Kensington Park Nursing Home

Performance Report

62 Gwenyfred Road
KENSINGTON WA 6151
Phone number: 08 9367 4870

**Commission ID:** 7916

**Provider name:** Fresh Fields Aged Care Pty Ltd

**Site Audit date:** 22 February 2022 to 24 February 2022

**Date of Performance Report:** 14 April 2022

# Performance report prepared by

Kathryn Spurrell, 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 25 March 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives considered that consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers and representatives said staff recognised individual needs and choices, they felt respected, and their identity, culture and diversity valued.

Consumers considered that staff were familiar with what was important to them and provided care and services that were physically, socially, and emotionally safe for them. Consumers described how they were supported to exercise choice, to take risks, continue relationships and maintain their independence. Consumers were regularly kept informed with relevant information to assist in making choices related to their care, lifestyle, activities and food.

Staff demonstrated respect and an understanding of consumers’ personal circumstances, their identity and life journey and were knowledgeable of the culture and preferences of consumers. Staff described how they treat all consumers with the same level of respect and dignity no matter their background or beliefs. Care staff explained how they communicated with consumers who had difficulty communicating due to cognitive impairment and/or language barriers, which included using hand signals and cue cards. Staff described how rooms and showers have curtains and privacy screens to ensure consumer privacy and confidentiality.

Information was provided verbally, via email and displayed on notice boards throughout the service. Consumers and representatives considered that consumers’ privacy was respected, personal information was kept confidential, and consumers provided examples of how staff respond promptly to requests for privacy.

Care planning documentation demonstrated that consumers’ individual choices and preferences were reflected, together with their cultural needs and how the service promoted the delivery of care in a culturally safe way. Documentation described areas in which consumers were supported to take risks to live the life they chose and demonstrated that all consumers’ religious, spiritual, and cultural needs and personal preferences had been recorded. Consumers were supported to take risks which enabled them to live their best lives and staff described how the service discussed and documented the risks with consumers and their representatives. Completed risk assessments were observed, detailing options discussed with consumers and representatives to support consumers in maintaining their independence. Outcomes from risk assessments along with associated management strategies were documented in care plans.

Staff were observed to deliver care and services that were respectful of consumers’ privacy; this included knocking before entering consumers’ rooms and seeking consumer’s consent before commencing care. The service’s documentation, such as consumer files, were stored in locked areas to maintain privacy and confidentiality, while staff were observed using password protected computers. The organisation had policies, procedures and staff training that acknowledged consumer diversity and outlined requirements for the delivery of culturally safe care.

## Assessment of Standard 1 Requirements*.*

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Site Audit report identified that consumers and representatives felt like partners in the ongoing assessment and planning of care and services.

Consumers described how people important to them were involved in assessment and planning on an ongoing basis and representatives confirmed they participate in care planning, processes, and outcomes, and are consulted when care needs changed or when incidents occurred. Consumers and representatives described how the organisation engaged with them through staff conversations, family meetings, case conferences and scheduled care plan reviews and were satisfied with the assessment and care planning process.

Staff described processes to review risks and incidents, to identify trends, initiate referrals and ensure that all those involved in the consumer’s care were consulted. Staff were aware of assessment and care planning processes, identified risks to the consumer’s safety, health, and well-being and described how they delivered safe and effective care informed by information contained in care plans and handover information. Staff were knowledgeable about their responsibilities in reporting and escalating incidents and reporting any change in consumer conditions.

Staff described consumers’ individual needs and care preferences and considered that end-of-life planning or palliative care was provided in accordance with the consumer’s wishes including preferred music, care requirements, and general likes and dislikes. Registered staff confirmed that external palliative care support services are also utilised to discuss sensitive matters during the care planning process.

Care planning documentation identified assessment and planning included the consideration of risk and reflected consumer’s current needs, goals, and preferences, including advance care planning and end of life planning. Documentation included information from initial assessments completed on entry to the service and was updated six-monthly or more frequently as consumer needs changed. Care planning was observed to include a ‘Consumer of the Day’ strategy whereby care staff engage with an individual consumer to identify opportunities for the service to improve that consumers’ care and well-being and provide tailored support to meet each consumer’s needs.

