Infinite Care Ipswich

Performance Report

43 South Street
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**Commission ID:** 5489

**Provider name:** IC (SEQ) Pty Ltd

**Site Audit date:** 5 January 2021 to 7 January 2021

**Date of Performance Report:** 11 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Infection Control Monitoring Checklist completed at the time of the site audit.

# 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

Consumers and representatives stated they were treated with respect by staff and consumers were encouraged to do things for themselves. They said staff respected their cultural needs and supported them to express their individuality and to take risks to live the life they chose. Consumers and representatives said they were provided with information so that they could make decisions about the activities consumers liked to be involved in and the food they liked to eat. Consumers and representatives stated personal privacy was respected and personal information was kept confidential.

Staff were guided by organisational policies that outlined the rights of consumers to be treated with dignity and respect and for their religious and cultural identity to be valued. Staff have been provided with education relating to consumer dignity and choice.

Staff demonstrated knowledge of what was important to consumers and could describe how they ensured that consumers’ preferences were understood and respected. Staff described various ways in which they provide information to consumers about meal options, services available, leisure activities, community activities and visiting services. The staff demonstrated they were familiar with consumers’ backgrounds and the people who were important to consumers, and could describe how they supported consumers to maintain relationships with family and friends.

Care planning documents informed staff on what was important to consumers and provided information to guide staff in delivering care tailored to consumers’ preferences. Documentation included information on consumers’ needs and preferences.

The organisation was guided by a risk management policy covering risk identification, assessment, planning, monitoring and review processes. The policy referred to consumers’ rights to take risks. Care planning documents described areas in which consumers were supported to take risks to live the life they wished. Risk assessments were completed and strategies for managing risks were included in care directives.

The service had a privacy and confidentiality policy that specified how information was collected, the purpose of collection, and who had the right to access the information.

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.*

### 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.*

# 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

Consumers and representatives said staff consulted them during the assessment of the consumer and in care planning. They said they were informed about the outcomes of assessment and planning and had ready access to the consumer’s care and services plan if they wished.

Care planning documents reflected the involvement of consumers and their representatives in assessment and planning and involved other providers of care and services such as medical officers and allied health specialists. Care planning documentation detailed the individual’s current needs, goals and preferences, including advance care planning and end of life preferences. The care and services plans included information on pain management, skin integrity, behaviour management, nutrition and hydration and mobility.

Initial assessments were undertaken by registered staff. Clinical assessment tools to the staff on the electronic clinical care system. Referrals to allied health professionals were initiated where necessary. A review of care documentation confirmed assessments were completed upon entry to the service and care plans were reviewed periodically and when changes occurred. The documentation evidenced referrals to medical officers, physiotherapists, dietitians, speech pathologists, podiatrists and medical and clinical staff from the local hospital.

Staff were guided by policies and procedures relating to palliative care and advance care planning. The Care Manager said the service attempted to discuss end of life wishes with consumers and their representatives on entry to the service and if the consumer or representative did not wish to discuss end of life plans, they revisited the subject during reviews of the consumer’s care plan.

Registered nurses stated they informed representatives following incidents involving consumers or when a consumer’s health and well-being changed prompting a reassessment of the consumer’s care needs. Documentation confirmed representatives were contacted following incidents. Registered nurses said care plans were reviewed every three months or when changes in health or care needs occurred.

Care documentation was readily accessible to staff and visiting health professionals.

The service monitored and analysed trends in clinical indicators including, but not limited to, skin integrity, falls and pressure injuries.

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.*

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

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

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

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

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

# 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

Consumers and representatives said consumers received the care they needed and had access to medical officers and other health professionals when they needed it.

Consumers said their needs and preferences were effectively communicated between staff and referrals were made in a timely manner. They said they had access to allied health professionals, medical specialists and specialist services.

Care planning documents and progress notes established that staff identified and responded to a deterioration or changes in a consumer’s condition and health status. Clinical records evidenced referrals and input from medical officers and a range of allied health and other health professionals.

Consumer progress notes, care plans and charts were individualised and demonstrated that care was safe, effective and tailored to the specific needs of the consumer. Staff demonstrated knowledge of individual consumer’s needs and preferences.

The service had policies and procedures for key areas of care in line with best practice, including restraint, skin integrity and pain management.

The organisation had a restraint management procedure that referred to the Quality of Care Amendment (minimising the use of restraints) Principles 2019. The guidelines discussed the need for assessments prior to the use of restraint, gaining consent and ongoing monitoring and review of restrictive practices. Staff were aware of the principles of minimising restrictive practices and discussed different strategies prior to the use of psychotropic medication.

