Japara Noosa

Performance Report

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**Commission ID:** 5972

**Provider name:** Japara Aged Care Services Pty Ltd

**Site Audit date:** 1 June 2021 to 4 June 2021

**Date of Performance Report:** 7 July 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 29 June 2021
* the Assessment Team’s report for the Assessment Contact conducted 3 February 2021
* the Assessment Team’s report for the Review Audit conducted 27 October -31 October 2020
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards. Actions had been taken to improve the performance of the service in this Standard.

Consumers were treated with kindness, dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers and representatives confirmed staff treated consumers with dignity and value their individual identities including their culture and diversity. Consumers and representatives provided positive feedback and gave examples of how the service supported consumers to be independent, exercise choice and make decisions about care and services provided. Consumers and representatives confirmed consumers’ personal privacy was respected, including their personal information.

Staff demonstrated respect towards consumers and an understanding of their care and service preferences.

Care planning documents and meeting minutes identified the service understood and supported consumer choice and their ability to take risks. Information provided to consumers was accurate, current and delivered in a timely manner.

Consumers’ relationships were acknowledged and supported, and consultation occurred to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

The service demonstrated, and consumers and representatives were satisfied that consumers were treated with dignity and respect and consumers’ identity, culture and diversity was valued.

Staff were familiar with consumers’ backgrounds and described ways they enabled and supported consumers’ lifestyle choices and preferences on a day to day basis. Staff consistently spoke about consumers in a way that demonstrated respect and an understanding of consumers’ personal circumstances and how they wished to be treated. Staff had an understanding of each consumer and what was important to them and how this influenced the delivery of their care.

Care planning documentation included information regarding consumers’ background, identity and culture. The organisation provided staff education and training relating to diversity and treating consumers with dignity and respect. The Charter of Aged Care Rights was displayed around the service and included in the organisation’s Resident Information Directory. The Assessment Team observed staff greeting consumers and their visitors with familiarity, interacting with consumers respectfully and responding to call bells in a timely manner.

Actions have been taken to improve the performance of the service in this requirement.

Toolbox education was provided to staff on dignity and respect in relation to personal care and the dining experience in November 2020 and May 2021. Training reports evidenced training had been delivered.

A dignity and privacy audit was conducted using an observational audit tool in February and March 2021. The completed audit report identified consumers’ privacy, dignity and respect was being maintained by staff.

Consumer experience surveys previously conducted by the service twice a year have been conducted more frequently since November 2020, to seek consumer feedback specific to dignity and respect. The service’s recent consumer survey results for March 2021 and April 2021 demonstrated high consumer satisfaction rates in response to the question ‘I am treated with dignity and respect and can maintain my identity’.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Consumers and representatives were satisfied that consumers were supported to take risks to enable them to live the best life they can.

Assessment of risk-taking activity occurred in consultation with the consumer, representative and health professionals. Risks were identified through the completion of assessments carried out by the appropriate health professional and discussed further with the consumer/representative to provide the opportunity for choice and informed decision-making related to consumers’ care and services as required. A Dignity of risk form was completed when consumers/representatives chose not to accept the assessed risk, for example, for consumers who chose to not comply with meal and fluid recommendations of a Speech pathologist.

Staff demonstrated awareness of consumers’ activities that include an element of risk. This information was discussed at handover and includes reminders for appropriate measures to support consumers’ choices.

Care planning documentation for consumers who required risk assessments identified that a dignity of risk form had been completed and care planning documentation evidenced consultation with consumers and (if required) their representative to identify and discuss all aspects of risks associated with consumers’ choice and independence and to implement safety strategies. Documents used to gather information to identify consumers’ needs, goals and preferences also identified risks that may be associated with these activities. Care planning documents described areas in which consumers are supported to take risks. The organisation had a Dignity of Risk and Informed Decision-making policy and procedure in place to guide staff with supporting consumers.

Actions have been taken to improve the performance of the service in this requirement. Training had been provided to staff in relation to supporting consumer choice and dignity of risk and review of training records supported this. The service’s transition to an electronic care system ensured discussions with consumers and their representatives regarding risks associated with consumer choices and safety strategies was evidenced through documentation stored in the system.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Consumers’ privacy was respected, and their personal information was kept confidential.

Staff described practical ways they respected the personal privacy of consumers. They ensured doors were kept closed when providing personal care and knocked on consumers’ doors to seek consent before entering. Shift handovers were not conducted in open spaces where discussions could be overheard. Staff were aware of their responsibility in relation to not disclosing personal information.

Care planning information captured consumers’ privacy preferences.

Staff were observed knocking on doors before entering rooms and closing doors when care was being provided. Documentation pertaining to consumers was kept secured in locked work areas and computers used by staff were password protected. The service’s Resident information directory contained information regarding privacy, confidentiality and the use of personal information.

Actions have been taken to improve the performance of the service in this requirement. Toolbox education was provided to staff on privacy, dignity and respect in relation to personal care in November 2020 and May 2021. Training reports confirm training had been delivered. A dignity and privacy audit was conducted by the service using an observational audit tool in February and March 2021. The completed audit report identified consumers’ privacy, dignity and respect was being observed by staff. The service’s Plan for continuous improvement captured ongoing improvement actions in relation to completing privacy and dignity assessments for all consumers and recording the assessments in the electronic care system, due for completion by 30 June 2021.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis. Actions had been taken to improve the performance of the service in this Standard.

Consumers felt like partners in the ongoing assessment and planning of their care and services, and confirmed they were involved in care planning and when there were changes to consumers’ care needs. Consumers and representatives confirmed they were informed about the outcomes of assessment and planning and had ready access to consumers’ care and services plan if they wished. Consumers and representatives provided examples of how other providers of care were involved in meeting consumers’ healthcare needs.

The service implemented an electronic care and services system and reviewed their systems and processes to support planned care and services to meet each consumer’s needs, goals and preferences to inform the delivery of safe and effective care. Care planning documentation identified assessment and planning included the consideration of risk and reflected consumers’ current needs, goals and preferences, including advance care and end of life planning. Care and services were reviewed for effectiveness, when circumstances changed or when incidents occurred. Care and service plans demonstrated integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including Medical officers, allied health professionals, specialist Medical officers and specialists in wound care, diabetes and dementia care. The service demonstrated assessment and planning was effective and these processes supported staff to deliver safe and effective care.

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.*

Assessment and planning processes were effective and included the consideration of risks to consumers’ safety, health and well-being. These processes supported the service to deliver safe and effective care and services.

Consumers and representatives confirmed they were involved in assessment and care planning and confirmed the care delivered met consumers’ needs Consumer files demonstrated effective comprehensive assessment and care planning processes were undertaken to identify the needs, goals and preferences of consumers, including any identified risks. Registered staff completed assessments to inform care planning in the electronic care system in partnership with consumers, representatives and medical staff.

For consumers at risk of falls, care documentation identified risk assessments by registered staff, physiotherapists and Occupational therapists were completed on a regular basis to minimise their risk of falls and after a consumer experiences a fall. For high falls risk consumers, care plans reviewed document individualised falls and injury prevention strategies to guide care staff to minimise their risk of falls. The strategies reflected physiotherapist recommendations and the care plans included information related to their individual mobility and transfer needs, including mobility aids, transfer aids and falls and injury prevention aids such as hip protectors and fall sensor mats.

For consumers at risk of pressure injury and those with pressure injuries or wounds, care planning documentation identified skin assessments, wound assessments and pressure injury risk assessments were completed and ongoing reassessment occurred. Care plans for consumers identified as high risk or identified with pressure injuries, contained documented strategies to minimise the risk such as regular repositioning, ensuring adequate nutrition, moisturising skin and the use of pressure relieving mattresses and cushions. Wound management plans documented individualised treatment for those consumers with pressure injuries.

For sampled consumers at risk in relation to nutrition/hydration, dieticians and Speech pathologists were involved in assessment and planning in consultation with consumers and representatives, Medical officers and registered staff to identify nutritional needs and choices and preferences to support their nutritional needs. Care and services plans contained information relative to risks identified in relation to each consumer’s health and wellbeing. Consumers who were underweight or had a history of weight loss and risks associated with nutrition and hydration; care planning documentation identified strategies including high-energy, high-protein diets, modified texture meals and fluid individualised to the consumer’s preferences, regular weight monitoring, assistance with food and fluids and food/fluid charts were in place.