Care plans showed integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including the medical officer Allied Health Professionals and specialists in wound care, diabetes, and dementia care. Progress notes identified the ongoing involvement of the consumer and representative, physiotherapy services, a dietitian, speech therapist, specialist dementia services, and lifestyle staff; in relation to the consumer’s care needs.

Policies, procedures, and assessment tools such as a Falls Risk Assessment Tool, swallowing assessment, skin integrity assessment, were in place to guide staff practice of required assessments and planning. Documentation showed that clinical indicators were reviewed monthly at both service and organisational level and strategies identified to minimise the risks of reoccurrence of incidents for individual consumers. Clinical staff were observed monitoring consumers’ progress notes, staff daily tasks, and any incidents to identify areas for follow up, such as a referral or re-assessment.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and representatives were satisfied that high impact or high prevalence risks including falls, swallowing difficulties and pain were effectively managed at the service and described how consumers were referred to appropriate health professionals to meet their changing personal or clinical care needs. Consumers and representatives were satisfied that consumers’ needs, and preferences were effectively documented and communicated between staff and other providers and that effective referrals were made to appropriate allied health professionals.

Consumers and representatives were satisfied with the delivery of care including the recognition of deterioration or changes in the consumer’s condition and felt confident that the service would provide appropriate end-of-life care to them.

Staff described how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer. 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. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Current assessments, informed consent and authorisations for consumers prescribed or implemented restraint were documented in care plans. Care planning documentation reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumers. Key risks to consumers were identified in care plans, such as falls, swallowing difficulties, behaviour, pressure injury, skin integrity and pain, with progress notes to guide staff practice and referrals to various specialist services observed. Advanced care planning for end-of-life and Advanced Care Directives including specific preferences and consent to have their family involved were observed.

In its response to the Site Audit report, the Approved Provider provided additional documentation which demonstrated, how information on the service’s environmental restrictive practices, restraint consent forms and the dignity of risk process is provided to consumers and representatives when entering the service. Where restraint options have been reviewed or amended, case conferences with the representatives, medical officer consultation, and a review of the restraint authorisation process was observed in care plans in accordance with the organisation’s restrictive practice policy. This included the reduction or cessation of prescribed psychotropic medication for consumers as chemical restraint.

The organisation has a risk management framework that guides how risk is identified, managed and policies and procedures for key areas of care. This included restraint, skin integrity, pain and falls management that is available to all staff on risks associated with care of consumers. Evidence of appropriate risk assessments were documented in consumer care plans. Clinical incidents were documented in the care planning records and contribute to the monthly clinical indicators which were analysed and distributed to management and staff to inform continuous improvement initiatives.

Restraint practices were required to be minimised by the service’s policy; guidelines discussed the need for assessments and consent prior to their use, and the requirement for behaviour support plans for consumers with ongoing monitoring and review. The service collected data on a range of key performance indicators including falls, medication incidents, infections, wounds, behaviours of concern, weight change and use of restraint. The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship.

### 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

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

Consumers and representatives felt staff had an awareness of their individual needs and preferences, to optimise their independence and wellbeing and they were supported to do things of interest to them, such as participating in the service’s lifestyle program and/or independent activities. Consumers confirmed the service’s lifestyle program supported their lifestyle needs and considered that staff were respectful of their preferences.

Consumers and representatives reported that staff were kind and caring and provided examples of how staff supported their emotional, spiritual, and psychological well-being. such as arranging transport to attend church. Consumers and representatives confirmed that consumers are referred to the appropriate individuals or providers to provide support as needed to maximise consumers’ health and well-being.

Consumers expressed satisfaction with the food and its quality, quantity, and variety; and care planning documentation reflected any dietary needs or preferences. Dietary needs and preferences were communicated to kitchen staff on entry, including and any changes to consumer preferences or requirements were updated timeously.