Restraint authorisations were current for consumers in the secure area of the service and for those consumers prescribed psychotropic medications for the purposes of chemical restraint.

The organisation had a wound management and skin integrity policy and procedure. The policy discussed assessment and care planning, the use of a skin integrity risk assessment tool, indications for review and prevention strategies. Treatment guidelines for wound care were included in the procedure. Skin tears and wounds were monitored and reported on monthly. Wound care was attended by registered staff and there was evidence of regular reviews. Photographs showed wound healing.

The service had a pain management procedure that explained the process for verbal and non-verbal assessment of pain, the implementation of an appropriate strategy and review requirements. Care documentation evidenced that staff monitored the effectiveness of any pain interventions. Allied health professionals applied pain management treatments on referral.

The service recorded clinical and personal risks for consumers in care plans, incident documentation and on risk assessments. The service conducted clinical audits and analysed risks such as falls, medication incidents, pressure injuries and weight loss. Monthly clinical indicator data was considered at a service level and reported at an organisational level.

Care planning documents demonstrated the service identified risks associated with the care of the consumer and the actions implemented to minimise the risk. Staff were aware of individual consumer’s risks and risk management strategies.

The service had a policy and procedures relating to palliative care and end of life care. The service accessed palliative care support services. Consumer files detailed the personal preferences relating to end of life care and documented advanced health directives or statements of choices.

Representatives interviewed by the Assessment Team generally expressed satisfaction with the end of life care provided by the service.

Staff are guided by policies relating to assessment, reassessment and escalation of changes in consumers’ condition. The service had registered nurses on site 24 hours a day and Clinical Managers could be contacted for advice and support. Clinical staff have access to a guidance resource to support them in recognising and responding to a deterioration in health status.

Progress notes, care plans and handover information provided adequate detail to support effective and safe sharing of consumer information. Care documentation was accessed by medical officers and allied health specialists. Registered staff and care staff described the handover process where information regarding any changes to consumers’ needs and preferences were communicated between staff. Staff said they also had access to electronic care documentation.

A handover sheet was sighted by the Assessment Team and it was noted that information on fluid restrictions, recent falls, antibiotic use and upcoming appointments was included in the documentation.

Care planning documents evidenced referrals to and the contribution of medical officers and allied health professionals to the care of consumers.

Consumers and representatives stated they received information from the service regarding minimising infection related risks and Covid-19.

The organisation had policies and procedures relating to antimicrobial stewardship, infection control management and an outbreak management plan for Covid-19.

Registered staff described how infection related risks were minimised including the use of personal protective equipment and good hand hygiene.

Staff said they had received influenza vaccinations. They said also that the service had ample supplies of personal protective equipment and hand sanitiser.

Pre-entry screening occurred for all staff, visitors and contractors. The Assessment Team noted information on infection control was displayed throughout the service and hand sanitisers were available.

Clinical indicators including infections were monitored and reported at monthly meetings.

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.*

### 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.*

### 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

Consumers said they were supported by the service to undertake interesting lifestyle activities within and outside the service and to maintain contact with the people who were important to them. Consumers said they would call their family or friends for comfort and the service supported them to do so. They said staff were aware of their needs and preferences and assisted them to be as independent as possible in activities of daily living.

Consumers said they were satisfied with the meals served. They said there was always a choice of meals and they could request snacks between meals

Lifestyle and care staff were able to state what was important to consumers and what they liked to do. Lifestyle staff said they partnered with the consumer or their representative when the consumer entered the service to determine their individual preferences and what was important to the consumer, such as their religious beliefs, community ties and cultural traditions. Consumers and representatives were consulted at monthly consumer meetings on ideas for new activities and for feedback on current activities.

The care planning documentation contained detailed information on family contacts and identified the activities and people that were important to consumers. Lifestyle and dietary preferences were documented and the involvement of others in the provision of lifestyle supports was evident.

The activity schedule was displayed in the service and demonstrated consumers had a variety of group and individual activities to choose from. Consumers were observed by the Assessment Team to be engaged in a variety of activities during the Site Audit, including card games, indoor golf and exercises.

Staff said they were kept informed of any changes in consumers’ lifestyle arrangements or their emotional well-being through progress notes, meetings and notices. The handover sheet evidenced information relating to individual consumers, including outings, dietary changes, arrangements for laundry and hairdressing appointments.

