Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | IRT Woolwich |
| **RACS ID:** | 0514 |
| **Name of approved provider:** | Illawarra Retirement Trust |
| **Address details:** | 11 Gladstone Avenue Woolwich NSW 2110 |
| **Date of site audit:** | 29 October 2019 to 31 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 21 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 22 December 2019 to 22 December 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of IRT Woolwich (the Service) conducted from 29 October 2019 to 31 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 19 |
| Consumer representatives | 5 |
| Service/Care Manager | 1 |
| Business Manager | 1 |
| (Acting) Quality Manager | 1 |
| Head of People and Culture | 1 |
| Senior Clinical Manager | 1 |
| Lifestyle Manager | 1 |
| Food Safety Manager | 1 |
| Platinum Care specialist | 1 |
| Registered Nurse/Clinical Nurse educator | 1 |
| Nurse Practitioner (Contractor) | 1 |
| Clinical staff | 2 |
| Clinical Nurse Educator and staff education | 1 |
| Care staff | 4 |
| Hospitality and environmental services staff | 2 |
| Lifestyle staff | 1 |
| Physiotherapist | 1 |
| Cleaner | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six of the requirements under Standard 1.

Consumers and/or their representatives were randomly sampled and asked if the consumer thinks staff treat them with respect. 100% said always or most of the time. Observations made and interviews with staff, show staff practices reflecting consumer dignity and respect for consumers. The cultural aspect is acknowledged but limited due to a predominance of consumers with English heritage. The storage of consumer records and information has maintained consumer confidentiality.

The organisation uses regular consumer and representative satisfaction surveys, anonymous feedback and complaints mechanisms and meets with consumers monthly to ensure consumers and their representatives can provide feedback and ascertain satisfaction on care and services including whether consumers are satisfied that staff treat them with respect and support them to maintain their identify and live the life they choose.

The organisation actively promotes a culture of inclusion through their model and philosophy of care which staff are trained in and expected to uphold in all aspects of care and service delivery monitored through direct and ongoing supervision processes. Staff were observed to interact with consumers respectfully and could easily identify individual consumer preferences and interests. Consumers interviewed were able to provide examples of how their social connections are supported both inside and outside the organisation. This includes personalised care and service options to support consumer preferences and choice. The organisation provides regular education to the work force to ensure staff are trained in their perspective roles and promotes a wide range of activities for consumers both within and outside of the the service.

Staff were able to provide examples of how they support consumers make choices and had sound understanding of the informed consent process. Consumers were able to provide examples of how staff have supported them in making decisions about their life. This included choice around menu selections and food preferences, choice and participation in activities offered, choice in decision around connections with others and maintaining relationships of choice and decisions in care and service delivery such as participation in physiotherapy and exercise programs offered and attending visiting allied health professionals

Consumers report that care and services, including personal care, are undertaken in a way that respects their privacy. Staff provided examples of how they maintain the privacy of consumers such as using knocking prior to entering rooms, etc. The organisation also demonstrated how information technology and filing systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has meet all five requirements under Standard 2.

Of consumers and representatives interviewed 100% of respondents say they get the care they need most of the time or always. Consumers and their representatives confirmed regular contact and discussion with the the manager, registered nurse, nurse practitioner and/or their doctor ensures consumers get the care and services they need. Some consumers were unable to recall whether they had formally been involved in the care planning process however confirmed they were receiving the care they needed and/or have access to specialists as required. Consumers reported staff and management listen to their preferences and ensure they work towards meeting their needs. Consumers confirmed they have access to other professionals such as general practitioners, physiotherapists and other allied health services including optometry and audiology and referrals occur when required to ensure they get the right care and services to meet their needs. Staff could describe how consumers and the multidisciplinary team work together to deliver a tailored care and service plan and monitor and review the plan of care to meet each consumers assessed care needs.

Consumers reported that when a change in their care or condition occurs they are reviewed by the registered nurse and as a result follow up on required care occurs and is provided. Care and service plans were reviewed by the Assessment Team and all had been regularly reviewed. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed to inform continuous improvement.

