IRT Thomas Holt Kirrawee

Performance Report

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**Commission ID:** 0157

**Provider name:** Illawarra Retirement Trust

**Site Audit date:** 19 April 2021 to 22 April 2021

**Date of Performance Report:** 27 May 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Non-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 19 – 22 April 2021, 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 17 May 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

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

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 most consumers and representatives interviewed confirmed that consumers are treated with respect. Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them and respect their identity, culture and diversity.

The Assessment Team found that most consumers interviewed confirmed that their personal privacy is respected.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

The Assessment Team interviewed consumers who felt that their privacy is respected by staff however, the Assessment Team observed that confidential information about a consumer’s representative was displayed in a highly visible area in the nursing station. This was removed during the audit and the approved provider advised that a full audit was also completed immediately after this issue was identified resulting in no further identification of items of confidentiality on display in visible areas.

I find that the approved provider is compliant with this requirement.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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 most sampled consumers or their representatives did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers and their representatives and found that most representatives said they are kept informed of changes in the consumer’s condition or when an incident occurs, however they do not have direct input into assessments and care planning. One consumer’s representative said they are involved and have input into the care and services provided to the consumer, however most consumers or representatives interviewed did not know what a care plan was and/or were not aware they can access the care plan. Consumers and representatives said that they have had an opportunity to communicate end of life care wishes with the service staff.

The Assessment Team found that the organisation has a range of policies, procedures and processes to guide staff practice in relation to conducting assessments and developing care plans according to a schedule.

## 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 for the consumers sampled, care and service records do not provide evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being including when a consumer first enters the service.

The approved provider submitted further evidence demonstrating that 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.

I have found the approved provider is compliant with this requirement.

### 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 the service demonstrated that some sampled consumers have shared their goals and preferences in relation to advanced care planning and end of life wishes, however current care needs are not identified or addressed for the consumers sampled. Consumers’ personal goals and preferences are not adequately identified and shared within the care team.

The approved provider submitted further evidence demonstrating that 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.

I have found that the approved provider is compliant with this requirement.

### 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 reviewed care and service records of consumers which did not reflect that outcomes of assessment and planning are communicated to the consumer or a representative on their behalf. Care plans are computer based and generated following the completion of assessments.

The Assessment Team interviewed sampled consumers, or their representatives and most consumers said they do not have a copy of their care plan and they could not recall this being offered to them. Some representatives said they did not know about the care plan and did not know whether they could get access to it.

The approved provider submitted further evidence demonstrating that the outcomes of assessment and planning are effectively communicated to the consumer and documented in the care and services plan that is readily available to the consumer and where care and services are provided.

I have found that the approved provider is compliant with this requirement.

### 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 whilst staff said care plans are reviewed on a regular basis, meaningful review of them is not conducted when consumers’ condition or needs change. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers.

The approved provider responded to the Assessment Team report and provided further information which demonstrated 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.

I have found that the approved provider is compliant with this requirement.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

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 or representatives considered that they receive personal care and clinical care that is safe and right for them. Consumers said they had no issue with the way personal and clinical care was provided and confirmed that they get the care they need and had no issues accessing medical services or allied health professionals.

For the consumers sampled in relation to end of life care, the care and service records reflect their comfort was maximised and dignity preserved when receiving end of life care.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that the review of care and service records does not support that the consumers sampled receive individualised care that is safe, effective, tailored to their specific needs and preferences or best practice.

The approved provider submitted further evidence which demonstrated that each consumer gets safe and effective personal care and/or clinical care that is best practice, is tailored to their needs and optimises their health and well-being.

I have found that the approved provider is compliant with this requirement.

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

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

The Assessment Team found that care plans include information about some high impact and high prevalence risks for consumers however interventions are not adequate to minimise risk. The Assessment Team noted that for consumers sampled key high impact or high prevalence risks are not identified in care plans.

The approved provider submitted further evidence which demonstrated that there is effective management of high impact or high prevalence risks associated with the care of each consumer.

I find that the approved provider is compliant with this requirement

### 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 found processes for the escalation and response to deterioration in consumers’ condition have not been effective for the consumers sampled.

The approved provider submitted further evidence which demonstrated that there is a system to ensure 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.

I find that the approved provider is compliant with this requirement.

### 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 observed that there are systems in place for communicating information about the care of consumers, however these have not been effective for all consumers sampled. Sharing of information had not always occurred and information in consumer care and services records is incorrect or inconsistent.

The approved provider submitted further evidence which demonstrated that there is a system to ensure 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.

I find the approved provider is compliant with this requirement.