Consumers identified as insulin dependent diabetic had a diabetic management plan in place to document the frequency of blood glucose levels to be taken, reportable levels and instructions for contacting the Medical officer when blood glucose levels were outside reportable ranges. For consumers requiring catheter care, individualised strategies were documented in their care plans to minimise the risk of infection, including frequency of catheter changes and bag changes. Vital information documented on care plans identified the date of the last catheter change and the due date for the next catheter change.

Consumers with identified challenging behaviours, their care plans identified individualised strategies and evidenced strategies were reviewed following incidents.

Staff demonstrated an awareness of assessment and care planning processes, which identified risks to the consumer’s safety, health and well-being. Registered staff reported consumers were referred to specialist practitioners if required following assessment. Staff described how they use assessment, planning and handover information in the electronic care and service’s system to inform how they deliver safe and effective care. Management described their process to review identified consumer risks and incidents, to identify trends, initiate referrals and ensure all those involved in the consumer’s care were consulted.

The organisation had developed policies, procedures and guidelines in regard to assessment and planning to guide staff practice. Staff had access to training relevant to their position. A suite of evidence-based assessment tools were available for staff to use in the electronic care system. Incidents were recorded and investigated, care plans were reviewed and changed whenever a risk was identified.

Actions have been taken to improve the performance of the service in this requirement. The service implemented a new electronic care and service’s system, which included a range of assessment and monitoring tools and charts for effective and safe consumer care. In addition, the system prompted staff to complete various tasks, such as wound monitoring. All staff had been provided with education and training in the electronic care system.

The service’s Plan for continuous improvement captured ongoing improvement actions in relation to auditing and reviewing assessment and care planning documentation for consumers, due for completion by 30 June 2021. The service engaged the services of specialised Nurse practitioners to support assessment and care planning for consumers with complex clinical needs, including diabetic management and wound management. Increased clinical support through the introduction of two Clinical care coordinator positions resulted in improved assessment and care planning processes, including identifying risks for consumers.

Training records demonstrated staff have received training in assessment and care planning from specialised health practitioners, Allied health professionals and support services such as Dementia services Australia. Training included clinical assessments and management of clinical needs such as diabetes, wound management, pain management, continence assessment and management, textured and modified diets, post fall clinical assessments and observations, falls prevention, behaviour management and dementia, medication management and care evaluation.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Assessment and planning processes identified and addressed consumers’ current needs, goals and preferences, including advance care planning. This translated into consumers’ care planning documentation detailing consumers’ current needs, goals and preferences, including advanced care planning.

Consumers described what was important to them in terms of how their care was delivered. Consumers and representatives confirmed staff involved them in assessment and planning of their care through case conferences and care plan reviews and staff had discussed end of life planning with them.

Clinical management described how the assessment and care planning process identified consumers’ goals, needs and preferences that informed the care plan development and delivery of care. Staff had an understanding of consumers’ needs and said they can refer to registered staff if they required more information. Care staff were able to describe consumers’ individual preferences. Clinical management advised end of life care planning was discussed with consumers and representatives on entry to the service and at three-monthly reviews.

Staff were observed supporting consumers with their activities of daily living and clinical care during the site audit. The organisation had end of life procedures and flowcharts to guide staff practice. Where advance care planning had been completed, a copy of the documentation was included in the consumer’s electronic care documentation. Staff commenced a palliative care plan for consumers nearing the end of life and included consumers’ needs, goals and preferences.

Actions had been taken to improve the performance of the service in this requirement. The service implemented a new electronic care system in February 2021. A daily leadership ‘Huddle’ had been implemented with agenda items, including but not limited to discussion relating to consumers’ changing health care needs. The service collaborated with the local hospital and health service to access additional information on consumers’ end of life wishes, including receiving copies of completed Statement of choices and uploading these documents into the electronic care system. Palliative care kits have been implemented into the service in February 2021 and provided resources and information for staff to utilise in palliative care. Toolbox talks were provided to staff relating to the documentation of consumers’ end of life wishes, having difficult conversations and available resources for palliative care.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Assessment and planning processes for consumers, included the consumer, others who the consumer wished to involve in the process and other providers as required.

Care documentation reflected consumer input, and their representative were involved in the assessment, planning and review of consumers’ care and services. Care documentation identified others were involved such as Medical officers, Allied health professionals, specialist medical officers and specialists in wound care, diabetes and dementia care were involved where necessary. Consumers and representatives confirmed being involved in assessment and care planning on a regular basis.

Care staff described aspects of care that were important to consumers. The information staff provided aligned with feedback from the consumers and representatives about how they were involved. Registered staff described how they included consumers and representatives in assessment, planning and review processes, and how the assessment process and new electronic care system generated care documentation. Allied health professionals were included in assessment and planning following incidents such as falls, pressure injuries, unplanned weight loss and assessment of pain. Treatment directives from Medical officer and Allied health professionals were contained in the electronic care system.

Actions had been taken to improve the performance of the service in this requirement. The service implemented an electronic care system that supports other health professionals such as Medical officers, Allied health professional and Nurse practitioners to document outcomes of assessment, planning and review of consumers care and services. The services Plan for continuous improvement identified training and support had been provided to Allied health professionals and Medical officers in the use of the system. The service engaged the services of specialised Nurse practitioners to support assessment and care planning for consumers with complex clinical needs.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Assessment and planning outcomes were communicated to the consumer or representative and documented in a care and services plan that was readily available to the consumer or representative, and where care and services were provided.

Review of sampled consumers’ care and service plans identified they were relevant to individual consumer’s needs and included but are not limited to communication, pain management, skin integrity, behaviour management, restraint, nutrition and hydration, leisure and lifestyle preferences and mobility. Progress notes demonstrated consumers or representatives were consulted then consumers’ care plans were reviewed, and a copy of the consumer’s updated care plan was available if they requested a copy. The care and services plans were summarised from a broader suite of care planning documents in the electronic care system and was readily available to the consumer or representative in a format they could understand.

Consumers and representatives said staff explain information about their care and services and can access a copy of the consumer’s care plan when they want to.

Staff described how the outcomes of care planning are communicated to the consumers, and their representatives in line with the consumers’ wishes. Registered staff met with consumers and representatives on a regular basis to discuss any changes required and to ascertain if the care received is meeting consumers’ needs, goals and preferences. Consumers and representatives were offered a copy of the consumer’s care and services plan. Registered staff described how changes to the care and services plan were communicated to staff, including how information was updated in the electronic care system that generated the handover report. Care staff had access to care planning documents on the electronic care system and were provided with a verbal handover at the commencement of each shift.

Care planning documents were readily available to staff delivering care and staff accessed consumers’ care plans and information electronically. Handover was observed where outcomes of assessment and planning were communicated and discussed, including changes in consumer’s needs, goals and preferences.

Actions have been taken to improve the performance of the service in this requirement. The service implemented an electronic care system, which included the ability to generate a handover report used by staff, to provide updated information on changes to consumers’ care and services. All staff had been provided with education and training in the care system and staff confirmed this at interview.

The service’s Plan for continuous improvement documents the handover process has been reviewed to effectively communicate outcomes of assessment and planning and changes in consumer’s care needs. The service implemented a process for communicating outcomes of assessment and care planning, including when incidents occurred, and the clinical care needs of consumers. A handover report was generated in the electronic care system and this report was is reviewed by registered staff and clinical management each day to follow up any required action.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Care and services were regularly reviewed and were up to date to meet consumers’ current needs.

Care plan reviews demonstrated three-monthly review and case conferences were conducted on a regular basis and when changes occurred in a consumer’s condition. Consumers confirmed staff talked to them about their care and explained information impacting their care and services. Consumers and representatives confirmed care and services were reviewed as part of the three-monthly review process or when the consumer’s circumstances changed, or incidents have occurred.

Clinical management described the three-monthly care plan review process, where they reviewed consumers’ care and service needs. This included a clinical review by registered staff and a review of incidents. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review. Staff confirmed changes in consumers’ health status was communicated at shift handover.

Clinical management monitored the completion of assessments and care plans to ensure changes in care needs were actioned in a timely manner. The service monitored clinical indicators, including skin integrity, pressure injuries, medication incidents, restraints and falls.