The organisation commences discussions about end of life care on admission and provide an advanced care directive information and offers consumers discussion and planning around end of life care. Advanced care documentation was sighted for many consumers and is accessible to relevant staff.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates 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.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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: Personal care and clinical care Met

#### Consumer outcome:

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation has met all seven requirements under Standard 3.

Of consumers and representatives interviewed 100% of respondents say they get the care they need most of the time or always and staff know what they are doing. One consumer advised there can be a language barrier at times with staff from non-English speaking backgrounds but this has not impacted on his personal or health care but more around a difference in understanding at times.

The organisation has processes in place to ensure safe and effective personal and clinical care is provided in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. This includes but is not limited to medication management, pain management, palliative care, nutrition, continence management, skin care, wound care, falls prevention/management, dementia awareness and behaviour management.

Registered nurses are on-site eight hours a day, seven days a week to assess and oversee care requirements including managing high impact or high prevalence risks and/or a deterioration in a consumers cognitive or physical condition. The organisation has also engaged an external nurse practitioner that works part time at the service with the registered nurse. Staff liaise with each consumer's medical officers and the consumer and/or their representatives, to identify care needs and ensure care is supported and delivered in accordance with consumer’s needs. Specialists, medical officers and allied health such as physiotherapy podiatry, optometry and audiology and other professionals including dentists and palliative care are accessed as required and on the request of consumers and/or their representatives.

There are processes to support storage, administration and disposal of medications safely including processes to ensure that consumer’s medications are reviewed, and medication orders are current. A medication advisory committee provides advice on the organisation's medication management system medication reviews for individual consumers occur. The organisation monitors clinical data including data required by the Department of Health’s National Aged Care Quality Indicator Program. The service also has systems in place to minimise infection related risk including hand hygiene stations, use of protective equipment such as gloves, masks and/or hair nets and offering annual vaccinations for consumers and staff with detailed outbreak procedures and kits in place.

Staff were observed to ask consumers about preferences on personal and clinical care interventions including whether the consumer is ready for personal care and notifying of upcoming medical and allied health visits. Staff said they have sufficient time to provide personal and clinical care and understand consumers personal and clinical care needs and preferences in relation to delivery of care.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation has met all seven requirements under Standard 4.

Each consumer and representative interviewed expressed overall satisfaction with the way consumers are assisted to adjust to life at the service. The supports for daily living provided that are important for consumers health and well-being including assistance to enable consumers to do the things they want to do.

This is achieved through consultation with consumers and their representatives to identify;

* goals and needs to support daily living,
* staying active,
* maintaining independence
* assisting consumers to do things for themselves,
* supporting emotional and spiritual well-being,
* staying connected within and outside of the the home,
* continuing and maintaining personal relationships,
* doing things of interest for each consumer,
* enjoying meals and food options, and,
* ensuring needs and preferences are communicated to others with caring responsibilities are in place and that any equipment used to provide care and services are suitable, safe and well maintained.

Consumers and representatives provided examples of being supported to make choices and participate in things of interest to them. This included having choices around food options and accessing group and individual activities both within and outside of the service, while maintaining friendships and family connections. The provision of emotional and spiritual supports including the ability to attend two different religious church services offered on site and to participate in cultural and celebratory events important to the consumer. Consumers are supported to do things for themselves that may involve the use of equipment such as kettles in their apartments, using mobility devices such as wheelie walkers and wheelchairs and other specialised equipment such as hearing aids that suitable, safe and well maintained.

During the unannounced site audit consumers were observed to participate in group activities, enjoying the company of other consumers, visitors and family, going out, attending the hairdresser and participating in the open dining room option. Consumers said they are provided with information in writing and verbally by staff on activities offered, the menu options available and spiritual and emotional supports. Information on rights and responsibilities is displayed in the service and individualised choices and preferences for consumers was sighted in care documentation reviewed by the Assessment Team. Two consumers interviewed discussed their dissatisfaction with menu options and food quality for themselves but had confirmed ongoing communications with management, weekly meetings with the Hospitality Team Leader have and continue to occur. This has resulted in the purchase of preferred food items including cereals, milk, yoghurt, salad items and drinks and the option to request staff to prepare eggs (scrambled, poached, omelette) in the evening along with changes to the current standard menu options.