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

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

The Assessment Team found on review of care and services records and discussions with staff, that timely and appropriate referrals do not occur for the consumers sampled.

The approved provider submitted further evidence which demonstrated that there is a system to ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I find that the approved provider is compliant with this requirement.

### 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 NON-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

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

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 some consumers said the service supports them in some activities, such as helping them organise themselves for family visits, however these consumers said they were not always supported to do the things they wanted to do. Some activities on the formal schedule do not cater for all cognitive levels. Person centred care did not occur for some consumers as scheduled. Some scheduled group activities were restricted to small groups but there were no alternative activities for most of the other consumers. Cultural activities and emotional supports for consumers with special needs were not being provided. Activities are very limited on the weekends.

The Assessment Team interviewed consumers who confirmed that they are supported to keep in touch with people who are important to them, who are now able to visit more often now that COVID-19 restrictions have eased. Some consumers keep in touch using information technology and some by telephone.

The Assessment Team found that most consumers interviewed advised that they like the food and the meals are varied and of suitable quality and quantity. Many consumers have fridges in their rooms and said they can keep a supply of fresh fruit in their rooms. Some consumers said they did not like the food all the time. External providers deliver some consumers meals, or they have their families bring in food. One consumer said the variety of vegetarian meals provided was very limited.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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 reviewed sampled, care plans and found that they did not include enough information about the services and supports they need to help them do the things they want to do. Whilst there were life stories and lifestyle assessments for each consumer sampled, the care plans did not include personalised goals, needs, preferences nor personalised interventions to meet those needs and achieve the goals. There was no evidence seen of discussion with consumers to measure achievements, set new goals and update the care plan when care was being reviewed to ensure it remains effective.

The Assessment Team interviewed consumers and their representatives who confirmed that there were not many activities of interest to them and if there were mobility issues, activities could be hard to access.

The approved provider responded to the Assessment Team report and advised that IRT How to Card – Goals of Care will be expanded to include goals, needs, preferences and examples of comprehensive personalised goals in July 2021 as well as other documentation as part of the review into Lifestyle policies and procedures.

I find the approved provider is non-compliant with this requirement at the time of the site audit.

### Requirement 4(3)(b) Non-compliant

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

The Assessment Team reviewed consumer assessment and care planning documents, interviewed consumers/staff and observed care provided to consumers and found not all consumers get services and supports for daily living that promote each consumer’s emotional, spiritual and psychological wellbeing.

The Assessment Team interviewed sampled consumers and found that their backgrounds were not acknowledged or understood, and some interventions including emotional and psychological support had ceased and had not been replaced. These consumers were interested in having someone or a group available to have conversations with or share similar experiences with.

The Assessment Team spoke with staff and identified that lifestyle staff, care workers and registered nurses interviewed did not know the lifestyle assessment details captured generate into relevant areas across several domains of the summary and detailed care plans including details for promoting each consumers’ emotional, spiritual and psychological wellbeing sections of the care plan.

The approved provider responded to the Assessment Team report and advised that messaging had been sent to staff and reinforced in Managers meetings for the requirement for goals, needs, preferences and personalised interventions to be discussed with consumers and noted in the Clinical Management System.

I find that the approved provider is non-compliant with this requirement.

### 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.*

The Assessment Team reviewed consumer assessment and care planning documents, interviewed consumers/staff and observed care provided to consumers and found not all consumers get services and supports for daily living to enable them to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them.

The approved provider responded to the Assessment Team report and provided a list of activities, they also advised that all residents are encouraged to engage in friendships, this is documented in their activity records, lifestyle assessments and feel welcomed into the community. The service encourages residents to engage in their own meaningful activities of interest as stated in their lifestyle assessments and activity record. Residents engage in puzzles, cards, arts and crafts, YouTube, musical instruments, reading, meet for coffee in the café with personal relationships within and outside the service.

I find that the approved provider is compliant with this requirement.

### 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 reviewed consumer assessment and care planning documents and interviewed staff and found information about the consumer’s condition, needs and preferences is not effectively communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team found that important information about the consumer’s condition, needs and preferences is not recorded on the electronic care planning system that generated each staff shift handover documentation for the purposes of communicating important current information about consumers.

The approved provider responded to the Assessment Team report and advised that this consumer’s lifestyle assessment indicates the consumer’s choice to stay in their room and not actively participate on a regular basis.

I find that the approved provider is compliant with this requirement.

### Requirement 4(3)(e) Non-compliant

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

The Assessment Team reviewed consumer assessment and care planning documents, interviewed consumers and staff and found not all consumers get timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team interviewed sampled consumers who were not able to provide any examples of how the service have provided referrals or facilitated access to individuals, other organisations and providers of care and services that relate to services and supports for daily living.