Actions have been taken to improve the performance of the service in this requirement, including the implementation of an electronic care system in February 2021. The service provided education and training to registered staff on care evaluation and review, this was confirmed by staff. Processes for reviewing consumer care have been reviewed which include the completion of a clinical status handover, which provided updated information on changes to consumers’ health and wellbeing. Consumers’ goals, needs and preferences were clearly documented and are evaluated with each review of the consumers’ care and services.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and if the organisation understood and applied 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 ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents. Actions had been taken to improve the performance of the service in this Standard.

Consumers received personal care and clinical care that was safe and right for them. Consumers had access to a Medical officer or other health professionals when required, were regularly consulted about their care and the way its delivery and were involved in discussions regarding alternative care options available. Representatives confirmed consumers they represent received care that was safe and right for them. Documented individual needs of consumers informed the provision of safe and effective personal and clinical care. Consumers were referred to their Medical officer or other Allied health professional to meet their changing personal or clinical care needs. Consumers and representatives confirmed referrals occurred promptly and they were satisfied with the care delivered by those to whom the consumer had been referred.

Care planning documents reflected the identification of, and response to, changes in consumers’ condition and health status. Clinical records reflected referrals to a range of allied health and professionals including physiotherapist, podiatry and dietitians.

Staff could describe how they ensured care was best practice, their opportunities for continuing education and how they ensured information is shared both within the service and with others outside the service. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice. Effective management of high impact and high prevalent risks associated with the care of each consumer was evident in care documentation. Consumers who were nearing the end of life had their dignity preserved and care was provided in accordance with their needs and preferences.

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.*

Consumers received safe and effective personal and clinical care that was best practice, tailored to meet the individual consumer’s needs and optimised their health and well-being.

A large sample of consumer files were reviewed including assessments, care plans, progress notes, treatment regimes, medication charts, monitoring records and relevant correspondence and communications which concluded individualised care delivery was safe, effective and tailored to the specific needs and preferences of the consumer. Assessments and care plans were linked to best practice models of care and included a range of risk-based assessments. Care planning documents and progress notes included referrals and recommendations from specialist services and demonstrated directives were being implemented and followed.

Consumers stated they were receiving care that was safe and effective and met their individual needs and preferences.

Staff described policies and procedures which guided their practice are were available electronically and hard copy clinical guidance was kept in the workstations. Care staff confirmed the availability of registered staff to raise any concerns or issues. Staff described other services available on site and through contractors, to support consumers, including physiotherapy, occupational therapy, speech therapy, dietetic service and mental health professionals.

The organisation had policies, procedures, guidelines and flowcharts for the following key areas of care, restraint, skin integrity, falls prevention and pain management in line with best practice. Staff had access to this information electronically and through hard copy information. Systems and processes were effectively implemented to ensure consumers received safe and effective personal and clinical care including clinical audits, whole of service audits and training was available to support best practice. Clinical incident reports identified the service trends, analyses and responds to clinical incidents and risks. Clinical incidents were discussed at staff meetings and were used to identify improvements in the delivery of consumer care.

The service had a restraint and protective assistance process that referenced the Aged Care Quality of Care Amendment Principles 2019. The guideline outlined the organisation’s commitment to ensuring if any restraint was used, this was only as a temporary solution and should only be considered after a comprehensive assessment. The service’s psychotropic medication register was not current at the time of the site audit. Following feedback, the register was reviewed which identified one consumer required chemical restraint. Assessment, authorisation and verbal consent from the consumer’s Enduring power of attorney had been completed. The psychotropic register maintained by the service identified diagnosis, medication prescribed, alternatives trialled and review by the Medical officer. Eleven consumers residing in the Memory support unit had physical restraint authorisation and consent as the Memory support unit had a keypad for entry and exit to the service.

The service’s wound management and skin integrity policy and procedure included the utilisation of appropriate risk assessment tools. The service used repositioning, hygiene care, moisturisers, pressure relieving equipment and limb protectors to manage consumers’ skin integrity. At the time of the site audit three consumers had pressure injuries. Consumers with an assessed high risk of impaired skin integrity were reviewed daily by registered staff. All consumers had skin checks completed in the last month. The clinical indicators report was collated each month and included information on pressure injuries and their staging. Consumers with pressure injuries were identified on the monthly trending reports and this information was provided to the clinical staff. Wound care documentation demonstrated appropriate wound care delivery. Staff regularly moisturised consumers’ skin and had been trained in the use of lifting equipment used to transfer consumers.

The service utilised pain assessments and monitoring charts to assess consumers who have pain, including a specialised assessment tool for consumers who could not communicate verbally. For consumers who were described as having chronic pain or recently changed needs regarding pain management and identified pain related care delivery was safe, effective and tailored to the needs and preferences of the consumers.

The service had a falls prevention and management policy including information related to falls prevention and post falls management procedures for staff. The service introduced an electronic care system with consumers assessments using validated falls risk assessment tools. Clinical management described how the service worked closely with Allied health professionals in managing the falls prevention program at the service, including exercise programs and the purchase of specialist equipment such as sensor mats, soft helmets and hip protectors. Care planning documentation for consumers who were at risk of falls outlined directives for care staff such as manual handling instructions, including the appropriate equipment to use for each consumer, and timely referrals being made to the physiotherapist or Occupational therapist for review. A review of falls management for consumers identified observations were monitored including neurological observations, falls assessment completion, incident form completion, Medical officer and consumer Enduring power of attorney notification.

Actions have been taken to improve the performance of the service in this requirement. The service engaged the services of specialised Nurse practitioners to support the delivery of personal and clinical care for consumers with complex clinical needs, including diabetic management and wound management. Increased clinical support through the introduction of clinical management positions resulted in improved delivery of personal and clinical care which was safe and effective.

Medication management at the service was reviewed and included the monitoring of consumers with pain patches, including sighting the medication patch to ensure the pain patch was in place. Staff had been provided with education and training on the management of consumers pain patches. The introduction of a new medication module in February 2021, as part of the electronic care system, provided an ordering system which notifies staff of required medications and places an electronic order to the pharmacy. Monitoring of the medication system was undertaken every month and included an audit of the controlled medications.

Wound management and monitoring practices were reviewed, and staff have been provided with education on infection control requirements when photographing consumer wounds. Documentation of wounds had been completed and photographs were labelled and included a measurement tool.

The Plan for continuous improvement confirmed, the service was in the process of reviewing all consumers with continence needs. Reviews were to be completed by 30 June 2021. A staff member was appointed as the Continence support person for the service and their role is to support staff in the care and support of consumer with continence care needs. Training and education have been provided in relation to continence care.

Pressure area care and equipment at the service was reviewed in February 2021, resulting in the service having an external provider of specialist equipment review the service’s pressure relieving mattresses. Recommendations were provided, and the service purchased additional pressure relieving mattresses for consumer use.

Restraint was reviewed for all consumers in February 2021, communications and resources were sent to consumers and representatives regarding the use of the psychotropic medication and physical restraints. Management confirmed they met with consumers and representatives who required additional information on restraint. Staff confirmed they were provided with up to date information and education on restraint.

The Approved provider’s response to the findings at the site audit included plans to further enhance restraint documentation. Processes include a monthly report from the local pharmacy identifying which consumers are prescribed psychotropic medication. This will allow for the corresponding psychotropic drug register to be monitored for accuracy. An auditing process is to be developed to monitor the psychotropic drug register. Morning meetings will include the discussion of changes to psychotropic medication usage. The restraint procedure has been reviewed and includes a defined definition of chemical restraint.

Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

Consumers with high impact and high prevalent risks associated with their care have been effectively managed.

Care documentation demonstrated effective strategies were implemented to manage key risks related to personal and clinical care of each consumer. Care documentation for consumers who were at risk of choking, included an assessment by a Speech pathologist and contained safe swallowing strategies for staff to follow to support the consumers and minimise their risk of choking. For consumers with unplanned weight loss, assessment and care planning identified strategies to manage their weight loss and minimise risks associated with nutrition and hydration. Progress notes demonstrated involvement with their Medical officer and Allied health professionals including the dietitian and Speech pathologist in assessment and planning to minimise their risk of further weight loss. Strategies implemented included weekly weight monitoring, introduction of high energy, high protein diet, nutritional supplement drinks and monitoring food and fluid intake.

Care planning documentation for consumers with aggressive behaviours demonstrated the service identified, implemented and evaluated behaviour management strategies in consultation with clinical staff, Medical officers, medical specialists and dementia specific specialists to ensure they were effective in minimising risks.