The organisation demonstrated timely and appropriate referrals for consumers are occurring as care needs change, through regular review processes and/or on request with three consumers discussing their specialist appointments with the Assessment Team.

#### Requirements:

##### **Standard 4 Requirement 3(a)** **Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has meet all three requirements under Standard 5.

The service was observed to be welcoming, clean and well maintained with substantial gardens and water views available. The service was initially designed as a low care service with most units incorporating a separate bed room, bathroom and combined living/lounge and kitchenette and some with balconies. Consumer homes were observed to have personal furnishings, photographs and other items such as personal ornaments and paintings. The layout of the service enables consumers to move around freely, with a lift in place to access the four levels and automatic front doors in place for ease of access/egress for consumers using wheelie walkers and/or other mobility devices. The service has suitable furniture, fittings and signage to help consumers navigate the service. The service has a separate dining room and two areas for activities on level two and four with access to outdoor balconies and garden areas for consumers and visitors.

Consumers and representatives did not raise any concerns about the service environment, and/or furnishings and equipment. Consumers and their representatives advised the service is always clean, there are spaces to go other than their apartments or rooms if they wanted. They are able to choose how they personalise their apartments and felt comfortable they could offer feedback on their and the communal environment at any time. One representative commented that the centralised air conditioning in the common areas was a great asset as the higher levels could become quite warm at times. Consumers were observed to attend the dining area for the lunch time meal, sit in common areas and sit in the two activity areas when participating in scheduled activities.

The service has systems in place to support purchasing, servicing and maintenance of furnishing and equipment. Environmental related risks to consumers are managed with regular pest control and maintenance programs in place. The Assessment Team observed cleaning of glass balcony balustrades, all service external windows, garden maintenance and general laundry and cleaning occurring during the unannounced site audit. Interviews with consumers indicated cleaning, maintenance and laundry services are delivered appropriately.

The service has an onsite kitchen that supports the organisation wide off site meal preparation and cook/chill system in place. The Hospitality manager discussed the roll out and installation of specialised convection ovens to support the cook/chill process and the maintenance and oversight of all kitchen equipment onsite.

The service also maintains centralised air conditioning throughout the home with individual air-conditioning units in apartments to ensure comfortable temperatures for consumers, visitors and staff. Consumers and staff interviewed also confirmed additional alerts and actions are put into place during summer that include additional hydration rounds and access to water stations sighted in the downstairs communal area.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

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

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation has met all four requirements under Standard 6.

The organisation demonstrated that consumers know how to give feedback and make complaints with consumers interviewed confirming they feel safe and comfortable in doing so. Consumers and their representatives have access to information on ways to provide feedback, make complaints and access supports and advocates if required.

The organisation has multiple methods for receiving feedback which include; surveys conducted, a confidential complaints process, direct verbal feedback to staff and through monthly resident or food focus meetings held.

Information on external complaints processes is provided to consumers in brochures/posters displayed, and in resident information provided including handbooks and resident agreements.

Management and staff demonstrated that appropriate action is taken to acknowledge and action complaints. This includes escalation of complaints. Management have a commitment to open disclosure when things go wrong. Feedback and complaints are reviewed, analysed for trends and used to improve the quality of care and services with examples including changes to menu options including the purchase and preparation of more fresh vegetables onsite, the introduction of registered nursing staff on site seven days a week and changes to activities offered to include evening outings commencing in November 2019.

Consumers and their representatives consistently said they are encouraged and supported to give feedback and that they are confident the service listens to them on issues raised. One consumer had raised concerns to the Aged Care Quality and Safety Commission including issues requesting ironing and food quality and options. Ironing has commenced and food quality is an ongoing issue. The issues raised have been escalated within the organisation and ongoing communications with the Business Manager are occurring including local supports such as weekly meetings with the Hospitality Team Leader. Further discussion with the consumer and his representative confirmed his individual preferences have been taken into consideration and preferred food items have been purchased for staff to cook such as frozen squid or schnitzel and staff can cook poached eggs, omelettes or simple items such as baked beans on toast if food on the main menu is not to his preference. Additionally, the current menu offers a continental and hot breakfast options, two hot lunch and dinner options and options for a salad or sandwich if consumers do not like any hot options available on the day.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation has met all five requirements under Standard 7.

