Jimboomba Community Aged Care

Performance Report

13-21 East St   
JIMBOOMBA QLD 4280  
Phone number: 07 5646 1000

**Commission ID:** 5797

**Provider name:** Signature Care Pty Ltd

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

**Date of Performance Report:** 11 November 2021

# Performance report prepared by

Jodie Earnshaw, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **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 Commissioner’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 5 November 2021.
* other relevant information held by the Commission including internal referrals received.

# 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

Overall consumers and representatives considered staff knew the consumers as individuals and provided examples. Consumer and representatives considered consumer are treated respectfully and with dignity, are supported to maintain their independence and to make decisions about their care and services.

Consumers said they are supported to take risks and engage in activities of choice, providing examples such as mobilising independently and enjoying foods of choice. Consumers advised they are provided with information to assist them in making choices about their daily care and lifestyle choices, such as activity calendars, menus, noticeboards, meetings and by visits from staff.

Staff talked about consumers in a respectful manner and described how the consumer’s culture influenced how care and services are delivered on a day to day basis. Staff described ways that consumers are supported to make informed choices such as through participation in case conferences, at consumer meetings, receipt of information from the service and through discussion with staff regarding day to day choices. Staff demonstrated awareness of the named consumers choices to live their best life and that the service supports consumers to remain independent in their decision making.

Care documentation demonstrated, consultation with consumers to support and understand consumers personal preferences in relation to care and services and what is important to them. Care documentation included designated contact information for consumer’s’ representative, Enduring Power of Attorney, family and friends as well as their preferred contact method.

The service is guided by organisational policy, procedures and systems.

The service utilises a range of assessments which demonstrates choices offered to consumers regarding their lifestyle preferences, covering both clinical and non-clinical provision of care and services. Review of documentation identified the implementation of these assessments which reflects consumers’ choices and decisions regarding their individual needs and preferences.

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

## Assessment of Standard 1

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall, consumers consider that they feel like partners in the ongoing assessment and planning of their care and services and most consumers/representatives sampled said the assessment and care planning processes result in consumer’s receiving the care they need, such as with safe mobility transfers and staff assistance with personal cares. Consumers/representatives described what was important to them in terms of how their care is delivered, including end of life preferences, and said the service understood their care needs, goals and preferences.

Staff demonstrated understanding of the assessment and care planning processes, for example, staff described the service’s assessment and care planning processes including initial assessments to identify risk/s to enable the development of individualised consumers care and services; the three monthly review process; and referral to other health professionals as needed. The outcomes of assessments are generally documented in care and service documentation and discussed with the consumer and their representative and summary care plans were available in consumers rooms. Staff described how they are guided by individual consumers preferences, and consumer assessment, planning and handover information to inform the delivery of safe and effective care.

Staff said they receive information about new consumers and updates in relation to changes in consumer needs or risks identified, during handover, through updates and reviews recorded within consumer care documentation and by discussions with registered staff and senior clinicians.

Generally, the service’s assessment processes identify clinical risk, care documentation is individualised and includes risks specific to the consumer. Care documentation includes risk management strategies and interventions agreed upon by the consumer/representative and with involvement of other health professionals.

Review of consumer assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences; and staff involve them in the assessment and planning of the consumer’s care through conversations with staff, case conferences and care documentation reviews. Consumers sampled, described how the people who are important to them are involved in discussion about their care including family members, representatives or nominated health professionals.

The organisation has a documented suite of policies, procedures and assessment tools that guide and support staff to undertake assessments and planning.

The service’s electronic care documentation system evidences staff can view comprehensive individual consumers’ care documentation. Staff were able to demonstrate how they find relevant information to the consumer’s care and service’s needs within the electronic care documentation system.

Staff could describe the current needs and what is important to the sampled consumers in terms of how their personal and clinical care is delivered, and this information aligned with what was in care planning documents and feedback from consumers/representatives.

The service has policies and processes to guide staff on partnering with consumers in care planning and appropriate involvement of others in consumer care including referral processes for other health professionals.