Care documentation for consumers identified with pressure injuries, identified effective management strategies implemented such as regular repositioning, ensuring adequate nutrition, moisturising skin, wound care and use of pressure relieving mattresses and cushions. Care documentation evidenced wound management plans were in place and regular review by the Medical officer, Allied health professionals and the Nurse practitioner specialist in wound care.

For consumers sampled requiring diabetic management, care documentation demonstrated effective management of their diabetes and effective strategies in place to minimise their risk of hypoglycaemia attacks.

Registered staff and clinical management described the high impact or high prevalence risks for consumers within the service including falls, pressure injuries, managing challenging and resistive behaviours and swallowing issues. Care staff were aware of the most significant clinical/personal care risks for consumers. Registered staff described how the service managed medications safely, including the process for managing medication supplies for consumers, the documentation of medication incidents and how they supported consumers who wish to manage their own medications. Staff were aware of how to report and document incidents and management described how incidents were reviewed and any required follow up was actioned.

Documentation demonstrated the service provided targeted education to support clinical care in line with best practice processes for high impact and high prevalent risks. The service had policies to guide staff in delivering care related to high impact and high prevalence risks for consumers. The service recorded high impact and high prevalence clinical and personal risks for consumers through incident documentation, care plan information and the psychotropic medication register. Strategies observed to be in place during the site audit to minimise risk included pressure relieving equipment, beds positioned at a low height and fall sensor mats and falls injury prevention equipment including helmets and hip protectors. A review of clinical indicators identified the service trended and analysed high impact and high prevalence risks. A review of clinical indicator data identified that falls, pressure injuries and incidents of aggressive behaviours had decreased.

Actions had been taken to improve the performance of the service in this requirement. The service implemented an electronic care system, which included a range of clinical assessment and monitoring tools and charts to support safe and effective management of high impact high prevalent risks for consumers. All staff have been provided with education and training in the new care system.

The service engaged the services of specialised Nurse practitioners to support the management of consumers with high impact, high prevalent risks and complex clinical needs. Increased clinical support through the introduction of clinical management positions resulted in improved management of high impact, high prevalent risks for consumers.

Training records demonstrated staff have received training in the management of consumers with high impact, high prevalent risks including clinical assessments and management of clinical needs such as diabetes, wound management, pain management, management of consumers with dysphagia and swallowing difficulties, post fall clinical assessments and observations, falls prevention, behaviour management and dementia and medication management.

An audit was undertaken to review weight management for consumers requiring regular weight monitoring for weight loss. The audit identified concerns about the accuracy of equipment used to monitor consumer’s weights and new equipment was purchased. Pressure area care and equipment was reviewed in February 2021, resulting in the service having an external provider of specialist equipment review the services pressure relieving mattresses. Recommendations were provided, and the service purchased additional pressure relieving mattresses for consumer use. Following review of incidents of skin tears, the service introduced the use of skin moisturising cream for all consumers in February 2021 to improve skin integrity and reduce the incidence of skin tears. This process has yet to be evaluated. An audit was completed May 2021 of consumers with identified swallowing risks and risk of choking. Clinical staff discussed dignity of risk with those consumers who chose to eat and drink non-modified foods.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Consumers nearing the end of life had their dignity preserved and care was provided in accordance with their needs and preferences.

Care planning documentation included advance care planning and the needs goals and preferences of consumers for end of life care. Documentation was reviewed for three consumers which demonstrated evidence of consultation with their families and the Medical officer in relation to end of life care and pain management.

Consumers and representatives expressed confidence that when the consumer needed end of life care, the service will support them to be as free as possible from pain and to have those important to them with them. Staff described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised, including pain management, the use of pressure relieving mattresses and additional pressure area care, hand massages, mouth care and additional personal hygiene, if this was the preference of the consumer. Staff were aware of how to access information regarding consumers’ end of life preferences.

The service had clinical guidelines regarding the delivery of palliative care services. Registered staff were available 24 hours a day to support and monitor care delivered to consumers nearing the end of life. Senior clinical staff were available on call and if required will attend the service to support staff in the care of consumers nearing the end of their life. Copies of statement of choices were retained on the electronic care system if consumers had chosen to complete them.

Actions had been taken to improve the performance of the service in this requirement. Staff completed education and training in assessing, monitoring and evaluating pain for consumers and have been trained in documentation of pain in the electronic care system. A review of the service’s training register confirmed education had been completed.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Changes or deterioration in consumers’ capacity or condition was recognised and responded to in a timely manner.

Care planning documents and progress notes reflected the identification of and the timely response to deterioration or changes in consumers’ condition. Feedback from consumers was positive in relation to care delivery following changes to consumers’ condition.

Assessment processes following changes to a consumer’s condition included registered staff reporting to clinical management. After hours consumers’ Medical officers were contacted if they deteriorated and the consumer may be transferred to hospital. Care staff explained the process for identifying and reporting changes and deterioration in consumers’ condition to the registered staff. Staff were informed through handovers when a consumer had deteriorated and changes in care needs had been implemented.

Staff were guided by policies and procedures that supported staff to recognise and respond to deterioration or changes in a consumer’s condition. Clinical records demonstrated consumers were regularly monitored by registered staff and when deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified.

Actions had been taken to improve the performance of the service in this requirement. The service implemented an electronic care system, which included a range of assessment and monitoring tools and charts for effective and safe consumer care. All staff have been provided with education and training in the new care system.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Information about consumers’ condition, needs and preferences was documented and effectively communicated with those involved in the care of consumers.

Review of clinical documentation in progress notes, care plans and handover sheets demonstrated information was documented in relation to consumers’ condition, needs and preferences. Care documentation was accessible to Medical officers and Allied health practitioners who provided updated information in the electronic care system to communicate care needs and preferences for consumers.

Consumers and representatives were satisfied with information and communication processes within the organisation in relation to care and services. Staff advised the service implemented an electronic care system and reported this had been an improvement on the previous paper-based system. Staff described how changes in consumers care and services were communicated via shift handover, electronic alerts in the electronic care system, progress notes and in updated care plans. Care staff reported shift handover was effective in advising them of changes to consumer needs.

Registered staff described processes for accessing and sharing information about consumers when they moved between the service and hospital. Registered staff described how the service notified the consumer’s representative and Medical officer when a consumer experienced a clinical incident, a change in condition or when transferred to or returned from hospital.

Clinical management reviewed daily progress notes and handover information to stay informed and follow-up with staff when further action for consumers was required. Clinical management attended Medical officer rounds, met with Allied health professionals on a regular basis and handed information over to staff as required. Management met daily with leadership staff at the service where information about consumer’s condition and care needs were reviewed and discussed.

A range of staff were observed using the electronic care system and referring to handover information sheets during the site audit. Shift handover was observed, and staff were informed of consumers who were seen by their Medical officer, who required regular position changes and who had changes to their care and services, including incidents and deterioration in condition. Shift handover information was observed to be printed from the electronic care system and stored in handover folders kept in the work stations in each area for staff.

A review of complaints submitted over the past five months identified three were in relation to communication. Records evidenced management have taken action to improve communication.

Actions had been taken to improve the performance of the service in this requirement. The service implemented an electronic care system that supports information about the consumer’s condition, needs and preferences to be documented in one location and effectively communicated with those involved in the care of consumers. Feedback from staff reported this system saved a lot of time as each consumer’s information is all in one place and information was easier to access and understand.

All staff had been provided with education and training in the electronic care system. The service’s Plan for continuous improvement identified training and support has been provided to Allied health professionals and Medical officers in the use of the system. The service has implemented a daily leadership meeting with agenda items, including but not limited to discussion on consumers’ changing health care needs.

Consumer incidents were reported and recorded in the electronic care system and communicated to management. Training records demonstrated staff have received training in incident reporting and use of the electronic care system.

Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

The service demonstrated referrals to other providers or organisations is timely and appropriate.

For consumers, care planning documentation confirms the input of others and referrals where needed, including input from services such as dietician, physiotherapist, Speech pathologists, geriatricians and Medical officers.

Consumers and representatives confirmed referrals were timely and appropriate and occurred when required and that the consumer had access to relevant health professions such as allied health professionals or medical specialists.