The organisation demonstrated that the service has a workforce that is sufficient, is skilled and qualified to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service maintains optimal numbers and suitably qualified mix of staff. This includes coverage for planned and unplanned leave. Workforce planning is supported through the People and Culture Team that includes but is not limited to; Staff numbers and staff roles across the organisation, recruitment and orientation processes, staff documentation and information including the management of national police checks and staff access to payroll information, roster information and other human resource information. Workforce planning has resulted in the introduction of a full time Senior Clinical Manager shared across the region (four sites), a shared clinical nurse educator and ACFI coordinator to support assessment and clinical outcomes for consumers. Additional shifts for the service have also been added to the service roster from September and October 2019 that includes; a care shift from 15.15 -21.30 Monday to Sunday and a 07.00 – 11.00 hour shift from Monday to Sunday that has been filled five of the seven days.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identity, culture and diversity. 100% of consumers interviewed confirmed staff treat them with respect, are kind and caring and gave numerous examples of what this meant to them.

The organisation demonstrated that the workforce is recruited to specific roles, has access to initial and ongoing training and are supported to undertake these roles to deliver care and services to meet consumer assessed needs and support their individual goals and preferences. The skills and capabilities of each member of the workforce is monitored and reviewed and all employed staff are required to undertake annual mandatory training and participate in a performance review. Consumers and representatives said that staff know what they are doing and did not raise any issues of concern around staff skills or numbers of staff.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation has met all five requirements under Standard 8.

The organisation demonstrated it has effective organisation wide governance systems relating to organisational governance with designated roles and functions across the organisation to support a culture of safe, inclusive accountable and quality care. Aspects of organisational governance across the organisation includes;

* Board of Directors
* Executive Team
* Departments and Teams responsible for;
  + Legal support and regulatory compliance,
  + Financial governance,
  + Quality and Compliance,
  + Clinical governance,
  + Human Resource management and Learning and Development
  + Property and Assets
  + Information management.
* The organisation also has an IRT Academy to support staff to attain suitable qualifications through its online learning platform.

The organisation has multiple plans in place and publishes its Strategic plan, annual and financial reports on its website.

The organisation has developed and implemented organisation wide policies and procedures to guide care and service delivery that are regularly reviewed, updated to maintain currency and are accessible to staff electronically, in hard copy stored onsite and communicated to staff through face to face and on line training, via the organisations IT platforms including the staff intranet and My Central application (APP).

Management described the organisation’s continuous improvement governance framework which is monitored and supported by Quality Team, its audit and monitoring processes and through various sub-committees. This includes but is not limited to ongoing communication and regular visits at service level with the Business Manager, Quality Manager, Senior Clinical Manager, Lifestyle Services Manager, Food Safety and Hospitality Manager, Learning and Development Team including clinical nurse educator and specialist in IT Platinum Care.

Clinical governance is supported across the organisation through organisation wide policies and procedures and supports through its Quality Team including access to a Senior Clinical Manager who visits the site at least fortnightly, collection and analysis of clinical data to identify and trend areas of concern and report upwards within the organisation. Clinical data is captured through case conferencing, incident reporting, audits conducted and includes but is not limited to – physical and chemical restraint, use of and review of psychotropic medications, skin integrity including wounds and skin tears, falls, medication incidents, nutrition and unplanned weight loss and changes in cognition and/or delirium.

Management demonstrated an understanding of risk, how high prevalence high impact risks around consumer care are managed at the service level. For example, registered nursing staff were able to describe risks to individual consumers, how these risks are assessed, the individualised strategies used to manage these risks and how this is documented. This also included managing changes and deterioration in a consumer’s condition to be reported to registered nursing staff by care staff, consumers and/or their representatives requiring follow up by the onsite registered nurse and nurse practitioner and referral to medical or allied health professionals with oversite by the Senior Clinical Manager.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.