HammondCare - Waldegrave House

Performance Report

10 Murrua Road   
NORTH TURRAMURRA NSW 2074  
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**Commission ID:** 0349

**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 conducted 7 to 11 December 2020; 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

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 interviewed consumers and representatives who advised that staff are friendly and respectful of consumers and their privacy, and encourage consumers to do things for themselves, they know what is important to them and their wellbeing.

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

All consumers and representatives sampled spoke highly of the care and clinical 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 interviewed representatives who spoke highly of care staff members and said staff make consumers feel respected and valued as individuals in the way they interact with them and provide personal and clinical care.

The Assessment Team noted that culture and diversity is acknowledged by care staff with representatives commenting that one staff member prepares cultural food that a consumer enjoys, and that the care staff are very sensitive, compassionate, kind and professional to their consumers.

Staff interviewed by the Assessment Team were able to provide details of the consumers backgrounds and what they enjoyed doing.

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 all representatives sampled said staff respect consumers culture and do things that make consumers feel culturally safe. These include providing food and music for the consumers associated with their backgrounds.

The Assessment Team observed care planning documents for consumers which demonstrated consumer’s specific cultural needs and provided detailed information about consumer’s cultural needs and preferences. A handover folder, located in the registered nurse’s office contained individual information sheets which outlined each consumer’s cultural background, likes dislikes and preferences.

The approved provider demonstrated that they understand in a practical way how to deliver culturally safe care and services and training in cultural safety.

### 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 interviewed representatives who said consumers are supported to take risks to do the things they want. Consumers also confirmed this.

Staff were able to describe risks associated with consumers and how they support them to understand their decisions. This includes encouraging consumers to take medication, wear compression stockings when they are resistant and offering activities respectfully to address other behaviours.

The Assessment Team observed risk assessments for consumers and care plans demonstrate how staff support consumers to take risks to live the life they wish.

### 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 interviewed representatives who said care staff and management regularly provide updates and information via email and direct phone calls which enable them to make informed choices.

All staff members interviewed by the Assessment Team were able to describe in practical ways how they provide information to consumers, in line with their communication needs and preferences. This includes providing access to a 24 hour, seven days a week phone interpretation service, accessing staff and family who speak the consumer’s language, digital translation applications, communication cards and sign language.

The Assessment Team observed progress notes in care plans and emails sent to representatives relating to information and updates concerning the consumer’s personal and clinical care for consumers who are cognitively impaired or unable to communicate.

The approved provider has demonstrated that the information that they provide to consumers and their representative is current, accurate and timely and supports 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.

The representatives that were interviewed confirmed that they are informed about the outcomes of assessment and planning activities. They are invited to a case conference when the care and services plan has been updated to discuss any concerns and changes to the plan and they have access to the care plan when they wish. They also advised that their consumers were supported to take risks which were in line with their goals and preferences.

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 was able to demonstrate consideration of risks in consultation with consumers and their representatives to ensure consumer’s health and well-being informs the delivery of safe and effective care and services.

Clinical staff interviewed described how they assess consumers’ care needs and develop a care plan around safe and effective care, this includes involvement from the Allied Health staff, and includes assessment and strategies for the mitigation of risks involved.

The Assessment Team observed the handover sheet which includes risks to consumers such as infection, falls risk, bed sensors, diabetic, psychotropic medication use, supra pubic catheters, oxygen use, and schedule 8 medication use.

The approved provider demonstrated that assessment and planning include consideration of risks to the consumers health and wellbeing and informs the delivery of safe and effective care and services.

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

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

The Assessment Team found that although the service demonstrated that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences not all consumers had an advanced care directive or end of life planning document completed.

On interview the care staff said most consumers who are palliating are generally transferred to Leighton Lodge, so they do not really have conversations about advanced care planning. The clinical manager and registered nurses were able to describe how they approach conversations with consumers about end of life and advance care planning. The registered nurses say that it is part of the regular case conferences, however many representatives do not wish to have that conversation until the consumer is nearing the end of life.

The Assessment Team interviewed staff about the consumers current needs, preferences and goals. The staff were able to describe in detail what is important to the consumers in terms of how their personal and clinical care is delivered, including their needs, goals and preferences and discussed how they de-escalate behavioural risks by meeting the consumers’ needs.

### 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.*

The Assessment Team found that the service demonstrated that they involve the consumer and representatives in assessment and planning and reviews of the care and services they provide. Involvement of other organisations, individuals and providers of care was evident.

