updated or evaluated when incidents or changes occurred.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the 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 and clinical care that is safe and right for them.

The Assessment Team found on one occasion the service delayed transferring a consumer to hospital, until the representative was contacted. Records noted that the representative wished to be notified prior to hospital admission, however waited until the representative attended the service before contacting the ambulance service which delayed treatment.

The Assessment Team identified the following concerns when reviewing documentation; wound care was found to be lacking for one sampled consumer as directed by the wound care plan. It was also identified that there was a lack of understanding on chemical restraint as the service noted that there were no consumers who were chemically restrained, however on review by the Team there were some consumers that were chemically restrained. The Team also identified that pain management effect had not always been documented for a consumer.

### The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that consumers feel confident they are getting effective personal and clinical care, that is safe and right for them, reflects their individual needs to optimise their health and well-being.

The Assessment Team found that most sampled consumers and representatives expressed that they were happy with the care and services that they receive with one representative noting that her mother is in better physical condition and healthier than ever before.

The Assessment Team interviewed a representative who raised concerns around oral care, nutrition and hydration, consumer engagement, laundry and other items going missing and the general cleanliness of the bathroom. These concerns have been raised with the service and the representative said they have noticed a small improvement but would like to see more of an improvement.

On observation from the Team, the clinical indicators for November 2020 listed zero consumers with a chemical restraint. However, the Assessment Team after reviewing the psychotropic tracking tool found that some consumers were chemically restrained, this identifies that the care staff may require a better understanding on what forms chemical restraint.

Pain management effect had not always been documented for one consumer who was administered analgesia on occasions without the effect documented.

The Team also noted in documentation that wound care had not been attended to as directed by the wound care plan. One consumer’s wound plan identified the wound should be attended to every three days and when required, with five-day intervals documented until the wound had deteriorated, there were also no photographs taken as required as part of the organisation’s skin integrity management policy.

It is acknowledged that the provider has implemented some improvements since the last site assessment, and it will take some time until these changes are recognised. The approved provider has demonstrated that although there are some areas of record keeping that that require some attention, the approved provider has demonstrated that there is 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) Non-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 the service recognised a deterioration in a consumer’s physical condition, they chose to monitor this at the service rather than transferring the consumer to hospital. This led to a delay in treatment and medical attention.

The Assessment Team reviewed a timeline for the incident experienced by the consumer provided by the service after they had reviewed the file. This included the advanced care directive and the progress notes from when the incident occurred.

The Assessment Team reviewed the ‘early detection of a deteriorating resident guideline’ which informs the care staff to attend to observations and escalate to the appropriate channel depending on the severity of the change in the consumer’s condition. This may include the consumer’s representative, registered nurse/team leader, doctor (regular GP or afterhours service) or ambulance service.

The Assessment Team interviewed staff, who were caring for the consumer, who believed that the consumer’s condition would resolve itself. When asked why a doctor was not involved, they advised that doctors do not come on weekends. The staff interviewed also advised that the consumer’s advanced care planning form was that they cannot transfer the consumer to hospital without consent from the family first.

The approved provider submitted documentation in the response and stated that there was no evidence to suggest a delay in medical treatment and the team did not take into consideration, the advanced care directive in place that specifically requested ‘not for transfer to hospital’ without consent of the daughter.

I acknowledge the providers response and the documentation submitted, however I find that the staff failed to recognise the level of deterioration in a timely manner and did not escalate the consumer’s symptoms by contacting an out of hours GP for consultation. The staff showed a lack of understanding of the symptoms and did not contact the representative at first observation of symptoms in order for the representative to make an informed decision.

I am of the view that the approved provider does not comply with this requirement as it does not demonstrate that it adequately recognised and responded to the deterioration of the consumer’s symptoms 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 consumers sampled care planning documents, progress notes and handover folders, provided adequate information about the consumers condition, needs and preferences. This is available to staff at the service and to external organisations responsible for the consumer’s care.

External providers such as dieticians, speech pathologist and geriatricians can access consumers files and document in their progress and medical notes. This information is then updated within the care plan.

When consumers are transferred to hospital, they complete a transfer form and handover relevant information to paramedics.

The level of record keeping for the consumer’s condition, 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.*

### 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 and 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 considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do to optimise their independence, health, wellbeing and quality of life.

The Assessment Team reviewed care plans, which contained detailed information about activities and interests’ consumers enjoy and how staff can support them do the things they want. They also demonstrate that 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 in supporting consumers.