Staff described how information was shared when referrals were made to individuals, other organisations and providers of other care and services. They also described when changes occurred, how these were documented in handover documentation and the electronic care system. Registered staff reported referrals were made in consultation with the consumer and representative and confirmed consent was gained from the consumer prior to a referral being made.

Staff described how the input of other health professionals directed care and services for example, change in mobility or transfer needs, dietary needs, pain management or wound care. This aligned with the consumer and representative feedback and care planning documentation.

The service had procedures for making referrals to health professionals outside the service, through electronic messages and telephone communications. The service documents each referral in a folder and each referral is followed up to ensure the referral is accepted and responded to in a timely manner. Contracted allied health staff, Medical officers and visiting specialist had access to the service’s electronic care system and document any changes or follow up for consumers, which were actioned by staff.

Actions had been taken to improve the performance of the service in this requirement. The service implemented an electronic care system, which included a range of validated assessment and monitoring tools and charts for effective and safe consumer care. All staff have been provided with education and training in the new care system.

The electronic care system has a referral process, where referrals are sent electronically to the external provider and an alert is created to ensure the receipt of the referral. Clinical management advised the service also communicates with electronic mail to external providers and a receipt of the referral is required.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service demonstrated preparedness in the event of an infectious outbreak including for COVID 19.

Consumers and representatives interviewed were satisfied with the service’s management of COVID-19 precautions, communication and infection control practices. Consumers and representatives were confident in the organisation’s ability to manage an infectious outbreak, including an outbreak of COVID-19.

Staff had received training in infection prevention and control strategies including hand hygiene, the use of appropriate personal protective equipment and training related to COVID-19. Staff demonstrated an understanding of how they minimised the need for or use of antibiotics and described practical strategies to minimise the use of antibiotics including sound hygiene practices, monitoring consumers for changes in behaviour and reviewing pathology results prior to commencing antibiotics. Registered nurse’s provided examples of how they minimise infection related risks including monitoring staffs’ hand hygiene practices, ensuring the availability of hand sanitiser, utilising infection control procedures when performing clinical tasks and monitoring consumers for signs and symptoms of illness.

Management monitored infections through their clinical indicator reporting. Processes were in place to monitor the use of antimicrobials at the service and data related to infections and antibiotic use was collected for clinical indicators and discussed at staff meetings. The service had processes in place to ensure a staff member was trained as the Infection Prevention and Control lead.

Staff influenza vaccination records demonstrated 100 percent of staff had received the influenza vaccine for 2021. The service had records of consumers who have consented and received influenza vaccinations, including the influenza vaccination for 2021. Records demonstrated the service has discussed the COVID-19 vaccine with consumers and the COVID-19 vaccine was provided to those consumers who provided consent.

Review of clinical indicator data demonstrates infections were reported and monitored by the service. The organisation had written policies and procedures relating to infection control prevention and management, including an Outbreak management plan and COVID-19 vaccination processes. All consumers were monitored daily for signs and symptoms of COVID-19.

Information was available on the management of outbreaks, posters and other information on infection prevention and control were displayed throughout the service and hand sanitisers were available on entry and throughout the service. Personal protective equipment was readily available, including enough stock for the first 24-48 hours in the event of an outbreak of COVID-19. The service had outbreak management kits in place and donning/doffing stations available for use in the event of an infectious outbreak. Staff were observed to be following appropriate infection control processes. Staff were observed to be following appropriate social distancing requirements in communal areas, staff rooms and treatment rooms.

Actions had been taken to improve the performance of the service in this requirement. The service implemented an electronic care system, including an electronic medication management system. A review of care documentation, including medication administration charts for consumers sampled, identified medication was administered as per medication orders, including antibiotic medications. The service’s Plan for continuous improvement evidenced the service undertook an infection control audit and identified a gap in staff knowledge of the location of the COVID Safe Plan and location of addition supplies of personal protective equipment in the event of an outbreak of COVID-19. The service introduced outbreak management meetings and implemented practice sessions of the COVID-19 Outbreak management plan, including COVID-19 scenarios to ensure staff are aware of their roles and responsibilities in the event of an outbreak of COVID-19.

The service demonstrated processes were in place to adequately take steps to ensure a person does not enter or remain at the service if they are prevented do so as per current aged care directions. Staff and visitors were screened for symptoms of COVID-19 on entry to the service and sign in to an electronic system at front reception. The main entry point to the service is via reception and temperatures were taken by reception staff. There was a secondary entry point to the service where screening took place for staff and visitors using a paper-based register and screening tool until the installation of a second electronic system occurred. This entry point was monitored by staff on duty. Visitors were required to provide evidence they had a current influenza vaccine and copies were kept on file by the service.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents. Actions had been taken to improve the performance of the service in this Standard.

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers were invited to participate in programmed leisure and lifestyle activities designed in consultation with them and tailored to meet their individual needs and preferences.

Consumers reported their emotional, spiritual and psychological needs were well supported. Most consumers also indicated they would call their family or friends for comfort and support if they were feeling in low spirits they knew the staff would support them with contacting family or friends if they required.

Consumers provided examples of support provided to them to pursue lifestyle interests and activities of importance to them, and how the service facilitated consumers to maintain personal connections. Care documentation for consumers confirmed adequate information to support safe and effective care as it relates to services and supports for daily living was communicated within the organisation and with other providers of care.

Lifestyle staff were able to describe how the service engaged with external organisations to supplement the lifestyle activities offered within the service. Staff described the organisation’s processes for making referrals to individuals and providers of other care and services.

Consumers provided positive feedback in relation to meals provided by the service, and confirmed that meals were of suitable quantity, quality and variety. Consumers were satisfied that equipment provided was safe, suitable, clean and well-maintained.

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.*

Consumers received safe and effective services and supports for daily living that met consumers’ needs, goals and preferences and optimise their independence, health, wellbeing and quality of life.

Consumers and representatives provided feedback the service’s lifestyle program supported their lifestyle needs and consumers were encouraged to be as independent as possible.

Care planning documentation demonstrated care planning was individualised and reflective of the needs, interests and preferences of each consumer. Care planning documentation included information about the services and supports consumers required to help them do the things they wanted to do.

Care staff were able to describe what was important to consumers and what they liked to do. The information provided aligned with consumer feedback, care planning documentation and observations. Lifestyle staff confirmed a range of activities were offered to consumers including but not limited to darts, hoy, sing-a-long/choir, exercise classes and craft. The service’s secure living environment for consumers with memory loss and cognitive impairment had its own activity calendar, however consumers residing there were also encouraged and taken to participate in activities in other residential areas of the service.

Staff at the service met with consumers and their representatives to complete lifestyle assessments upon entry to the service. The purpose of the meeting was to learn about the consumer, capture their life history, discuss their needs and preferences and set goals. Based on this information, an individualised care plan was created to guide staff practice. The service used consumer meetings, verbal feedback, feedback forms and surveys to develop the weekly activities schedule and monitor satisfaction with lifestyle services.

A review of the daily activities schedule and monthly special events calendar demonstrated consumers had the option to participate in a range of social activities and events. The service employed one Lifestyle coordinator and five lifestyle staff, with two lifestyle staff rostered to work on weekends. Daily lifestyle schedules were displayed on whiteboards in communal areas during the site audit. Consumers were observed participating in and enjoying group activities and lifestyle staff were observed providing one-on-one engagement to consumers.

Actions had been taken to improve the performance of the service in this requirement. Two additional lifestyle staff had been recruited since the previous audit to support staff to have adequate time to cater to consumers who require one-on-one engagement. Lifestyle care plans were updated to include new activities such as a spring fair to encourage themed craft projects and additional cultural celebration events. A full review of consumers’ lifestyle care plans was also conducted as part of the service’s electronic care system implementation to ensure lifestyle care plans reflected consumers’ specific interests and individualised strategies for engagement. A folder had been created and placed in the service’s secure living environment to assist care staff in conducting self-driven activities for consumers. The activity folder was observed to contains detailed instructions, information and activity sheets to guide staff in providing activities in the secure living environment.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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

To understand the consumer’s experience and if the organisation understood and applied 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 Assessment Team also examined relevant documents. Actions had been taken to improve the performance of the service in this Standard.

Consumers felt a sense of belonging in the service and felt safe and comfortable in the service environment. Consumers and representatives said the service environment was welcoming, clean and maintained to their satisfaction, and that equipment and furniture provided was safe, clean and suitable to their needs. Consumers felt independent and could move freely inside and outside the service. Consumers had access to a call bell to alert staff if they required assistance.