However, at the time of the site audit, the service was unable to adequately demonstrate assessment and planning reviews consistently occur and care and service plans were not completed in line with the services requirement for three monthly review and were not consistently reviewed when circumstances changed for the consumer or when incidents occur.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The site audit report provided information which identified 34 consumers consumers care and services documentation had not been completed by the documented 3-monthly review date. Additionally, three consumers care plans had not been reviewed or updated adequately following a change in their care needs post the removal of a urinary catheter, a change in consumers mobility following surgery or consumer choice to mobilise independently.

The Approved Provider in its written response received 5 November 2021, acknowledged the information provided in the Site Audit report in relation to the named consumers and provided additional information which demonstrated the service’s care planning and monthly ‘Resident of the day’ processes and evidenced actions had been taken by the service to address these deficiencies. Including, review and assessment of the named consumers which resulted in updating of care and service documentation and implementation of an additional electronic monitoring and scheduling of consumer/representative care plan related three-monthly case conferences subsequent to monthly evaluation of consumers care and service’s needs.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. I acknowledge the actions taken by the service to address these deficiencies identified at the time of the Site Audit, and the service has implemented improvements related to care and services assessment, reviews and evaluation in line with their procedures. I am satisfied the service has taken actions to ensure care and services are reviewed regularly for effectiveness, when circumstances change and to reflect the preferences of the consumer, therefore, it is my decision this requirement is 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

Consumers/representatives said they feel consumers care is safe and right for them and staff respond promptly to any changes in their condition. Overall care documentation for the consumers generally demonstrated consumers receive effective personal and clinical care and timely and appropriate referrals occur when needed.

Review of consumer care documentation demonstrated identification of, and response to, changes in the consumer’s condition and/or health status. Clinical records reflect referrals to a range of health professionals including physiotherapist, podiatry, dietitians and specialist services.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. For example, for consumers who are at risk of falling staff explained strategies implemented to minimise this risk such falls injury prevention equipment and assistance with mobility.

Staff demonstrated an understanding of and were able to identify the highest prevalence risks for consumers and how incidents were used to inform changes in practice. The service records high impact and high prevalence clinical and personal risks for consumers through an incident management system, electronic care planning system and electronic psychotropic medication register.

Consumers/representatives said end of life and palliative care preferences had been discussed with them by the staff at the service.

Staff demonstrated awareness of the process for end of life care and consumer/representative preferences. Review of care planning documents detailed consumers’ advance care planning information and end of life preferences.

Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system. Care staff described their responsibility to escalate any changes or deterioration in a consumer's condition to the registered staff, and the service is supported by a Registered Nurse on site 24 hours per day, 7 days per week.

The service has policies and processes related to recognising and responding to clinical deterioration, referrals, restrictive practice and consumer information management which includes privacy requirements and documentation guidelines for health practitioners and care staff.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports 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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers advised they are supported by the service to undertake lifestyle activities of interest to them and maintain social and emotional connections with those people who are important to them. There are sufficient activities and choices available at the service which allows consumers to engage in activities at a level they feel comfortable with.

Consumers said they enjoy the food offered and it is of suitable variety, quality and quantity. Individual consumer’s dietary needs and preferences were reflected in care documentation. The site audit report identified the service holds a food focus meeting and review of meeting minutes identified consumer’s feedback is sought and acted upon in relation to the food.

The service was able to demonstrate services and supports for daily living to promote each consumer’s emotional, spiritual and psychological well-being. Lifestyle staff described how assessments and life history are completed with the consumer/representative upon and after entry to the service. They advised they develop an understanding of the consumer’s likes and dislikes, their past working life, interests and history and incorporate that into the lifestyle program.

Review of the lifestyle activity calendars and discussion with staff demonstrated there are a variety of activities offered to meet the different needs and preferences of consumers including non-denominational and denominational services conducted by external ministers and the service. A specific range of activities is available for consumers in the memory support unit and are adjusted to suit consumer requirements as necessary.