Kitchen staff described the dietary needs and preferences for different consumers, such as vitamised meals and supplements. They said there were always alternative meals on offer. Kitchen staff stated consumers were able to provide feedback on meals at the time meals were served or at consumers’ meetings.

The Assessment Team observed that menus were displayed on all floors and choices were offered for breakfast, lunch and dinner. The kitchen was observed to be clean and tidy and staff were wearing appropriate personal protective equipment. Kitchen staff were observed taking and recording the temperatures of meals prior to the meal service.

The Assessment Team observed that equipment used to support consumers to engage in lifestyle activities, such as walking aids and wheelchairs, appeared to be suitable, clean and well-maintained.

A fully equipped wellness centre supervised by physiotherapy staff was available for consumers.

Clinical and care staff said they had access to the equipment they needed to perform their roles, such as hydraulic lifting hoists. They said the equipment was cleaned regularly and after each use. Hospitality staff said the equipment they used was suitable and regularly maintained.

Staff demonstrated an awareness of how to report damaged or malfunctioning equipment to maintenance staff. They said maintenance staff were prompt at resolving maintenance issues. Maintenance documentation identified preventative maintenance had been completed in accordance with a schedule. There were no outstanding equipment maintenance issues.

The Assessment Team sighted a cylinder of compressed oxygen with a regulator and tubing in the nurses’ station on each level and an additional cylinder with a regulator on each level. The management team said that staff are being provided training in oxygen management therapy to ensure they are able to use the equipment appropriately.

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.*

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

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### 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

Consumers stated they felt safe at the service and they could freely and safely access indoor and outdoor areas. They said their visitors were welcome and they had various areas where they could sit comfortably.

Consumers and representatives said the service and the equipment in the service was clean and well-maintained. They said the furniture and fittings were comfortable.

The Assessment Team observed the environment to be secure, clean and tidy. The front reception area and service environment was welcoming and staff were available to assist and direct consumers and visitors as required. Clearly marked signs were displayed to assist people to navigate throughout the service.

Furniture, fittings and equipment observed by the Assessment Team were clean, well-maintained and suitable for purpose. Mobility aids and hoists were in good condition and stored securely. Equipment in the kitchen and laundry was clean and appeared well-maintained.

Maintenance staff described how maintenance was managed at the service, including both reactive and preventative maintenance. The maintenance log evidenced regular maintenance of the service environment and there were no outstanding maintenance requests at the time of the Site Audit. The preventative maintenance schedule included checking and cleaning of furniture and equipment, such as beds, wheelchairs, hoists and the call bell system. The documentation established that reactive maintenance was attended in a timely manner and preventative maintenance was undertaken as scheduled. Staff demonstrated that they were aware of how to report items requiring maintenance.

Staff across all areas of the service said they had enough equipment to undertake their roles and meet the needs of consumers.

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

Consumers and representatives said they were encouraged to provide feedback and raise concerns and they felt safe doing so. They said they were generally happy with management’s response and actions. Consumers and representatives said they could raise concerns at consumer meetings, verbally with staff, or in feedback forms lodged in a suggestion box located at reception. Consumers and representatives said they were aware of advocacy services.

The service had a compliments and complaints policy which explained the service’s commitment to support consumers to make a complaint. A consumer handbook provided information on how to access advocacy support services or interpreter services. Hard copy feedback brochures and a secured suggestion box were available for consumers and representatives.

Staff stated they would attempt to resolve a concern in the first instance or escalate the matter to management if the issue was one they could not resolve. Management advised that complaints were entered into a register and the manager investigated the concern within a framework of open disclosure. Management and staff said they were aware they could access language, interpreter and advocacy services on behalf of the consumer.

Minutes of consumer and staff meetings confirmed that consumer feedback was a standing agenda item.

Registered and care staff said that when a consumer raised a concern, they ask questions from the consumer to clarify the complaint and they would apologise before attempting to address the consumer’s concerns.

The service’s complaints register established that the complaints process included an apology and action taken to resolve the complaint. Management described how feedback data was compared, reviewed and monitored at the service level and organisational level.

Education and orientation records confirmed staff were provided with training on feedback and complaints processes.

Complaints were recorded in the organisation’s electronic system and service level reports were generated monthly by the organisation and reported to the Board.

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.*

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

*Feedback and complaints are reviewed and 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

Consumers and representatives said consumers received the assistance they required and they were treated by staff in a kind and caring way. They said staff were aware of their individual needs and preferences and they considered the staff trained, competent and skilled in delivering care and services. Consumers said they did not wait long before staff responded to their calls for assistance.