The Assessment Team identified that on each occasion that a consumer has a medical consultation or intervention this is recorded in the progress or medical notes and updated into the care plan. Consumer’s and their representatives are involved in assessment and planning through case conferencing and discussions about their choice, preferences and goals.

The Assessment Team observed monthly trend reports that illustrated trends in weight loss, pressure injuries, wounds, falls and behavioural risks. The service uses these reports to follow up on additional assessments and planning for high-risk consumers including involvement of others in assessment and planning and communication.

### 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 identified that assessment and planning are effectively communicated to the consumer and representatives through case conferencing. Staff explained that once the assessments and care plans are updated, the consumers and representatives are invited to a case conference. They discuss the care plan to ensure consumer preferences are documented in line with their wishes and update the care plan accordingly.

The Assessment team observed the care plans which contained information on consumer choices, needs, preferences, risks and strategies to mitigate those risks.

The provider demonstrated that consumers, representatives and other organisations are partners in care.

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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 the representatives felt that their consumer receives personal care and clinical care that is safe and right for them.

Representatives interviewed were very happy with the care and services provided. They felt the service was responsive if a consumer is unwell and feel comfortable to notify the service if they noticed any changes.

Not all consumers sampled had advanced care directives as they did not wish to discuss end of life care. When consumers had a change in condition or a deterioration, the service then discussed this with the representative.

Representatives confirmed the needs and preferences of their family members were effectively communicated between the staff and access to other care givers such as medical specialists and physiotherapists was provided by the service when it was needed.

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 interviewed representatives who were confident the consumers are getting effective personal and clinical care. It is safe and right for them, reflects their individual needs to optimise their health and well-being.

The Assessment team interviewed the care staff who were able to explain strategies to assist consumers with behaviours. In particular, one consumer likes to wash dishes as this assists him calm down, this activity is offered to the consumer with staff support and he is also asked if he would like to assist with any other chores.

The Assessment Team were provided with the weekly incident review/feedback sheets. Review of the sheets shows that not all incidences recorded by staff in consumer progress notes and/or the electronic risk management system were identified on these sheets. This included a couple of verbal altercations which were not recorded as incidents.

Management reported there were no consumers with chemical restraints but 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 as well as consents for restrictive practices for some consumers. 88% of consumers at the service have psychotropic medications. These are reviewed and tracked by the service using a psychotropic tracking tool.

The Assessment Team noted following review of documentation, one consumer did not have times or location of pain entered into his records.

The Assessment Team also reviewed a summary provided by the service for a falls management audit conducted on 4 December 2020. It was noted that there were some recommendations for improvement with document recording. The service has acted on this with recommendations from the audit including staff education on documenting timely and accurately in the online risk management system and addressing care plan strategies implemented and evaluated and further education of open disclosure.

The Assessment Team also reviewed the services records on unplanned weight loss, not all consumers were referred to a dietician despite having unplanned weight loss.

I acknowledge that the provider is working proactively to address these issues with reviews of all areas of clinical and personal care, however I feel that there is a misunderstanding at this site and the other two co-located services on chemical restraint and I feel further education across the services needs to be addressed. Recording of pain and falls information in documentation, is also an area of concern, however the provider has shown that they are looking to address this with staff education.

I acknowledge that the approved provider has initiated some changes and it will take some time to fully gauge the implementation of these changes, therefore I find that the approved provider demonstrates that with the improvements noted and continuation of these improvements that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs 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.*

### 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 consumer’s care planning documents, progress notes and handover folders, provided adequate information about the consumer’s condition, needs and preferences. This is available to staff at the service and to external organisations responsible for the consumer’s care.

Representatives confirmed the needs and preferences of their family members were effectively communicated between the staff and access to other care givers such as medical specialists and physiotherapists.

The approved provider has demonstrated that the care plans reviewed were contemporaneous and accurate with regard to the consumers condition, needs and preferences and communicated appropriately.

### 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 representatives interviewed considered consumers get the services and supports for daily living that are important for their health and well-being and are supported to optimise their independence that enables them to do the things they want to do. This was confirmed by the consumers.

The representatives sampled said consumers are supported to keep in touch with the people who are important to them.

The Assessment Team obtained feedback from consumers and representatives who advised that the 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 representatives felt the service provides a good variety of activities and staff support consumers to do things they want to do.

The manager advised the Assessment Team that many of the consumers are diagnosed with dementia or cognitive impartment and are unable to follow set activities, therefore staff engage them on an individual basis, depending on how they are feeling on the day.