Lifestyle staff explained how the lifestyle activities were modified to accommodate consumer’s needs, preferences, and varying levels of functional ability. Feedback on lifestyle activities was sought from consumers and representatives through annual surveys and consumer meetings.

Staff were observed reassuring and supporting consumers in a caring and respectful way and described how consumers were supported to keep in touch with the people who were important to them and participate in the community within and outside the service, have social and personal relationships and do the things of interest to them.

Equipment used to provide and support lifestyle, and personal care services, was observed to be safe, suitable, clean, easy to access and well maintained. A maintenance schedule demonstrated the service regularly monitored equipment to ensure it was safe, suitable, clean and well maintained.

## 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

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

Consumers and representatives said that consumers felt at home in the service and liked their rooms. The service was clean and well maintained and consumers could move freely around the service and could access outdoor areas within the service if they wished, with staff supervision. Consumers and representatives said equipment, furniture, and fittings in the service was clean, safe, well maintained, and suitable to the needs and preferences of the consumers.

Consumers and representatives were complimentary of the service environment, noting the availability of private areas for families to visit and the outdoor area being pleasant to sit in.

The service environment was observed to be welcoming and easy to navigate. The service contained mostly shared residential rooms, bathrooms, and communal areas. Cleaners were observed to be cleaning the consumers’ rooms and communal areas, and the service environment, furniture, fittings, and equipment were clean, well maintained, and appropriate for the consumer needs. Consumers confirmed there was enough equipment available for staff to assist consumers with their mobility and are confident that staff used equipment in a safe and competent manner

Care staff described how they assisted consumers in moving around the service or take consumers for walks in the garden area. The service’s outside areas and garden were observed to be tidy, with plenty of shade and outdoor seating areas available for all consumers who were observed walking, sitting, and participating in activities in these areas. A separate, covered smoking area with seating was observed and the corridors around the service had handrails to assist consumers with limited mobility and mobility aids were located near consumers that required them.

Processes were in place to ensure that the service environment was safe, clean, well maintained, and comfortable, and enabled free movement within and outside of the service. A maintenance schedule reflected regular servicing of equipment, such as calibration of weighting equipment, hoist servicing, checking fire equipment, timber pest inspection and other care equipment on a regular basis.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and representatives said they felt comfortable providing feedback to the service directly, had no reservations in raising issues, and felt supported in submitting a complaint about any aspect of the care and services provided by the service. Consumers and representatives were aware of the methods by which complaints and feedback could be made and submitted which included formal written forms, talking directly to any member of staff or management, or being raised at the consumer and representative meetings.

Consumers and representatives were satisfied they have access to advocates and other methods for raising complaints. Consumers and representatives felt comfortable raising concerns with management and staff and said they would not have any need to explore external pathways unless the complaint was not resolved to their satisfaction. Consumers were satisfied with the resolution of their complaints and felt that management promptly addressed their concerns after they made a complaint, or when an incident had occurred.

Most consumers and representatives said they had not had any complaints to make; however, those that had were able to identify positive changes which had occurred. Management described previous and current areas of complaints and the actions which had been taken to address them.

Staff described the process by which complaints were made by consumers and what they would do to escalate this, outlining how all complaints and feedback they received would be recorded in the complaints register and delivered to the management. Staff described how they would contact advocacy and language services if they identified consumers who wanted or required to communicate issues and complaints via advocates or interpreters.

The organisation’s continuous improvement plan evidenced that complaints and feedback made by consumers and representatives were acknowledged by the service, evaluated, and used to improve the quality of care and services. Opportunities for improvement were identified through a range of sources including complaints, improvement suggestions, feedback from staff, incident reports, audit reports, advice from external organisations and recommendations from the governing body.

Evidence of internal and external complaints mechanisms and advocacy services were observed at the entry to the service, with a locked box for depositing completed forms and the consumer handbook detailing the feedback process was observed to be provided to consumers on entry to the service.

## 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

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

Consumers and representatives said they felt confident staff had the skills needed to meet their care needs and were able to meet their social, cultural, religious, spiritual and psychological needs.