#### The Assessment Team reviewed care planning documents and identified that they did not reflect the involvement of other organisations or external service providers in the provision of lifestyle supports. One consumer did not have any referrals to external cultural groups, counselling and/or mental health organisations to support their emotional and spiritual wellbeing.

The Assessment Team spoke to the Lifestyle team who advised that whilst they did have information about external service providers that could support consumers with emotional, spiritual, connectedness and other needs or preferences, they do not organise or support consumers to access these services.

The approved provider responded to the Assessment Team report and advised that due to COVID-19 pandemic and restrictions, alternative methods of external engagement were identified and maintained on a need’s basis.

I find that the approved provider is non-compliant with this requirement.

### 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

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

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 most sampled consumers considered that they feel at home in the service, they belong and feel safe and comfortable in the service environment. Consumers said the service environment is clean and well maintained, they said that the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner. Consumers also advised that they can personalise and decorate their rooms with family photos and other memorabilia. They can invite their family and friends to visit and there are internal and external settings where they can welcome their visitors.

The service environment was observed to be clean and appeared to be well maintained. Document review of the facility’s electronic maintenance schedule supported the existence of an effective preventative maintenance system, to ensure that equipment is always safe and clean in accordance with their schedule.

## 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

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

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 overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers and representatives who felt they could make complaints and felt safe to do so. Whilst one consumer felt that she was not provided information of other ways to file a complaint, most consumers and representatives sampled said they know of several ways they can provide feedback and said they were encouraged to participate in care planning and providing suggestions for improvement.

Consumers and their representative said they are aware of access to advocates, language services and other methods for raising and resolving complaints. Consumers and representatives said they are satisfied with the outcome of a complaint or the feedback provided to the service.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resource

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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 most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable, kind and caring. The majority of consumers interviewed were satisfied with the staff at the service and that they attend to their needs in a kind and timely manner.

The Assessment Team interviewed consumers who confirmed that staff know what they are doing and felt confident that they had the skills and knowledge to meet their care and lifestyle needs. Consumers interviewed mostly confirmed that they think there are adequate staff and spoke positively regarding the staff at the service and said things like ‘the staff are brilliant’ and ‘thank god we found this place; the staff are always there for us’.

The Assessment Team observed staff attending to consumers in a calm and kind manner. The majority of staff interviewed confirmed that they are able to complete their tasks each day.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found that the organisation could not effectively demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

The Assessment Team found that the majority of consumers did not identify any issues regarding the adequacy of staff numbers. However, some consumers said that the staff are very good, but they are very busy.

The majority of consumers were very complimentary of the staff. However, some consumers interviewed were not satisfied with the staffing levels at the service and provided examples of times when their care needs were not attended to in a timely manner.

The approved provider responded and advised that call bell response times are monitored and addressed daily. Any response times over 10 minutes are investigated as required and escalated appropriately. The documents provided demonstrate a prompt response to call bells by staff.

I find the approved provider is compliant with this requirement.

### 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.*

The Assessment Team found that the organisation could not demonstrate that the members of the workforce were competent and had a sound knowledge to effectively perform their roles.

The approved provider submitted further evidence which demonstrated that the workforce is competent and that they have the knowledge to perform their roles.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found that the organisation demonstrates that there are systems in place to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. However, the Assessment team found these systems were not effectively implemented.

The approved provider submitted further evidence which demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

I find that the approved provider is compliant with this requirement.

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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 overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services as representatives on various committees, attending food and lifestyle and resident relative meetings.

The Assessment Team spoke to management who described the comprehensive range of consumer feedback and engagement strategies used by the service, and consumers also discussed these with the Assessment Team.

The service is part of the organisation wide-governance structure and framework. The executive management team were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team identified that the service has risk management systems in the areas of high impact high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can, and staff demonstrated they are able to apply the framework in their day-to-day practice.

The approved provider submitted further evidence which demonstrated that there are effective risk management systems and practices in place.

I find the approved provider is compliant with this requirement.

### 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 4(3)(a) Non-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 approved provider must demonstrate that:

* Care plans are reviewed and include personalised goals, needs, preferences to meet the consumers’ needs and achieve the goals.

### Requirement 4(3)(b) Non-compliant

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

The approved provider must demonstrate that:

* The consumers backgrounds are acknowledged, and their emotional, spiritual and psychological needs are supported by the service.

### Requirement 4(3)(e) Non-compliant

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

The approved provider must demonstrate that:

* The service facilitates the consumers access to individuals, other organisations and providers of care and services that relate to services and supports for daily living.