Care planning documentation included information about consumers life history, activities of interest and information about relationships consumers wish to maintain. Care documentation included information regarding external support services assisting consumers to maintain their interests, access the community and participate in activities outside the service. For example: for one named consumer their care documentation identifies a sign language interpreter attends appointments with the consumer to ensure effective communication.

Consumers were observed to be engaged in a variety of group and individual activities.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

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

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

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

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers/representatives said they feel they belong in the service and feel safe and comfortable in the service environment. They said the service is safe, clean and well maintained and consumers are able to move freely indoors and outdoors as they wish.

Consumers described and were observed accessing activities in different areas of the service, including outdoor, undercover areas and said the service environment is welcoming and visitors are welcomed at the service.

The service environment was observed to be welcoming, including a reception area, hairdressing salon, cinema and private dining area, activity rooms and external garden areas including a designated smoking area. Consumer rooms were personalised and contained personal furniture and items of meaning were on display.

Staff described the process of reporting hazards and maintenance requests and issues are documented through an electronic logbook. Cleaning staff said that they follow a schedule for cleaning and could describe infection control processes and extra cleaning requirements in relation to COVID-19.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner.

The site audit report informed equipment was observed to be clean, well maintained, and appropriate to consumer needs.

The service has a designated smoking area, however, at the time of the site audit, the designated consumer smoking area did not meet the required legislated distance from the building boundary or from an exit door of the service. The Approved Provider in its written response received 5 November 2021, provided information which evidenced actions had been taken by the service to address these deficiencies.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

The Site Audit report provided information that the service was not able to demonstrate the environment is meeting legislative responsibilities as the service had not identified a designated smoking area for consumers/representatives was not in line with current legislation and potentially posed an unsafe environment.

The Site Audit report provided information that the service maintains a designated, outdoor smoking area for consumers that was observed to be clean and includes appropriate fire safety equipment, however the smoking area was noted to be less than 5 metres from the building’s boundary and was near an exit door of the service therefore does not comply with Queensland legislation, namely the Tobacco and Other Smoking Products Act 1998. The Site Audit report informed that the smoking area does not impact on consumers’ rooms. This is further considered under Standard 8 Requirement (3)(c).

The Approved Provider in its written response received 5 November 2021, refuted the information provided in the Site Audit report in relation to the smoking area and the interpretation of legislated distance required from a building/boundary for a smoking area. However, the Approved Provider’s written response provided information which evidenced actions had been taken by the service to address these deficiencies, including, relocating the smoking area to ensure it is not within 5 metre boundary of the building.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response.

I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, and the service has implemented improvements related to the safety of the environment, specifically in regard to designated smoking area. I am satisfied the service has taken actions to ensure the environment is safe, therefore, it is my decision this requirement is Compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers/representatives said they are encouraged to provide feedback and raise any concerns with management or staff and feel safe in doing so. For consumers and representatives who had raised a concern, they said their feedback was addressed in a timely manner and expressed satisfaction with the outcome of their feedback and the response provided by the service.

Consumers and representatives demonstrated awareness of ways they could safely raise their concerns including speaking directly to staff or management. The service also provided information for consumers and representatives in relation to external advocacy support services.

There are policies in place including continuous improvement, comments and complaints, and open disclosure, to facilitate complaints management. Staff were able to describe appropriate actions taken on receipt of a complaint and described their understanding of the open disclosure process, that was consistent with the documented policy.

Management confirmed the complaints and feedback from consumers/representatives are investigated and said they communicate with consumers/representatives in an open and transparent way and an apology is provided.

While consumers/representatives described changes implemented to resolve their complaint they were unable to describe the resolution process in response to complaints and/or feedback by the service. This is considered further under Requirement 8(3)(c).

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers/representatives confirmed there are sufficient staff are prompt to attend when they call for assistance and were confident that members of the workforce are competent and have the qualifications and knowledge to provide care and services that meet their needs.

Staff advised they have adequate staff rostered and adequate time to attend to consumers’ personal preference and care needs and confirmed vacant shifts are filled when unplanned leave occurs.