Care plan ‘enabling actions’ contained detailed instructions for staff to provide safe and effective support and optimise consumers independence, health, well-being and quality of life.

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 demonstrate 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 in supporting consumers.

The Assessment Team observed consumers participating in activities throughout the day and noted that the activities are changed with new activities added following review of the schedule. Care staff demonstrated individual consumer activities are reviewed and revised according to how successful the activity was for the consumer.

Care staff were observed to be interacting with consumers in a supportive and caring manner.

The approved provider has demonstrated improvement has been made since the last site assessment where care plans reviewed did not 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 provided them with emotional and psychological support and the pastoral care team provide regular spiritual and emotional support to consumers. Additionally, staff sampled were able to explain how they know when a consumer is feeling low and what they do to support consumers emotional needs. Care staff were observed interacting with consumers in a caring and supportive way.

It was noted by the Assessment Team that staff engagement with consumers was supportive of their 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 found that all consumers and representatives sampled said they feel their needs and preferences are effectively communicated within and between external service providers.

The Assessment Team observed staff handover meetings and staff discussing changes in consumers condition, needs or preferences. Care plans and progress notes reviewed, demonstrate relevant information about consumer changes and communication of changes within the service and external service providers.

The approved provider has demonstrated that care plans reflect current information that is individualised for each consumers’ preferences in relations to services and supports.

### 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 found that overall sampled consumers and representatives 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 and makes the service a nice place to live.

The Assessment Team found that the overall design of indoor and outdoor areas has a welcoming presentation and the facility’s lay out promotes functionality and enjoyment for consumers and visitors. The service environment demonstrates various dementia design principles.

All consumers and representatives interviewed confirmed the service is clean and well maintained. The service is currently under renovations and the worn carpet is due to be replaced in the coming phase of renovations.

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.*

### 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/or their representatives considered that they feel comfortable and are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. This can include speaking directly to staff or raising it with management. Consumers and representatives said they are offered the opportunity to raise concerns at case conferences or directly with the manager or registered nurse.

There are also ‘Tell Us About It’ brochures available at the entrance to the service to enable consumers and representatives to refer issues to senior management if required, however most preferred to talk to staff, registered nurse or the manager if they had any issues.

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.

On interview by the Team, most staff understood what open disclosure meant, there were some staff who were not immediately familiar with the term “open disclosure” when initially asked, however, on further discussion they were able to describe and provide examples of what open disclosure is and 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. One of the issues identified through complaints has been communication, to address this issue, the frequency of the consumer meetings has been increased to monthly (from three monthly) to enable consumers and their representatives to have improved access to raising issues and improve communication options. Feedback on the presentation of meals was also raised and has been addressed with a greater use of fresh produce and variety being offered.

# 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/or 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 staff knew what they needed to do and felt that they were not waiting too long if they needed assistance from staff. Consumers and representatives also indicated that staff were kind and caring and gentle and gentle when providing care or other assistance. This included being respectful of their identity and culture.

The workplace trainer advised the Assessment Team that a database is used to track the completion of education topics including those determined to be mandatory by the organisation. The mandatory education program is completed on an annual basis throughout the year in line with the anniversary of the staff member’s commencement at the service. Management can track completion of these modules and follow up if required.

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.*

### 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 most sampled consumers and/or representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team were advised that there is no formal involvement by consumers in board or committee discussions, however consultation with consumers and representatives is at a more informal level. This occurs through their involvement in surveys, discussions surrounding care and through the new menu and activities committee across the service and co-located services (Leighton Lodge and Waldegrave House). The team were also advised that the CEO has been visiting each service within the organisation to seek feedback from consumers and/or their representatives which is being used to guide discussions within the organisation, this has included the identified need for the refurbishment at the site, which involved discussions with consumers and representatives. The business case was reviewed with the board and decision made to commence upgrades to the service.

The organisation demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services. The organisation undertakes audits and surveys to monitor the performance of individual services within the group and provide oversight across a range of management systems as part of the organisational governance program.

The service provides 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

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

**Requirement 3(3)(d) Non-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.*

Required improvements

Alternate process is documented where a consumer’s condition deteriorates, and representative is unable to be contacted for decision on hospital transfer.

Provision and availability of afterhours GP service information is provided to care staff for weekend emergencies or incidents.

Observation and escalation process are reviewed for closer monitoring of consumer when deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised.

Further training should be undertaken by care staff to familiarise them with ‘Chemical Restraint’.