Consumers and representatives were satisfied with the level of staff and felt that consumers were well looked after. Consumers and representatives considered that staff performed their duties effectively, were confident that staff were trained appropriately and were sufficiently skilled to meet their care needs. Staff were observed assisting consumers in a way which was respectful and did not rush consumers through their daily care tasks.

Staff said they had sufficient time to complete their duties each day and confirmed most vacant shifts were filled. Staff described how they worked as a team during busy times, to complete tasks and meet consumers’ needs. Care staff confirmed they understood the care needs of consumers and that they learned this through receiving daily handover notes and having access to consumers’ care planning documentation.

Management explained that competency of staff was monitored through consumer and representative feedback, completion of mandatory training and observation of staff in practice. Management demonstrated what mandatory training was provided, how it was recorded and how additional training was arranged for staff as required. Care staff were satisfied with training provided by the service and had attended training in relation to the quality standards and other topics relevant to their roles.

Management advised, and staff confirmed, the service had ongoing performance review systems in place which were conducted within the first three months of employment for probationary staff and biyearly. Management explained that staff reviews included the alignment of staff roles with the duty statements for each category of staff, goals, and performance discussion, as well as further training requirements. Care staff said management were always supportive and encouraged growth within the service.

Staff demonstrated their understanding of the legislative requirements for restrictive practices and serious incident reporting. Staff were provided with induction onboarding training that covers topics such as occupational health and safety, hand hygiene and infection control and new staff complete two buddy shifts during their induction. Management explained that the organisation has an extensive medication competency training course.

Employee records demonstrated the service regularly monitors criminal history certificates, professional registrations, and annual influenza and COVID-19 vaccination records were maintained. Position descriptions specified core competencies and capabilities for each workforce member’s role and standard operating procedures guided staff when undertaking specific tasks.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers and representatives considered the organisation well run and felt that they could partner in improving the delivery of care and services. Management advised the organisation’s governing body promoted and was accountable for the delivery of quality care and services, and a culture of safe and inclusive care. The governing body met regularly to set clear expectations for the service and regularly reviewed risks from an organisational and consumer perspective.

Management advised consumers and representatives were actively engaged in the development, delivery and evaluation of care and services and were supported in that engagement to provide feedback through a range of mechanisms including bi-monthly consumer relative meetings, monthly newsletters, regular emails and during family conferences held with consumers and representatives. Processes were in place to seek information from consumers and their representatives and forward this information to the organisation’s governing body.

Management advised feedback from consumers and staff was used to improve care and services. Staff advocated for consumers unable to verbally express their preferences or choices and forwarded written feedback to management based on nonverbal cues from consumers. Consumers were engaged in menu planning with the management of food services during the quarterly change of menu.

The organisation had effective organisation wide systems relating to information systems, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The service’s governance and risk management systems were effective; and management and staff demonstrated an understanding and application of the principles of the organisation’s clinical framework, including policies and procedures, when providing clinical care. Consumer’s clinical and personal care information, including assessments and care plans were accurate, and consumers and representatives were satisfied they have access to appropriate information about care and services. Clinical guidelines, policies and procedures were available to guide staff in their practice.

Risk assessments were conducted for consumers with care strategies to minimise or manage the risk implemented. Staff attended training in risk management and demonstrated knowledge regarding dignity of risk, how they safely supported consumers to take risks and the measures to monitor those risks. Information was effectively managed at the service, and care and service staff were satisfied the services’ information systems provide current and accurate information that enabled them to effectively perform their role.

The service’s clinical framework for clinical governance included policies for antimicrobial stewardship, minimising the use of restraints, and an open disclosure policy. Management and staff demonstrated an understanding of the underlying principles of open disclosure acknowledging that when things go wrong, an apology needed to be offered.

A continuous improvement system was in operation at the service with opportunities for improvement identified through a range of sources including complaints, improvement suggestions, feedback from staff, incident reports, audit reports, advice from external organisations and recommendations from the governing body. In its response to the Site Audit report findings, the Approved Provider advised governance of restrictive practices is undertaken in clinical risk reviews and benchmarked against sector data to inform the continuous improvement processes.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

### 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.