The organisation has a human resource management policy covering roster management, professional development, recruitment and selection, a code of conduct and a staff disciplinary procedure.

Management advised that the service was recruiting new staff across all areas of care and services. Additional Personal Care Worker shifts were increased to provide care to consumers and an additional shift in the laundry on weekends has been implemented. All rosters were filled across the service and where a staff member was unable to attend their shift, the service would initially contact permanent staff to replace the absent staff member before engaging agency staff. The service has an orientation process in place to ensure continuity of care for consumers.

Staff said they had enough time to provide consumers with the assistance they required. Call bell registers were checked by the Clinical Manager every second day. Management reported that there were no issues with call bell response times at the time of the Site Audit.

The organisation has a human resource policy which sets out processes to ensure staff have the necessary qualifications and skills to meet the needs of consumers.

All staff were provided with the organisation’s code of conduct on commencement at the service and ongoing code of conduct training has been provided.

Staff said they complete a two-day induction, site orientation and online training modules and were supported by registered staff and management. Staff said they had received training in areas of clinical care, manual handling, cleaning, infection control and mandatory reporting. Management advised staff had also been provided with training on the Quality Standards and additional training in Infection Control relating to Covid-19.

Management advised that a staff training program was delivered to registered staff on the management of oxygen therapy. All registered staff were required to complete the training and achieve competency.

The service had position descriptions that set out the skills required for positions in the service. A minimum of two reference checks and a national police check were undertaken for each applicant for a position prior to making an offer of employment.

Management advised the organisation had a performance development process that included online training modules and a program of annual performance appraisals. Staff were provided with alerts to complete mandatory online training and completion of training was monitored by the service.

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

## Assessment of Standard 7 Requirements

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

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

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

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

### Requirement 7(3)(c) Compliant

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives said they had input into how care and services were delivered. They said they were supported to make informed decisions about the care and the activities they were involved in.

Management said they encouraged consumers and representatives to participate in decisions about the service. Management and staff described the ways in which consumers were encouraged to engage and be involved in decisions about the living environment, delivery of clinical care, lifestyle, meal service and staffing. Monthly consumer meetings were attended by department heads within the service to address any issues relating to care and services and to discuss new ideas proposed by consumers. Feedback brochures were available throughout the facility and a suggestions box was in the reception area. Management reviewed all feedback and suggestions and raised ideas at the monthly consumer meetings.

The organisation’s governing body was accountable for the delivery of safe, inclusive and quality care and services. Roles and responsibilities for the Board of Directors and senior management personnel included accountability for maintaining standards of quality. The Board of Directors had overall accountability for consumer safety, care delivery and system governance.

Management said information from incidents, mandatory reporting data, consumer feedback and complaints, staffing reports and continuous improvement activities were reported to the Board of Directors at monthly Board meetings.

Care staff said they could readily access the information they needed about the organisation’s systems, processes and practices and about the care and service requirements of each consumer. They said they had access to policies and procedure on the organisation’s electronic system.

The organisation had a governance auditing team that attended the service to conduct monthly audits and to identify, document and evaluate improvements.

Incidents and complaints reports were reviewed by management teams at monthly meetings to identify opportunities for improvement across the service. Improvement activities were logged on the service’s continuous improvement register.

The service’s manager had control of the service’s budget and any additional expenditure required a business case to be presented to the organisation’s Financial manager and the Board of Directors for approval.

The Operations and Compliance Manager said any changes to legislation that may impact on the service’s operations were communicated by management to staff in emails, at staff monthly meetings and in notices placed in a folder located in the staff room.

The organisation’s human resource department ensured all staff had current criminal history checks and professional registrations and influenza vaccinations.

The organisation’s governance framework incorporated a risk management plan and policies and procedures that included the identifying and responding to abuse and neglect of consumers. Staff demonstrated they were aware of their reporting responsibilities in the event of an allegation of abuse raised with them or witnessed by them.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

Staff had received education about the framework and were able to provide examples of its relevance to their work. Staff could explain how increased surveillance of antimicrobial usage has led to improved infection prevention practices. Staff said specimens were routinely collected from consumers with signs and symptoms and a pathology test was conducted prior to the commencement of antibiotics.

The organisation introduced an initiative to reduce the use of chemical restraints by actively engaging medical officers every three-months to conduct a review of consumers receiving psychotropic medications in order to reduce or eliminate the medications where possible.

Staff said that when they make a mistake they apologise to the consumer.

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.