The service provides scheduled activities for consumers to engage, however, many consumers do not always respond well to scheduled activities and care staff members have developed individualised activities for consumers with dementia or cognitive impartment, including gardening, personalised listening to music and taking consumers for walks. These activities are revised and reviewed depending on the success of the activity.

The approved provider has demonstrated that consumers receive effective services and supports for daily living which meet their needs, goals and preferences and optimises their independence, 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.*

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.

The staff were able to explain how they know when a consumer is feeling low and what they do to support consumers emotional needs. This was confirmed by the consumers who said that the staff and pastoral team listen to them and support them when they are feeling low.

The Assessment Team observed the care staff interacting with consumers in a caring and supportive way.

The approved provider has demonstrated that consumers receive effective services and supports for daily living which meet consumers’ needs, goals and preferences and optimises their independence, well-being and quality of life.

### 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 representatives sampled said they feel their consumers needs and preferences are effectively communicated within and between external service providers.

The Assessment team observed care plan and progress notes demonstrate relevant information about consumer changes and communication of changes within the service and external service providers.

The approved provider demonstrated there is contemporaneous and accurate documentation of consumers daily living support needs and preferences and this is effectively communicated.

### 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.

The consumers and representatives said they feel at home at the service and that the outdoor areas and variety of activities make them feel welcome and makes the service a nice place to live. They also confirmed the service is clean and well maintained.

The Assessment Team observed that the overall design and indoor and outdoor areas have a welcoming presentation and the facility’s lay out promotes functionality and enjoyment for consumers and visitors.

The team noted that the service has well defined pathways which are free of obstacles and complex decision points. The pathways provide safe and easy access to indoor and outdoor areas to engage in activities and social interaction and are well designed to engage sensory stimulation.

The service environment demonstrates various dementia design principles.

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 the representatives interviewed said they are comfortable to raise concerns and they are encouraged and supported to give feedback and make complaints on behalf of their family member, and that appropriate action is taken either directly with management or by raising concerns at family care conferences or meetings.

Representatives interviewed on this topic said they understand the process to give feedback and/or make a complaint. This can include speaking directly to staff or raising it with management. There are also ‘Tell Us About It’ brochures available at the entrance to the service to enable representatives to refer issues to senior management if needed.

Management described how complaints are being documented and analysed to improve care and services provided.

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 interviewed representatives who said that could not recall having raised any concerns recently but felt that action would be taken to resolve matters. One representative said they felt “genuinely listened to” at the most recent case conference.

When interviewed by the Assessment Team, staff were able to clearly explain what open disclosure meant. This included the importance of reporting information to management and not hiding any information from consumers or their representatives when an error or a mistake had been made.

The approved provider was able to demonstrate that the staff have a practical understanding of open disclosure and that it takes appropriate action in response to complaints.

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

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

As a result of feedback, the manager advised cleaning issues had been identified. The service has a cottage model environment and the staff involved in care process also undertake other household duties such as cooking and cleaning. Contract cleaners are contracted to attend on a six-monthly basis or more frequently if required to undertake carpet cleaning. Investigation is currently underway into organising contract cleaners to thoroughly clean the bathrooms which will include grout cleaning.

The approved provider demonstrated that feedback and complaints are being 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with representatives regarding their family member’s 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 representatives considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The organisation has systems in place to ensure staff have the appropriate qualifications to perform their roles. As part of this system the organisation has competencies which staff are required to complete as well as a system to track that staff are completing these.

The registered nurses advised the Assessment Team, if they noticed any poor performance or concerns in how the staff member was providing care, they would initially provide feedback to the staff member on the correct procedures to be followed. Information would also be provided to the workplace trainer regarding the need for further education.

The Assessment Team found that representatives interviewed said that staff were kind and caring in their interactions with the consumers. The representatives also said that staff are knowledgeable and competent to effectively perform their roles.

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 that the staff were kind and caring in their interactions with consumers, this was confirmed by feedback from representatives who also indicated they felt staff are kind, caring and gentle when providing care or other assistance. This included being respectful of the consumer’s identity and culture. Staff were observed undertaking activities with consumers and observed speaking respectfully 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 most sampled representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The National Operations Manager for residential care advised 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 Assessment Team found that 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 provides oversight across a range of management systems as part of the organisational governance program. This includes undertaking audits and surveys to monitor the performance of individual services within the group. 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

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**

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

It is noted in the report that timely and accurate recording of information in the service’s documentation could be improved (refer 3(3)(a)).

Continue education and regularly review the timely and accurate recording of information in the online risk management system, with risk strategies implemented and evaluated.