The service environment was observed as being clean and comfortable. Furniture, fittings and equipment were observed to be safe, clean, well-maintained and suitable for the consumer.

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.*

The service was observed to be welcoming, easy to negotiate and optimised consumers’ sense of belonging, independence interactions and function. Consumers and representatives were satisfied with the service environment.

The service was observed to be spread across a large area with consumers accommodated across nine designated care areas. The entrance and reception area were welcoming however there was a lack of signage to guide consumers and visitors. The inside and outside environment was clean and free of rubbish and malodour. Lounge areas and dining rooms spread throughout the service provided a comfortable environment, for consumers and their visitors. Consumers’ rooms were identified by name and number and most rooms were personalised with furniture, decorations and other items important to the consumer.

The service’s Memory support unit accommodated 11 consumers and had personalised nameplates outside each room capturing consumers’ interests. The Memory support unit environment had fewer decorations and lifestyle items placed out in the communal area readily accessible to provide a homely feel and encourage consumers’ sense of belonging, interaction and function.

The service provided a hair salon and a games room equipped with board games, puzzles, a dartboard and similar items for consumers’ use. There were several garden and outdoor areas for consumer use and sheltered areas for weather conditions. There were automated doors to enter and exit the building and other residential areas of the service with access codes labelled on each keypad. Doors leading to outside areas within each residential area were unlocked allowing consumers and visitors to move in and out freely.

Consumers and their family members were encouraged to personalise consumers’ rooms to make them feel at home and comfortable. Consumers had access to a range of equipment and facilities within the service for consumer entertainment and to encourage social interaction and wellbeing.

Actions had been taken to improve the performance of the service in this requirement. A major refurbishment project received approval from the organisation’s Investment Committee, construction is to commence on 14 June 2021. Changes to the service will include signage to be installed to direct consumers and visitors to different areas of the service. A complete reconstruction of the service’s Memory support unit with works including but not limited to creation of new dining and lounge areas, upgrade of rooms and ensuites, new furniture, fittings and equipment and a new covered outdoor area is part of the refurbishment project. An update to ten rooms in other parts of the service is to occur. Refurbishment of all common areas is included in residential wings including replacement of old carpet with vinyl, paintwork and new furniture, fittings and equipment.

The capacity of the Memory support unit has decreased since the previous audit to eleven consumers, following the movement of some consumers to different areas of the service and respite consumers completing their stay at the service. As a result, previous concerns raised around noise and overcrowding in the dining and lounge areas of the Memory support unit was noted to be no longer an issue. The design of the new Memory support unit will ensure adequate lounge areas and smaller seating spaces to cater to the Memory support unit at full capacity in the future.

Umbrellas have been installed in the outdoor seating area of the Memory support unit for sun safety and weather protection as an interim safety measure prior to the refurbishment. The service purchased soft furnishings, plants, artwork and other decorative items to improve the service ambience and create a homely environment. The meeting minutes for the service’s Investment Committee Meeting identified scope of work, budget approval and construction commencement date.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

The service environment was observed to be safe, clean, well-maintained and comfortable, and enabled consumers to move freely, both indoors and outdoors. Consumers and their representatives were satisfied with the level of safety, cleanliness and comfortability of the service environment.

Observations of the service environment included an absence of clutter, steps, trip hazards and pinch points. Outdoor areas had level pathways for access with mobility aids and sheltered areas for weather conditions. Flooring, walls, ceilings and outdoor areas were generally clean and well-maintained. The service’s designated smoking area was sheltered and contained suitable seating, a smoking blanket and fire extinguisher. Fire safety equipment, fire evacuation diagrams and illuminated exit signage were noted to be available and accurate. Consumers were observed freely mobilising with walkers and wheelchairs inside and outside the service.

Consumers and representatives were satisfied the environment was safe, clean and comfortable. Consumers and representatives confirmed consumers could mobilise freely inside and outside the service. Consumers and representatives were satisfied they could raise maintenance requests as required and these requests were attended to in a prompt manner.

Following a positive reading of Legionella in two rooms in February 2021, the rooms were closed, and a plumber immediately organised to conduct a hot water flush. Water testing was organised through an external contractor that identified an absence of Legionella, and ongoing water testing conducted on a quarterly basis continued to evidence these results remained unchanged.

Maintenance requests were raised via paper-based forms in log books located in all work areas and were collected twice daily by maintenance staff. Consumers and representatives could raise requests directly with maintenance staff and were also encouraged to inform staff in the first instance, so staff could complete a maintenance request form on their behalf to ensure requests were actioned in a timely manner. The Maintenance officer received corporate training on the corrective maintenance process and reporting maintenance concerns in January 2021. Staff interviewed were able to describe the process followed when they identified a potential safety hazard or equipment failure. Staff confirmed that maintenance issues were attended to promptly. Cleaning staff followed a schedule for cleaning, including daily cleaning of communal areas and a full clean or spot clean for consumer rooms. An additional cleaning staff member was rostered each day to clean high touch point areas across the service.

The service employed two maintenance staff who were available five days a week, and on call on weekends. The service had a preventative maintenance schedule which evidences regular maintenance was occurring. Review of the maintenance log book in residential areas demonstrated that maintenance issues reported by staff and consumers were resolved in a timely manner. The service had a call bell system for consumers which had recently been upgraded.

Actions had been taken to improve the performance of the service in this requirement. All keypads for doors to enter and exit the building and access other residential areas of the service had been labelled with codes to enable consumers and their visitors to move freely in and out of the service. The ceiling of the entry foyer in Hester area had been repaired. An external contractor was engaged to conduct a risk assessment of the Memory support unit, specifically the ensuite bathrooms, these areas are planned to be addressed in the refurbishment program, however, were assessed as meeting building standards in the interim. Uneven paving in the outdoor pathways of the Memory support unit will be addressed as part of the refurbishment. There were no consumers accessing this area during the site audit.

The Thermostatic mixing valve regulator pump has been replaced to resolve hot water issues. Further plumbing works have been incorporated as part of the scope for the refurbishment. A new cleaning schedule and sign off list had been introduced and training provided to all staff. The task list contained a comprehensive task list was in place to guide staff. Training on use of chemicals and toolbox education on the cleaning schedule and housekeeping duties was provided to staff in January 2021. The service commenced the process of installing keypads to access utility rooms where cleaning chemicals were stored. A maintenance internal audit was conducted in January 2021 that identified doors as being difficult to move, having damaged flyscreens or being unable to lock. Servicing of these doors including installation of new locks has commenced, with 40 doors serviced to date and due for completion by July 2021.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

Furniture, fittings and equipment were safe, clean, well-maintained and suitable for consumers.

Furniture, fittings and equipment were observed to be safe, clean, well-maintained and suitable for consumers. Shared equipment, such as mobility aids, shower beds and hoists were observed to be in good condition and stored securely. Call bells and mobility aids were observed to be within reach of consumers. The furniture in lounge areas and equipment used for lifestyle activities were observed to be generally clean and suitable for purpose. Equipment in the kitchen, serveries, laundry and equipment store rooms were clean and appeared well-maintained.

Consumers and representatives confirmed equipment and furniture at the service was safe, clean, well-maintained and suitable for consumers’ needs.

Staff confirmed new equipment had been purchased and there was adequate supply of equipment available for consumers’ needs. Staff confirmed in the event of them identifying a hazard or issue with equipment, they informed maintenance staff by completing a work request form in the maintenance log book. Maintenance staff provided examples of how the service immediately rectified issues identified during regular inspections. Shared equipment was serviced in accordance with the preventative maintenance schedule to ensure that equipment was safe and fit for use.

The service had a preventative maintenance schedule that evidences regular maintenance was occurring. The service’s Plan for continuous improvement captured ongoing improvement actions in relation to purchase of new equipment and equipment management. The call bell system was observed to be operating effectively and staff responded to call bells in a timely manner.

Actions had been taken to improve the performance of the service in this requirement. An external contractor was engaged to conduct a full review of key care equipment, analyse the volume, function and repair of available stock and provide recommendations to ensure the appropriate type and quantity of equipment was available for consumer needs. The review was completed in March 2021 and a large volume of new equipment was purchased, including but not limited to four new hoists, six new shower chairs and 50 new slings of various sizes. The audit formed the basis of a new asset register for the service, the Maintenance officer was responsible of further developing and updating this register.