Clinical staff provided examples of training to ensure they are aware of best practice including wound care management, falls management, antimicrobial stewardship, restrictive practices, serious incident response scheme, end of life planning and clinical deterioration.

Review of documentation at the time of the Site Audit identified the service reviews call bell and sensor mat response times, which demonstrated that response times are consistently monitored, and results indicate generally prompt responses from staff to consumers requests for assistance.

The service has a training program that includes mandatory training and identifies training needs of staff through various methods including feedback from consumers/representatives, audit results, performance reviews, clinical indicators, and changes in industry legislation.

All staff have received training on the service’s incident management system and can access the system as required within their scope.

The service has systems in place to monitor staff qualifications and competencies to ensure they remain up to date.

The organisation has a staff performance framework that includes annual performance appraisals and opportunities for professional development.

Review of education records identified role specific training is provided and monitored for attendance.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard

Consumers/representatives advised they are confident the service is well run and are satisfied with their level of engagement in the development, delivery and evaluation of care and services.

The Service was able to provide examples of recent planned changes to the service which involved the input of consumers/representatives.

Staff said they can readily access the information they need to provide the care and services necessary to meet consumer needs, goals and preferences through access to the electronic care documentation system and to policies and procedures on the organisation’s intranet.

The organisation has a documented risk management framework including policies and procedures regarding the management of and the consumer’s right to take risks.

Staff described strategies to minimise infection risks including strict adherence to hand hygiene practices, appropriate donning and doffing of personal protective equipment and prompt identification of infection related symptoms. The service has an appropriately trained infection prevention lead within their clinical workforce.

Reportable incidents are recorded in the organisation’s incident management system and escalated to the clinical governance executive group for monitoring and to ensure the service is meeting reporting responsibilities. Incident data is analysed and used to inform continuous improvement activity, contributing to the prevention of further incidents. Incident data also informs risk management practice, policy and procedures.

The service had effective governance processes for continuous improvement, financial governance and workforce governance; however, at the time of the site audit the service did not adequately demonstrate regulatory compliance in relation to smoking laws, and consumers feedback and complaints are not consistently documented in the service’s electronic register by staff and consumers are not receiving feedback from matters raised.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Site Audit report provided information that at the time of the site audit, the service was not able to adequately demonstrate that effective regulatory compliance or management of feedback and complaints.

In relation to regulatory compliance, the Site Audit report provided evidence the service’s designated outdoor smoking area had been identified to be within 5 metres of the service’s building boundary. Observations made at the time of the site audit identified the service’s designated outdoor smoking area was within 5 metres of the service’s building boundary that is not in accordance with regulatory compliance. I have considered this information in my decision under Requirement 5 (3)(b); and I am satisfied that the service has a designated smoking area for consumers and has relocated this area to not be within 5 metre boundary of the building.

In relation to feedback and complaints, the site audit report provided information that feedback and complaints, including complaints recorded during meetings are not consistently documented in the service’s electronic register by staff for management to review and analyse. Some consumers advised they were not receiving feedback from matters raised. Staff advised they do not document consumer’s requests in the service’s electronic system, however they endeavour to attend to the consumer matter or inform the Clinical Manager. The services’ education platform relating to the Quality Standards did not contain Standard 6 training material.

The Approved Provider in its written response received 5 November 2021, acknowledged the information provided in the Site Audit report in relation to feedback and complaints and provided information regarding the organisational systems and processes including:

* the electronic system used at the service and the policy in regard to capturing feedback and complaints,
* the service has established a complaints portal,
* the education modules provided to staff do contain education related to standard 6 and feedback and complaints,
* and evidenced actions had been taken by the service to address these deficiencies. Including, review and amendment of policy and improved access and education for staff on the Services’ complaint management systems.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report under this and other requirements, and the Approved Provider’s response. I note, in my decision for requirements under Standard 6, overall most consumers/representatives advised they were satisfied when they raise concerns that staff attend to their needs and provide an apology. I acknowledge the immediate and planned actions taken by the service, and am satisfied that the service has effective organisation governance systems. Therefore, it is my decision this requirement is 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.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.