An internal audit was conducted to review the cleanliness and repair of furniture in all communal areas and as a result furniture and equipment have been discarded. Furniture items such as chairs have been replaced or relocated to areas where needed, with further new furniture items to be purchased as part of the refurbishment.

The service commenced ongoing replacement of all carpet with vinyl flooring due for completion as part of the refurbishment project. The carpet had been identified as being old, stained and contributing to the malodour in the service environment. The service’s call bell system has been upgraded, and new sensor mats had been ordered and connected to the system.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them about how they raised complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard. Actions had been taken to improve the performance of the service in this Standard.

Consumers or their representatives were encouraged and supported to provide feedback or make complaints, and management undertook appropriate action to their feedback or complaints. Consumers and consumer representatives were aware of how to provide feedback or make a complaint. Consumers who had submitted a complaint confirmed management had investigated the complaint and they were generally satisfied with the outcome.

Complaint and feedback forms were available at multiple locations at the service and consumers had access to advocates and language services. Complaints were investigated, records of actions taken in response to a complaint were maintained and an open disclosure process was used. Issues identified through the complaints process were utilised as an opportunity to improve care and services.

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.*

Complaints were investigated, records of actions taken in response to a complaint were maintained and an open disclosure process was used. Appropriate action was taken in response to complaints.

Consumers were satisfied complaints were followed up by management and felt comfortable raising complaints.

Complaints were acknowledged and recorded in the service’s continuous improvement system. Complaints were investigated, and the actions taken in response were documented. Open disclosure was used, and an apology was offered following the receipt of a complaint or adverse incident occurring. Issues raised in complaints were discussed at meetings. A summary of complaints was included in the Home Manager’s monthly report to the governing body. Staff were satisfied action was taken when they submit a complaint or provide feedback.

Actions had been taken to improve the performance of the service in this requirement. A review of 26 complaints, suggestions or feedback provided over the past five months by consumers, consumer representatives, staff and others concluded that complaints were investigated, and actions were taken to address the issues complainants raised. The organisation had an open disclosure policy. Meeting minutes evidenced that issues identified during the investigation of complaints were discussed with staff. A summary of complaints was included in the Home Manager’s monthly report.

Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

Feedback from staff was used to improve care and services. Management at the service and the organisation’s governing body reviewed complaints and used the issues identified as an opportunity to improve care and services.

Consumers were satisfied with recent improvements in care and services. Staff interviewed were satisfied that action was taken in response to feedback and complaints.

Actions had been taken to improve the performance of the service in this requirement. Review of the service’s Plan for continuous improvement demonstrated that issues identified through the investigation of complaints were added to the plan as improvement opportunities. Improvement opportunities which arised from complaints included a review of the roster and the creation of additional roles. A smoking area was created following the suggestion by a consumer. A review of communication processes to ensure phone calls from representatives were answered. Registered staff were supported with a new process to check medications.

Committee papers prepared for the Board evidenced feedback and complaints were used to plan improvements.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and if the organisation understood and applied 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. Action had been taken to improve the performance of the service in this Standard.

Consumers and representatives confirmed quality care and services were provided when needed by a workforce that was knowledgeable, capable and caring. Consumers and representatives provided consistent feedback indicating they were satisfied the workforce provided safe and quality care and services met consumers’ their needs and preferences. Consumers confirmed care staff responded promptly to requests for assistance and there were minimal delays in answering call bells.

Workforce deployment, including the number and skill mix of staff, enabled the delivery of safe and quality care and services and effective management. The service implemented effective processes to train staff and monitor their performance.

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.*

Workforce deployment, including the number and skill mix of staff, enabled the delivery of safe and quality care and services and effective management.

Consumers and consumer representatives were satisfied there were enough staff and the mix of staff, including clinical and care staff was appropriate to consumers’ needs. Consumers were satisfied with the response of staff to requests for assistance, including the response to call bells.

The organisation developed a range of policies and procedures to guide management in workforce planning and management. The service’s master roster was based on the number of consumers and their care and service needs. The roster allocated registered nurses 24 hours a day, seven days a week. The master roster was adjusted as consumers’ needs change. Registered nurses are supported by enrolled nurses and personal care attendants.

The service was not accepting new consumers and therefore the number of consumers at the service had declined. While the number of consumers had declined, the master roster remained the same. Therefore, there had been a relative increase in staff. Staff on leave were replaced. Casual and staff from employment agencies were used to replace staff when necessary.

The number of clinical and care staff allocated to each care area reflected the level of care needs of the consumers in that area. Review of the current roster identified that on average, total care time per consumer was 233 minutes per day, including 30 minutes provided by registered staff. Clinical staff were satisfied there were enough staff and sufficient time allocated to meet consumers’ care and service needs. Care staff were satisfied with the number of staff allocated and the support from registered staff and management.

Minutes of consumer meetings evidenced that staffing was not a concern of consumers attending those meetings. Response times were captured and monitored by management for call bells and sensor mats. Delays of more than 10 minutes were reported. Data indicated that on occasions there were delays of more than 10 minutes, however consumers experiencing these delays were satisfied with care and staffing.

Review of clinical data for 2021, identified that a detailed review of incidents including the circumstances of the incident and actions was taken to prevent future occurrences. Records of falls, pressure injuries and aggressive behaviours were decreasing.

Action have been taken to improve the performance of the service in this requirement. Management had undertaken a review of the master roster. The reviewed roster has been approved but had not been implemented because of the decline in consumer numbers. Therefore, there had been an increase in staff relative to the number of consumers at the service.

The roles of Clinical care manager and Clinical care co-ordinator had been created. The service had two Clinical care co-ordinators during the site audit. The service’s skill mix had changed with an increase in registered nurses. There were 11 percent registered nurses and 15 percent enrolled nurses. There was a lower percentage of care staff.

Specialised nurses provided additional support, a Nurse practitioner assisted with diabetes management and wound management. The service installed a new nurse call system. The service installed an electronic care system. Clinical staff confirmed the system saved a lot of time as each consumer’s information is in one place. In addition, the system prompts staff to complete various tasks, such as wound monitoring and this ensured they kept up with care tasks.

Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

Interactions between consumers and members of the workforce were kind, caring and respectful. Consumers and representatives were satisfied staff were kind, caring and respectful.

Actions had been taken to improve the performance of the service in relation to this requirement. Records confirmed staff have completed training in caring for people with dementia, person centred care, privacy and dignity. The appointment of an additional Clinical care co-ordinator had improved the supervision of care staff. The performance of staff was monitored, and action was taken when issues are identified. Minutes of staff meetings evidenced staff were reminded about delivering care and services while respecting consumers’ privacy and dignity.

Observations of interactions between consumers and staff during the site audit were consistently positive. Staff were observed to be kind, caring and respectful.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Members of the workforce were competent and had the qualifications and knowledge to effectively perform their roles.

Consumers and representatives were satisfied that appropriately qualified staff were employed by the service and that staff knew what they were doing.

The workforce had a wide range of qualifications and competencies applicable to aged care. Registered nurses were rostered on all shifts. Nurse practitioners assisted the service with medications and specialised training in diabetes management, wounds and palliative care. Enrolled nurses support Registered nurses, including medication administration. Other workforce members had qualifications in dietetics, podiatry, physiotherapy, Occupational therapy, wound consultation, palliative care specialist, Speech pathology, food safety and work health and safety. Care staff felt support was available from registered staff. The service had processes to monitor staff qualifications. Competency assessments were conducted, including registered staff completed a competency assessment in medication management.

Action had been taken to improve the performance of the service in this requirement. All roles had a position description that set out the requirements of the role, including relevant qualifications. Additional clinical roles had been created, such as the Clinical care co-ordinator role to improve staff access to qualified staff.

Review of clinical and care records evidenced that the service’s workforce was competent. Records evidenced a wide range of qualified staff were involved in assessments, care planning and care delivery. Examples included Registered nurses, Nurse practitioners, dementia specialists, diabetes management specialists and palliative care specialists. Review of other records evidenced qualified staff were involved in the management of the service, including staff had qualifications in work, health and safety and food safety. The increase in staff relative to the number of consumers at the service assisted staff to perform their roles more effectively.

Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

Workforce members were recruited and trained and equipped and supported to deliver quality care and services.

Consumers were satisfied with the skills and knowledge of staff.

New staff completed an orientation and then had opportunities to complete ongoing training. Training was provided through multiple mediums including self-directed learning packages, toolbox sessions and training courses run by external organisations. Training needs were discussed at staff meetings. Training had been provided in compulsory reporting and the Serious incident response scheme. Policies and procedures were available to guide staff. Staff interviewed were satisfied with the training and support provided by the organisation.

Actions had been taken action to improve the performance of the service in this requirement. The service had difficulty recruiting staff, to address this a new recruitment process had been developed. An external organisation managed the initial recruitment stage, resulting in a significant increase in the number of applicants for current positions.

Resources had been allocated to improve the knowledge of staff through training. Staff completed a lot of training, feedback from staff in relation to training was positive, in particular registered staff and training in clinical care. Records evidence staff new staff completed an orientation program. Records show training had been provided in topics relevant to each quality standard. Records evidenced that staff were required to complete additional training following an incident. Records were maintained to monitor the completion of training by each staff member.

Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

The performance of members of the workforce was regularly monitored and reviewed.

The service had a staff performance appraisal system and an appraisal schedule. Performance appraisals were conducted three months after commencement and then annually. Appraisals were linked to position descriptions and ad hoc appraisals occurred in response to incidents and complaints.

The performance of members of the workforce was regularly monitored and reviewed. The service had a staff performance appraisal system and an appraisal schedule. Performance appraisals were conducted three months after commencement and then annually. Appraisals were linked to position descriptions.

Action had been taken to improve the performance of the service in this Requirement. A performance appraisal system had been implemented and appraisals were commenced. The service maintained an appraisal schedule. Records were maintained for each staff member of their past assessment dates and planned assessment date. Staff files included records of performance assessments.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand if the organisation understood and applied 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). Action had been taken to improve the performance of the service in this Standard.

Consumers considered the organisation was well run and that they could partner in improving the delivery of care and services. Consumers participated in meetings as individuals and as a group to discuss the quality of care and services provided. Consumers were supported to make suggestions for improvement or to provide feedback.

Management have redesigned the service’s governance system to ensure that reports on the performance of the service were provided to the governing body.

The governing body took action in response to reports from the service. The organisation had effective governance systems, effective risk management systems and a clinical governance framework.

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.*

Consumers and or their representatives were engaged in the development, delivery and evaluation of care and services. through individual and group meetings and were supported to make suggestions for improvement or to provide feedback on the service’s performance.

Consumers and consumer representatives were supported to be engaged in the development, delivery and evaluation of care and services. This occurred through care planning meetings with consumers and/or their representatives, the submission of feedback or complaint forms, participation in consumer meetings, the completion of satisfaction surveys and consultation in relation to proposed changes to the service’s environment, including proposed renovations.

Consumers were satisfied with the delivery of care and services and those that resided in the units to be renovated, were aware of the renovation plans.

Actions had been taken to improve the performance of the service in this requirement. The service’s governance system had been redesigned to ensure that reports on the performance of the service were provided to the governing body. Records demonstrated that suggestions put forward by consumers led to service improvements. Information about the performance of the service was provided to the governing body in monthly reports. Reports included information about incidents, including critical incidents, infections and complaints.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

The organisation’s governing body was accountable for the promotion and delivery of safe, inclusive and quality care and services.

Actions had been taken to improve the performance of the service in this requirement. Interviews with management and a review of records demonstrated that the organisation’s governing body promoted and was accountable for the delivery of safe, quality care and services.

The organisation’s governance structure was comprised of a number of committees and reporting mechanisms that facilitated performance reporting from the service to the governing body and the reporting of decisions from the governing body to the service. The governing body was provided with regular reports on the performance of the service and had taken action in response to these reports.

Monthly reports were provided by the service to the governing body. These reports included information about incidents, including critical incidents, unexpected deaths, compulsory reports, call bell response data and compliments, complaints and suggestions. Regular audits were conducted, and audit reports were provided to the governing body.

The governing body considered information provided by the service in its decision making. Records evidenced the governing body received information from the service and decided on the appropriate actions in response.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

The organisation’s governance systems were effective. Interviews with management and a review of records identified that management had taken action to improve the performance of the service in this requirement.

**Information management:**

The organisation changed the service’s clinical information management system from a paper-based system to a computerised system. Registered staff and allied health staff confirmed the service’s electronic clinical information management system was an improvement over the paper-based system.

Consumers and representatives were generally satisfied with the provision of information. There had been three complaints in relation to information and communication, however complaints management systems were effective. Incidents were accurately reported. The organisation monitored the service’s performance. Information was generally efficiently transferred within the service, between the service and the organisation and with other parties. The transfer of information from the paper-based care system to the computerised system resulted in some errors, however information management processes in Standard 1 (3) (e), Standard 2 (3) (d), Standard 3 (3) (e) and Standard 4 (3) (d) were identified as effective.

**Continuous improvement:**

The continuous improvement system identified opportunities for improvement and appropriate action was implemented. The service had a Plan for continuous improvement which included details of the service’s improvement activities. Recent improvement actions included the installation of a new call bell system, the computerised clinical information management system, the purchase of additional equipment, such as pressure relieving devices. Following a roster review, new roles such as an additional Clinical care co-ordinator and Nurse practitioner for diabetes and wound management were introduced.

In response to complaints about communication, a new process was implemented to ensure clinical staff were accessible to consumer representatives. Following consumer consultation, a new menu was introduced. Following a complaint, additional training for registered staff in the management of pain patches was provided and a new process to monitor pain patches was implemented.

The organisation had a corporate Plan for continuous improvement. An improvement activity contained in the plan was the integration of the Serious incident response scheme into the organisation’s incident management system. To monitor the performance of the service in relation to the Quality Standards, the organisation collected and monitored a range of information and data and conducted audits.

**Financial governance:**

Outside of the organisations’ annual budget process, the Home Manager had the financial authority to approve the purchase of products and equipment to meet consumers’ needs.

**Workforce governance, including the assignment of clear responsibilities and accountabilities:**

The organisation had appointed qualified work health and safety staff to guide management in work health and safety, established a hazard identification and management system and reported and investigated staff incidents.

**Regulatory compliance:**

A restraint management procedure had been implemented by the organisation. The Serious incident response scheme and corresponding incident management system had been incorporated into the organisation’s reporting system. Staff have received training relating to the system in operation. Compulsory reports and Serious incident reports indicate relevant incidents were being reported. There was a system to ensure all staff have a current police certificate. An Agreement was entered into with consumers. The Agreement included the current provisions of the User Rights Principles in relation to security of tenure and notice requirements. There was a process to ensure that all staff had the influenza vaccination. The service had a Food safety program that was accredited.

**Feedback and complaints**

Records evidenced that complaints were documented and investigated by service management and reported to the governing body.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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 service demonstrated effective risk management systems and practices were in place. Actions had been taken to improve the performance of the service in this requirement.

The organisation developed a range of policies and procedures to guide management and staff in risk management systems. Including an incident management procedure and flowchart, critical incident investigation procedure, compulsory reporting and serious incident response procedure and a restraint management procedure.

High impact and high prevalence risks were identified through the service’s clinical assessment process. Examples included the risks associated with falls, insulin dependent diabetes, aggressive and resistive behaviour, swallowing, wandering, weight fluctuations, the use of restraint and smoking. Strategies to minimise risk were recorded in the electronic care system for each consumer. The organisation had formed a Clinical governance and risk committee to oversee risk management. Risk management topics were contained in the organisation’s training program. The service used the organisation’s incident management system to record and investigate incidents. Incidents were reported to the governing body each month.

Staff were aware of the organisation’s risk management systems and practices. They were aware of individual consumers affected by high impact risks and demonstrated sound knowledge of relevant risk minimisation strategies.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

The service implemented the organisation’s clinical governance framework. Actions had been taken to improve the performance of the service in this requirement.

Interviews with management and a review of records identified the organisation had a documented clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure policy.

A Clinical governance committee had been established to oversee clinical governance on behalf of the organisation. Staff have attended training in topics relevant to clinical governance, such as minimising the use of restraint and open disclosure.

Consumers were provided with information relevant to clinical governance in the consumer information directory, for example, anti-microbial stewardship and minimising the use of restraint.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# 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.